2025 Summer Training Medical Excuse Recommendation

NAME: _____ ALPHA:_____

COMPANY: _____ CELL: _____

1. Nature of Injury (TO BE COMPLETED BY MIDN):

2. Summer Training Schedule (TO BE COMPLETED BY SUMMER TRAINING DUTY OFFICER (STDO)):

Training Block:	Block 0 12May-23May	Block 1 27May-20Jun	Block 2 23Jun-18Jul	Block 3 21Jul-13Aug
Training Evolution				
Participation (Medical Provider)	○ Full ○ Limited ○ None	○ Full ○ Limited ○ None	○ Full ○ Limited ○ None	○ Full ○ Limited ○ None

Full - available for all military training evolutions
Limited - available for some military training evolutions
None - available only for leave and summer school

3. Excusal Remarks (REQUIRED FOR ALL LIMITED/NONE NOTATIONS ABOVE)

4. Excusal Expiration Date:

5. If MIDN resides in Bancroft Hall, are they able to stand watch? YES NO

6. Provider Signature _____ Date: _____

BMO Signature: _____ Date: _____

7. Midshipman Acknowledgement:

1. I certify that I fully understand my condition and the recommended course of treatment and that I should return immediately, regardless of the expiration date of this chit, to the Medical or Dental clinic if my condition does not improve or changes unexpectedly.
2. I will provide the Summer Training Office (STO) with the original and the Naval Academy Summer Programs (NASP) Office and my Company Officer with a copy of this chit within one business day of BMO approval.
3. I understand that my summer training schedule may be rescheduled based on these recommendations and expiration date. If this excusal changes because of a follow-up medical evaluation, I will provide a new chit to the STO, the NASP office, and my Company Officer.

Midshipman Signature: _____ Date: _____

8. Company Officer Signature: _____ Date: _____

9. STDO Signature: _____ Date: _____