

DEPARTMENT OF THE ARMY (or unit's Letterhead)  
YOUR UNIT ADDRESS  
FORT HOOD, TX 76544

OFFICE SYMBOL

DATE

MEMORANDUM FOR Monroe Health Clinic

SUBJECT: Request for Chapter Physical Part II

1. The following soldier will be administered a Part II physical to facilitate discharge from government service under the provisions of (Chapter, Paragraph and/or subparagraph), AR 635-200.

2. RANK, LAST NAME, FIRST NAME MI. SSN: ( INSERT COMPLETE SSN), UNIT ADDRESS

Soldier will be escorted by the following NCO(s):

RANK, LAST NAME, FIRST NAME

3. POC for this memorandum is the undersigned at (254) xxx-xxxx.

Company Commander OR First Sergeant Signature Block