

WWBn-E OIC Non-Medical Attendant Acknowledgement

Location: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date Marine counseled on the Non-Medical Attendant Program: \_\_\_\_\_

I have confirmed that the following have been verified:

- Request for Non-Medical Attendant meets the rules and regulations per the JTFR.
- A Non-Medical Attendant is required and recommended by a competent medical authority.
- Non-Medical Attendant has been briefed on the Volunteer Agreement and is authorized reimbursable expenses.
- That the Non-Medical Attendant has not executed orders prior to the approval by appropriate authority.

OIC Signature: \_\_\_\_\_

Date: \_\_\_\_\_