

**MEDICAL ACTION TRACKING SYSTEM (MATS)  
MTF PHYSICAL REQUIRED DOCUMENTS CHECKLIST**

The below checklist should be used as a guide when a **MTF Physical** action is selected in MATS. Please ensure the required documents and/or optional documents are submitted.

<b>Applicant Name:</b>	<b>SSN:</b>
<b>Checklist Completion Date:</b>	<b>MOS:</b>

Yes	N/A	<b>Direct Commission, 09W Warrant Officer, OCS State: MTF Required Documents</b>	<b>Comments</b>
<input type="checkbox"/>		Request for Waiver (NGB 22-3)	
<input type="checkbox"/>		Report of Medical History (DD 2807-1)	
<input type="checkbox"/>		Report of Medical Examination (DD 2808)	
<input type="checkbox"/>	<input type="checkbox"/>	Medical Documents	
Yes	N/A	<b>Prior Service Required Documents</b>	
		<b>All Other Branches</b>	
<input type="checkbox"/>		DD 214	
<input type="checkbox"/>		REDD Report	
<input type="checkbox"/>	<input type="checkbox"/>	Separation and Medical Discharge Documents	
<input type="checkbox"/>	<input type="checkbox"/>	VA Disability Sheet Showing % and Medical Condition	
		<b>Army National Guard</b>	
<input type="checkbox"/>		NGB 22 or DD 214 or DD 220	
<input type="checkbox"/>		REDD Report	
<input type="checkbox"/>	<input type="checkbox"/>	Separation and Medical Discharge Documents	
<input type="checkbox"/>	<input type="checkbox"/>	VA Disability Sheet Showing % and Medical Condition	
		<b>Current Active Reserve Service</b>	
<input type="checkbox"/>		DD 214	
<input type="checkbox"/>		Request for Conditional Release (DD 368)	
<input type="checkbox"/>		REDD Report	
<input type="checkbox"/>	<input type="checkbox"/>	Separation and Medical Discharge Documents	
<input type="checkbox"/>	<input type="checkbox"/>	VA Disability Sheet Showing % and Medical Condition	
		<b>Individual Ready Reserve</b>	
<input type="checkbox"/>		DD 214	
<input type="checkbox"/>		Request for Conditional Release (DD 368)	
<input type="checkbox"/>		REDD Report	
<input type="checkbox"/>	<input type="checkbox"/>	Separation and Medical Discharge Documents	
<input type="checkbox"/>	<input type="checkbox"/>	VA Disability Sheet Showing % and Medical Condition	

**Acknowledgement:**

I have reviewed the checklist for completeness and will submit the medical action for further review by NGB.