

# 2016 Graduate Medical Education – Weight Statement

Must be completed by all deferred applicants

**Must be completed between 1 July and 15 October 2016  
and submitted with application package no later than  
15 October 2016**

This information is NOT self-reporting. The statement must be signed and dated by a medical representative at your training facility, your personal physician or OTHER medical personnel OTHER THAN YOURSELF. Your application will NOT be completed without this certification.

**PRINTED NAME OF APPLICANT:**

**SSAN:**

**HEIGHT (INCHES):**

**WEIGHT (POUNDS):**

**\*Body fat percentage, if required (see website below), is:**

<http://usmilitary.about.com/od/theorderlyroom/a/bodyfat.htm>

**MEDICAL REPRESENTATIVE NAME:**

**TITLE, WORK PHONE:**

**SIGNATURE OF MEDICAL REPRESENTATIVE:      DATE:**

THIS FORM IS AFFECTED BY THE PRIVACY ACT OF 1974

1. AUTHORITY: 10 USC 3012.
2. PRINCIPAL PURPOSE(S): To compile information necessary to evaluate an application for military graduate medical education (GME) training.
3. ROUTINE USES: To evaluate application for professional training in military and civilian facilities (**Medical Corps officers only**).
4. MANDATORY OR VOLUNTARY DISCLOSURE: Disclosure of requested information is voluntary, however, without it, consideration for GME cannot be accomplished and GME may not be assured.