

ACTIVE DUTY TOUR (ADT) ORDER REQUEST FOR MILITARY MEDICAL ROTATIONS

Facility: _____ Specialty: _____

Rotation Start Date: _____ / _____ / _____ (day/month/year)
Rotation End Date: _____ / _____ / _____ (day/month/year)

Student's Name: _____

Last 4 of SSAN: _____

ADDRESS WHERE YOU PAY MORTGAGE/RENT: Street: _____

City: _____ St: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ E-mail Address: _____

School: _____ Graduation Date (mm/yyyy): _____ / _____

****REQUIRED** : IS THIS ADT WITHIN 90 MIN or 100 MILES FROM YOUR CURRENT ADDRESS: ___ Yes ___ NO

Do you have other military training/orders scheduled/planned this year? ___ YES ___ NO

(If Yes) Location & Date of Other training/orders: _____

TRAVEL IS ONLY AUTHORIZED FOR ADT PURPOSES. DEVIATION IN TRAVEL IS PROHIBITED UNLESS YOU ARE PRE-APPROVED, BY AFIT, TO TRAVEL FOR A SCHOOL REQUIREMENT. ALL TRAVEL DEVIATIONS MUST HAVE PRIOR APPROVAL FROM AFIT/CIMJ. TRAVEL CHANGES WITH LESS THAN 30 DAYS NOTICE MAY NOT BE APPROVED.

Travel Information for your ADT:

Street Address you will be traveling from: _____

City you will be traveling from: _____ St: _____ Zip: _____

Street Address you will return to: _____

City you will return to: _____ St: _____ Zip: _____

I understand I am submitting a request for official military active duty tour orders and that if I do not report to the facility/rotation as outline in the order I will be considered AWOL. Being AWOL has significant UCMJ/military legal ramifications; therefore, I understand I must notify AFIT and the training facility of all changes/cancellations prior to the reporting requirement.

REQUESTOR/STUDENT SIGNATURE: _____ DATE: _____

RETURN TO: AFIT/CIMJ Email: enem.hpsp_fap2@afit.edu

(AFIT Use Only)

COVID Vaccine Verified: ___ YES ___ NO

AFIT received: _____ CSIS: _____ Letter: _____ ARPC FAX: _____