

MEDICAL ACTION TRACKING SYSTEM (MATS)
COMMISSIONING ACCESSION REQUIRED DOCUMENTS CHECKLIST

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

Applicant Name:	SSN:
Checklist Completion Date:	MOS:

Yes	N/A	09W Warrant Officer, Medical, Dental, Chaplain, JAG, Direct Commission, OCS State: Commissioning Accession Required Documents	Comments
<input type="checkbox"/>		Request for Waiver (NGB 22-3)	
<input type="checkbox"/>		Report of Medical History (DD 2807-1)	
<input type="checkbox"/>		Medical Prescreen of Report of Medical History (DD 2807-2)	
<input type="checkbox"/>		Report of Medical Examination (DD 2808)	
<input type="checkbox"/>		680-3ADP (DAT)	
<input type="checkbox"/>	<input type="checkbox"/>	Medical Documents	
Yes	N/A	Prior Service Required Documents	
		All Other Branches	
<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	
		Army National Guard	
<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	
		Current Active Reserve Service	
<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	
		Individual Ready Reserve	
<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.