

**CERTIFICATE OF MEDICAL CLEARANCE
FOR RE-ENTRY TO SCHOOL OR WORK**

_____ has been under
my care from _____ to _____
and may return to (school) (work) on _____.

Limitations/Remarks: _____

Defense Distribution Center
New Cumberland, PA 17070-5006

Dr. _____

Address: _____

Phone: _____ Date: _____

MEDDAC (Ft Meade) Form 369, 1 Dec 01
(Previous editions are obsolete.)

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