

OUTCAN USA - Annual Personnel Medical Readiness Attestation Form

Member Information

SN-NM	Rank -Grade	Last Name – Nom de Famille	First Name - Prénom
DOB -DDN (yyyy-mm-dd)	Current US Location	Home Unit – Unité d'appartenance	

1. Medical Questionnaire Completion

☐ I have completed the DND 4943-E Periodic Health Assessment (PHA) Questionnaire

2. US Medical Records

☐ I have attached all medical records from US healthcare visits/treatments received in the past 12 months

☐ I have not received any medical care in the US healthcare system in the past 12 months

3. Annual Personnel Medical Readiness Verification

☐ I understand submission of my medical records, DND 4943, and this attestation form completion fulfills my Annual Personnel Readiness Verification requirements

4. Preferred method for receiving response (check one):

☐ DWAN Encrypted Email

☐ Secure Military Email (Address: _____)

☐ Regular Email (Address: _____)

☐ Phone Call (Number: _____)

Declaration

I declare that the information provided in this attestation and the attached DND 4943 is true, complete, and accurate. I understand that providing false or incomplete information may result in administrative action and could impact my medical category and deployability status.

Member Signature: _____ **Date :** _____