NAVAL SPECIAL WARFARE CENTER
MEDICAL DEPARTMENT
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SAN DIEGO CA 92155-5449

COMM FAX: 619-437-5248
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EMAIL: mailto:buds_medical@navspecwarcen.navy.mil

FROM:(Last, First M): _____
EMAIL ADDRESS: _____

TO: NAVAL SPECIAL WARFARE CENTER MEDICAL DEPARTMENT

SUBJECT: SWCC MEDICAL PACKAGE

REMARKS: _____
_____
_____

ENSURE THE FOLLOWING DOCUMENTS AND INFORMATION IS INCLUDED WITH THIS FAX:

[ ] BUD/S-SWCC MEDICAL SCREENING QUESTIONNAIRE

[ ] DD FORM 2807-1 (Pgs 1-3) & DD FORM 2808 (Pgs 1-3)

[ ] RADIOLOGY REPORT OF CHEST (PA & LAT)

[ ] EKG REPORT

[ ] CAREER COUNSELOR CONTACT INFO

QUESTIONS OR STATUS OF MEDICAL PACKAGE
EMAIL: buds_medical@navspecwarcen.navy.mil
*Allow min 21 working for completed package to clear. Longer if items are missing
Request PST online http://www.seal.navy.mil/