

# Medical Surveillance Program Guide Improvement Request

## BLOCK 1. ORIGINATOR INFORMATION

Last Name	First Name	Rank/Rate	Command Name	Date
Phone :			Email:	

## BLOCK 2. COMMENTS OR SUGGESTIONS FOR IMPROVEMENT

Comment/Suggestion (include supporting references, if applicable):

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Email this form to [safe-medsurv@navy.mil](mailto:safe-medsurv@navy.mil)