

UNCLASSIFIED

INTERNAL USE ONLY

CONFIDENTIAL

SECRET

ROUTING AND RECORD SHEET

SUBJECT: (Optional)
Recommendation and Comments - MEDSIGN, Medical Assignability & Examinee control, DESIGN REQUIREMENTS STATEMENT

FROM: Assistant Director for Clinical Activities
EXTENSION NO.
DATE: 4 January 1971

TO: (Officer designation, room number, and building)
DATE RECEIVED FORWARDED OFFICER'S INITIALS COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)

1. D/MS
JAN 7 1971

2. X O
11 Jan 71

3. DDIMS
12 Jan 71

25X1A9a 4. Dr [redacted] 25X1A9a

5. [redacted] 25X1A9a

6. [redacted]

7. [redacted] 25X1A9a

8. [redacted] w.

9. [redacted]

10. [redacted]

11. [redacted]

12. [redacted]

13. [redacted]

14. [redacted]

15. [redacted]

(2)
As suggested by DMS, [redacted] was informed today that when Dr [redacted] returns from TDY he will get in touch with his [redacted] re this proposal.