



**OUSD (R&E)
EXCEPTION TO POLICY REQUEST FOR WIRELESS
MEDICAL DEVICE USAGE IN CLASSIFIED AREAS**

An individualized assessment of all wireless medical devices must be conducted to determine technical capabilities such as storage, recording and transmission of data.

Requester is required to provide a Technical Specifications PDF or the devices website with Tech Spec information. Requester is required to provide information below, Sections 1-9:

1. Office Symbol:
2. Component:
3. Telephone No:
3. Device Type:
4. Make & Model:
5. Device URL (if no Tech Spec Provided):
6. Device is: Internal External
7. Need for device is: Temporary End of Use Date: Permanent
8. Level of Space Classification Requested: SCIF Collateral (Secret/Top Secret) Space
9. Medical Device Contains the Following Capabilities: Bluetooth WiFi Cellular
 Microphones Camera Other Wireless Capabilities (Specify): _____

Security Manager:

Name & Title: Telephone #: Email:
Signature:

OUSD (I&S):

Name & Title: Telephone #: Email:
Signature:

Device is Approved for use: Yes No Date:

Additional Comments: