



**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: _____

DOD CIO:

Name & Title: _____ Telephone #: _____ Email: _____
Signature: _____

Device is Approved for use: Yes No Date: _____

Additional Comments: