



UNIT SYMBOL

DDMMYYYY

MEMORANDUM FOR SOLDIER MEDICAL READINESS CENTER

SUBJECT: Urine Drug Screen Test

1. The following is to inform you that (Rank, Name, SSN) received a drug urinalysis screening test on (DDMMYYYY).
2. The results of the test are negative.
3. POC is the undersigned at (telephone number, Company phone number).

Commander's Signature Block
(Acting Commander with orders)