

STATEMENT OF MEDICAL EXAMINATION AND DUTY STATUS

For use of this form, see AR 600-8-4, the proponent agency is DCS, G-1.

THRU: <i>(Include ZIP Code)</i>			TO: <i>(Include ZIP Code)</i>			FROM: <i>(Include ZIP Code)</i>		
1. NAME OF INDIVIDUAL EXAMINED <i>(Last, First, and Middle Initial)</i>				2. SSN		3. GRADE		
4. ORGANIZATION AND STATION				5. ACCIDENT INFORMATION				
				a. DATE		b. PLACE <i>(City and State)</i>		
SECTION I - TO BE COMPLETED BY ATTENDING PHYSICIAN OR HOSPITAL PATIENT ADMINISTRATOR								
6. INDIVIDUAL WAS <input type="checkbox"/> OUT PATIENT <input type="checkbox"/> ADMITTED <input type="checkbox"/> DEAD ON ARRIVAL			7. NAME OF HOSPITAL OR TREATMENT FACILITY <input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY					
8. HOUR AND DATE ADMITTED				9. HOUR AND DATE EXAMINED				
10. NATURE AND EXTENT OF <input type="checkbox"/> INJURY <input type="checkbox"/> DISEASE <input type="checkbox"/> RESULTING IN DEATH <i>(Explain)</i>								
11. MEDICAL OPINION: a. INDIVIDUAL <input type="checkbox"/> WAS <input type="checkbox"/> WAS NOT UNDER THE INFLUENCE OF <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <i>(Specify)</i> b. INDIVIDUAL <input type="checkbox"/> WAS <input type="checkbox"/> WAS NOT MENTALLY SOUND <i>(Attach Psychiatric evaluation if appropriate).</i> c. INJURY <input type="checkbox"/> IS <input type="checkbox"/> IS NOT LIKELY TO RESULT IN A CLAIM AGAINST THE GOVERNMENT FOR FUTURE MEDICAL CARE. d. INJURY <input type="checkbox"/> WAS <input type="checkbox"/> WAS NOT INCURRED IN LINE OF DUTY. BASIS FOR OPINION:								
12. THE FOLLOWING DISABILITY MAY RESULT <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PERMANENT PARTIAL <input type="checkbox"/> PERMANENT TOTAL				13. BLOOD ALCOHOL TEST MADE <input type="checkbox"/> YES <input type="checkbox"/> NO		14. NO. OF MG ALCOHOL/100 ML BLOOD		
15. DETAILS OF ACCIDENT OR HISTORY OF DISEASE <i>(how, where, when)</i>								
16. DATE		17. TYPED OR PRINTED NAME OF ATTENDING PHYSICIAN OR PATIENT ADMINISTRATOR				18. SIGNATURE		
SECTION II - TO BE COMPLETED BY UNIT COMMANDER OR UNIT ADVISER								
19. DUTY STATION <input type="checkbox"/> PRESENT FOR DUTY <input type="checkbox"/> ABSENT WITHOUT AUTHORITY <input type="checkbox"/> ABSENT WITH AUTHORITY <input type="checkbox"/> ON PASS <input type="checkbox"/> ON LEAVE				20. HOUR AND DATE OF ABSENCE				
				a. FROM		b. TO		
21. ABSENCE WITHOUT AUTHORITY MATERIALLY INTERFERRED WITH THE PERFORMANCE OF MILITARY DUTY <i>(Explain in Item 30 type of duty missed, hours of duty, and how it did or did not interfere with performance)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO								
22. INDIVIDUAL WAS ON <input type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> ACTIVE DUTY FOR TRAINING <input type="checkbox"/> INACTIVE DUTY TRAINING				23. HOUR AND DATE OF TRAINING				
				a. BEGAN		b. ENDED		
24. RESERVIST DIED OF INJURIES RECEIVED PROCEEDING <input type="checkbox"/> DIRECTLY TO TRAINING <input type="checkbox"/> DIRECTLY FROM TRAINING								
25. MODE OF TRANSPORTATION		26. HOUR BEGINNING TRAVEL		27. DISTANCE INVOLVED		28. NORMAL TIME FOR TRAVEL		
29. DUTY STATUS AT TIME OF DEATH IF DIFFERENT FROM TIME OF INJURY OR CONTRACTION OF DISEASE <input type="checkbox"/> PRESENT FOR DUTY <input type="checkbox"/> ABSENT WITH AUTHORITY <input type="checkbox"/> ABSENT WITHOUT AUTHORITY								
30. DETAILS OF ACCIDENT - REMARKS <i>(If additional space is needed, continue on reverse)</i> <i>(Attach inclosures as necessary)</i>								
31. FORMAL LINE OF DUTY INVESTIGATION REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO				32. INJURY IS CONSIDERED TO HAVE BEEN INCURRED IN LINE OF DUTY <i>(Not applicable on deaths)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO				
33. DATE		34. TYPED NAME AND GRADE OF UNIT COMMANDER OR UNIT ADVISOR				35. SIGNATURE		