PHYSICIAN'S REPORT

FOR ATTENDING PHYSICIAN:

1. Please answer the questions regarding the reservist that you have examined/treated.

2. The purpose of this document is to ascertain the reservist's medical/dental status, including diagnosis, treatment plan, and an estimated return of if/when the reservist will return to Fit for Full Duty status.

3. Please ensure your responses are legible.

A. I have examined (Name): _____

on (date)_____.

B. Current diagnosis, including ICD-9 code: _____

C. Prognosis: (circle one) Excellent Good Fair Poor

D. Detailed treatment plan: (for example: 8 weeks physical therapy)

E. Estimated date or number of weeks until return to fit for full duty status :

Please check the appropriate statement below:

1. During the treatment period, the above-named reservist is able to:

- Perform all duties as required.
- Perform duties in a limited capacity:

(Please specify limitations below)

• Perform desk work only

o Perform no duties.

Please circle one choice on each statement:

- 1. I have determined that the above-named reservist's condition is/is not permanent.
- 2. I have/have not referred the above-named reservist for a medical board.

Name and address of treatment facility: _____

Name and address of provider.

Please include the provider's stamp here:

Provider's signature:

Date: _____

(THIS FORM IS GOVERNED BY THE PRIVACY ACT OF 1974)

AUTHORITY: 32 USC 318 and 319: 37 USC 204(h)

PRINCIPLE PURPOSES: To verify member's disability cause by service-connected injury, illness or disease, and the final diagnosis. ROUTINE PURPOSES: Used within the United States Coast Guard to determine eligibility for disability pay and treatment in a military or civilian treatment center at government expense. DISCLOSURE IS VOLUNTARY: Failure of member or his/her provider to provide the requested information may result in delay of payment for incapacitation or delay in final disposition of member's case. (Comptroller General's decision #B-185404, 2 August, 1976).