

## 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<br><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  INJURY  DISEASE  RESULTING IN DEATH *(Explain)*

11. MEDICAL OPINION:

a. INDIVIDUAL  WAS  WAS NOT UNDER THE INFLUENCE OF  ALCOHOL  DRUGS *(Specify)*:

b. INDIVIDUAL  WAS  WAS NOT MENTALLY SOUND *(Attach Psychiatric evaluation if appropriate)*.

c. INJURY  IS  IS NOT LIKELY TO RESULT IN A CLAIM AGAINST THE GOVERNMENT FOR FUTURE MEDICAL CARE.

d. INJURY  WAS  WAS NOT INCURRED IN LINE OF DUTY. BASIS FOR OPINION:

|   |   |                                    |
|---|---|------------------------------------|
| 12. THE FOLLOWING DISABILITY MAY RESULT<br><input type="checkbox"/> TEMPORARY <input type="checkbox"/> PERMANENT PARTIAL <input type="checkbox"/> PERMANENT TOTAL | 13. BLOOD ALCOHOL TEST MADE<br><input type="checkbox"/> YES <input type="checkbox"/> NO | 14. NO. OF MG ALCOHOL/100 ML BLOOD |
|---|---|------------------------------------|

15. DETAILS OF ACCIDENT OR HISTORY OF DISEASE *(how, where, when)*

|          |   |               |
|----------|---|---------------|
| 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<br><input type="checkbox"/> PRESENT FOR DUTY <input type="checkbox"/> ABSENT WITHOUT AUTHORITY<br><input type="checkbox"/> ABSENT WITH AUTHORITY: <input type="checkbox"/> ON PASS <input type="checkbox"/> ON LEAVE | 20. HOUR AND DATE OF ABSENCE<br>a. FROM b. TO |
|---|---|

21. ABSENCE WITHOUT AUTHORITY MATERIALLY INTERFERED WITH THE PERFORMANCE OF MILITARY DUTY *(Explain in Item 30 type of duty missed, hours of duty, and how it did or did not interfere with performance)*  
 YES  NO

|  |   |
|--|---|
| 22. INDIVIDUAL WAS ON<br><input type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> ACTIVE DUTY FOR TRAINING<br><input type="checkbox"/> INACTIVE DUTY TRAINING | 23. HOUR AND DATE TRAINING<br>a. BEGAN b. ENDED |
|--|---|

24. RESERVIST DIED OF INJURIES RECEIVED PROCEEDING  DIRECTLY TO TRAINING  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  
 PRESENT FOR DUTY  ABSENT WITH AUTHORITY  ABSENT WITHOUT AUTHORITY

30. DETAILS OF ACCIDENT - REMARKS *(If additional space is needed, continue on reverse) (Attach inclosures as necessary)*

|  |   |
|--|---|
| 31. FORMAL LINE OF DUTY INVESTIGATION REQUIRED<br><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 ADVISER | 35. SIGNATURE |
|----------|--|---------------|