

**STATEMENT OF MEDICAL EXAMINATION AND DUTY STATUS****(Required for Line of Duty Investigation)**

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

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Title 10 U.S. Code 1201, Retirement, Chapter 61, Retirement or Separation for Physical Disability; and Title 10 U.S. Code 1203, Separation for Physical; AR 600-8-4, Line of Duty, Policy, Procedures, and Investigations and EO 9397 (as amended).

**PRINCIPAL PURPOSE:** To provide information regarding a Soldier's status when injury, illness, disease or death occurs. It tracks and ensure Soldiers are receiving proper benefits and proper institutions/agencies are notified regarding payment and benefits. For additional information see the System of Records Notice A0608-8-1b AHRC, Line of Duty Investigations.

<https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570057/a06008-1b-ahrc.aspx/>

**ROUTINE USES:** There are no specific routine uses anticipated for this form; however it may be subject to a number of proper and necessary routine uses identified in the system of records notice(s) specified in the purpose Statement above.

**DISCLOSURE:** Voluntary, however, failure to provide the information will interfere with the proper adjudication of the Soldier's case in the best interest of the Soldier and the United States Army.

1. THRU: G1 HEALTH SERVICES, HIARNG 91-1227 ENTERPRISE AVENUE, BLDG 1784 KAPOLEI, HI 96707-2150	2. TO: CHIEF, NGB 111 SOUTH GEORGE MASON DRIVE ARLINGTON, VA 22204-1382	3. FROM: UNIT INFORMATION
4. NAME OF SOLDIER EXAMINED (Last, First, Middle Initial)	5. SSN	6. GRADE
7. UNIT OF ASSIGNMENT ADDRESS:	8. ACCIDENT/INCIDENT INFORMATION a. Date/Time: _____ b. Location: _____	

**SECTION I - TO BE COMPLETED BY ATTENDING PHYSICIAN OR HOSPITAL PATIENT ADMINISTRATOR  
(UA/READINESS/SARC'S MAY COMPLETE WITH SUBSTANTIATING MEDICAL RECORDS )**

9. SOLDIER WAS:	<input type="checkbox"/> OUT PATIENT	10. <input type="checkbox"/> HOSPITAL NAME _____
	<input type="checkbox"/> ADMITTED	<input type="checkbox"/> DEAD ON ARRIVAL
		11. <input type="checkbox"/> HOUR/DATE EXAMINED _____

12. NATURE AND EXTENT OF  INJURY  ILLNESS  DISEASE  RESULTING IN DEATH (Explain) (OR HISTORY OF THE DISEASE)

13. ICD-10 CODE: \_\_\_\_\_

14. MEDICAL OPINION: (Lines 15-23 Must be completed by a Physician, Physician Assistant or Nurse Practitioner) (UA/Readiness/SARC's may complete with substantiating medical records)

15. SOLDIER  WAS  WAS NOT UNDER THE INFLUENCE OF  ALCOHOL  DRUGS (Specify): \_\_\_\_\_  UNKNOWN

16. DRUGS OR ALCOHOL  MAY  MAY NOT HAVE RESULTED IN THE SOLDIER'S INJURY, ILLNESS, DISEASE OR DEATH  UNKNOWN

17. BLOOD TEST MADE?  YES (If Yes: No. of MG ALCOHOL/100 ML BLOOD \_\_\_\_\_)  NO  UNKNOWN

DRUG SCREEN DONE?  YES (Attach results)  NO

18. INJURY  IS  IS NOT LIKELY TO REQUIRE FOLLOW-ON CARE.  UNKNOWN

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

20. DID INJURY ILLNESS OR DISEASE EXIST PRIOR TO SERVICE?  YES  NO (ONLY CAN BE DETERMINED BY A PHYSICIAN, PA, or NP).  UNKNOWN

21. CONDITION EXISTED PRIOR TO START OF CURRENT DUTY?  YES  NO (ONLY CAN BE DETERMINED BY A PHYSICIAN, PA, or NP).  UNKNOWN

22. TYPED OR WRITTEN NAME OF PROVIDER/SARC/UA/READINESS	23. SIGNATURE	24. DATE
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**SECTION II - TO BE COMPLETED BY THE IMMEDIATE COMMANDER OR SARC**

25. NAME OF SOLDIER EXAMINED (Last, First, Middle Initial)		26. SSN	27. GRADE
28. DUTY STATUS: <input type="checkbox"/> PRESENT <input type="checkbox"/> EXCUSED		31. DATE AND TIME OF DUTY	32. DUTY STATUS LOCATION
29. ABSENT WITHOUT LEAVE (DOCUMENTED?) <input type="checkbox"/> YES <input type="checkbox"/> NO			
30. SOLDIER WAS INJURED IN AUTHORIZED TRAVEL STATUS PER JTR <input type="checkbox"/> YES <input type="checkbox"/> NO			
33. SOLDIER WAS ON FEDERAL ORDERS: <input type="checkbox"/> 30 DAYS OR LESS <input type="checkbox"/> > 30 DAYS			
34. SOLDIER WAS IN INACTIVE DUTY TRAINING STATUS: <input type="checkbox"/>			
DATE/TIME IDT BEGAN: _____ ENDED: _____			
35. SOLDIER DIED OF INJURIES RECEIVED PROCEEDING DIRECTLY:			
<input type="checkbox"/> TO <input type="checkbox"/> FROM <input type="checkbox"/> DURING TRAINING <input type="checkbox"/> NA			
36. DETAILS OF INCIDENT - REMARKS (If additional space is needed, attach enclosures as necessary).			
37. FORMAL LINE OF DUTY INVESTIGATION REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO (*NOTE-An informal investigation can only result in an ILD finding)			
38. INJURY IS TO HAVE BEEN INCURRED IN LINE OF DUTY (Not applicable on deaths) <input type="checkbox"/> YES <input type="checkbox"/> NO			
39. NAME/GRADE OF IMMEDIATE/UNIT COMMANDER OR SARC	40. SIGNATURE		41. DATE