

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://dpcl.dod.mil/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
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4. NAME OF SOLDIER EXAMINED (<i>Last, First, Middle Initial</i>)	5. SSN	6. GRADE
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7. UNIT OF ASSIGNMENT ADDRESS:	8. ACCIDENT/INCIDENT INFORMATION a. Date/Time: _____ b. Location: _____
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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 <input type="checkbox"/> ADMITTED <input type="checkbox"/> DEAD ON ARRIVAL	10. <input type="checkbox"/> HOSPITAL NAME _____ 11. <input type="checkbox"/> HOUR/DATE EXAMINED _____
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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 SOLDIERS 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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