

INDIVIDUAL SICK SLIP

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|--|-----------------|---|--|
| 1. MEDICAL CONDITION <i>(Brief Description)</i> | | <input type="checkbox"/> ILLNESS <input type="checkbox"/> INJURY | 2. DATE <i>(YYYYMMDD)</i> |
| 3. PATIENT'S NAME <i>(Last, First, Middle Initial)</i> | | 6. ORGANIZATION AND STATION | |
| 4. DoD ID NUMBER | 5. GRADE / RANK | | |
| UNIT COMMANDER'S SECTION | | MEDICAL OFFICER'S SECTION | |
| 7. IN LINE OF DUTY | | 10. IN LINE OF DUTY | |
| | | <input type="checkbox"/> No (EPTS) <input type="checkbox"/> Yes (EPTS) | |
| 8. REMARKS | | 11. DISPOSITION OF PATIENT | |
| | | <input type="checkbox"/> DUTY <input type="checkbox"/> QUARTERS <input type="checkbox"/> SICK BAY | <input type="checkbox"/> HOSPITAL <input type="checkbox"/> NOT EXAMINED <input type="checkbox"/> OTHER <i>(Specify:)</i> |
| | | 12. REMARKS | |
| 9. SIGNATURE OF UNIT COMMANDER | | 13. SIGNATURE OF MEDICAL OFFICER | |