

INDIVIDUAL SICK SLIP			
1. MEDICAL CONDITION <i>(Brief Description)</i> <input type="checkbox"/> ILLNESS <input type="checkbox"/> INJURY		2. DATE (YYYYMMDD)	
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	