

MEDICAL BRIEFING

1. I may receive medical care and treatment, including hospitalization and re-hospitalization, only for the specific LOD injury, illness or disease.
2. I must request approval for civilian health care through my supporting reserve medical unit (RMU) before receiving such medical treatment. If I don't receive prior approval, I will then be responsible for payment of all bills incurred and the government may no longer be responsible for my LOD injuries, illness, or disease if complications arise from obtaining unauthorized civilian medical treatment.
3. I must report any changes in residence to my supporting customer service office and medical unit as soon as possible.
4. To determine my eligibility for incapacitation pay, I must first make a request to my supporting RMU or MTF and a military physician will complete Block II of AF Form 1971, Certification for Incapacitation Pay, for the proceeding 15 or 30 day period. I understand that an AF Form 1971 cannot be initiated until after a line of duty determination has been approved by my wing commander and HQ AFRC/A1KP.
5. AF Form 1971 completed for more than 1 month will require approval by my wing commander with full detailed explanation of why the form was not completed monthly.
6. I am not fit for military duty while I have a Code "31" or "37" on my AF Form 469, Duty Limiting Condition Report and will not participate in any Reserve activity for pay and/or point credit. When my profile no longer contains either a code "31" or "37" with or without physical restriction, I will be considered fit for military duty. The fact that I cannot perform my special operational duties, that is, flying duties, marine diving duties, etc., has no bearing on my fitness for military duty.
7. I must personally report to my RMU/MTF once every 30 days, or more frequently if so directed, and provide written medical documentation from my treating physician, updated since approval of my last AF Form 1971.
8. I am entitled to travel pay only for all medical appointments and I must contact my unit for preparation of travel orders.
9. Point of contact is _____ at extension_____.

(Member's Signature and Date)

(Briefer's signature and Date)

cc:

MPF/Career Enhancement (DPMPE)

Member's immediate commander