

LINE OF DUTY DETERMINATION

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 8013, Secretary of the Air Force and Executive Order 9397 (SSN), as amended.

PURPOSE: To provide medical condition information and the circumstances surrounding the medical condition for a military duty status determination. The determination may be used in assignment, evaluation, compensation, separation and retirement processes.

ROUTINE USES: The determination is kept permanently as part of your master personnel record. Disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act. In addition, pursuant to 5 U.S.C. 552a(b)(3), this record may be disclosed outside of DoD to the Department of Veteran Affairs and to dependents and survivors for benefit eligibility determinations.

DISCLOSURE: Mandatory. Positive identification is required for accountability and compensatory benefits.

SORN: F036 AF PC C, Military Personnel Records System.

PART I. MEMBER INFORMATION

1. TO: <i>(Immediate Commander)</i>		2. FROM: <i>(Military Medical Provider Office Symbol)</i> a. <input type="checkbox"/> MTF <input type="checkbox"/> RMU <input type="checkbox"/> GMU <input type="checkbox"/> Deployed Location		3. REPORT DATE:	
4. NAME: <i>(Last, First, Middle Initial)</i>		5. SSN:	6. RANK:	7. ORGANIZATION/UNIT:	
8. MEMBER'S STATUS: <i>(X as applicable)</i> <input type="checkbox"/> a. RegAF <input type="checkbox"/> b. AFR <input type="checkbox"/> c. ANG <input type="checkbox"/> d. USAFA Cadet <input type="checkbox"/> e. AFROTC Cadet					
f. DURATION OF ORDERS OR IDT DATE AND TIME: START(DATE/TIME) / END (DATE/TIME) /					

PART II. MILITARY MEDICAL PROVIDER

9. INVESTIGATION OF (X one only)		<input type="checkbox"/> DEATH	<input type="checkbox"/> INJURY	<input type="checkbox"/> ILLNESS	<input type="checkbox"/> DISEASE
10. NAME/LOCATION OF <input type="checkbox"/> a. MILITARY <input type="checkbox"/> b. CIVILIAN HOSPITAL OR TREATMENT FACILITY THAT FIRST PROVIDED TREATMENT					
c. TREATMENT PROVIDED ON: DATE			TIME		
11. DESCRIPTION OF SYMPTOMS AND DIAGNOSIS					
12. DETAILS OF DEATH, INJURY, ILLNESS OR HISTORY OF DISEASE:					
13. MEDICAL OPINION OF MEMBER'S CONDITION WHEN FIRST TREATED:					
a. MEMBER <input type="checkbox"/> WAS <input type="checkbox"/> WAS NOT UNDER THE INFLUENCE OF ALCOHOL OR DRUGS. (See AFI 36-2910, Attachment 1)					
IF MEMBER WAS UNDER THE INFLUENCE, SPECIFY: <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS					
b. <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUG		TEST DONE <input type="checkbox"/> NO <input type="checkbox"/> YES		IF YES, RESULTS:	
c. MEMBER <input type="checkbox"/> WAS <input type="checkbox"/> WAS NOT MENTALLY RESPONSIBLE (See AFI 36-2910, Attachment 1)					
d. PSYCHIATRIC EVALUATION COMPLETED <input type="checkbox"/> NO <input type="checkbox"/> YES		IF YES, DATE:		RESULTS:	
e. OTHER RELEVANT CONDITION(S):					
f. OTHER TEST(S): <input type="checkbox"/> NO <input type="checkbox"/> YES		IF YES, DATE:		RESULTS:	
14. ADDITIONAL INFORMATION REQUIRED FOR ARC MEMBERS TO BE COMPLETED BY ARC RMU/GMU					
a. MEMBER AT DEPLOYED LOCATION <input type="checkbox"/> NO <input type="checkbox"/> YES (If YES, do not complete b-e) (See AFI 36-2910, para. 1.10.2)					
b. MEMBER'S CONDITION EPTS <input type="checkbox"/> NO <input type="checkbox"/> YES					
c. IF YES, WAS CONDITION SERVICE AGGRAVATED <input type="checkbox"/> NO <input type="checkbox"/> YES					
d. CONDITION POTENTIALLY UNFITTING IAW AFI 48-123 RETENTION AND/OR MOBILITY STANDARDS <input type="checkbox"/> NO <input type="checkbox"/> YES					
e. REQUIRES ARC LOD DETERMINATION BOARD FINALIZATION <input type="checkbox"/> NO <input type="checkbox"/> YES					

15. MILITARY MEDICAL PROVIDER		
a. DATE	b. NAME AND RANK	c. SIGNATURE
PART III. IMMEDIATE COMMANDER		
16. TO: <i>(Appointing Authority)</i>		17. FROM: <i>(Immediate Commander)</i>
18. SOURCES OF INFORMATION: <input type="checkbox"/> a. MEMBER <input type="checkbox"/> b. CIVILIAN POLICE <input type="checkbox"/> c. MILITARY POLICE <input type="checkbox"/> d. OSI <input type="checkbox"/> e. WITNESS <input type="checkbox"/> f. OTHER <i>(Specify)</i>		
g. NAME(S), ADDRESS(ES), AND PHONE NUMBER(S) OF WITNESS(ES): <hr/> <hr/> <hr/> <hr/>		
19. AT THE TIME OF THIS OCCURRENCE, THE MEMBER WAS: <input type="checkbox"/> a. PRESENT FOR DUTY <input type="checkbox"/> b. ABSENT WITH AUTHORITY <input type="checkbox"/> c. ABSENT WITHOUT AUTHORITY FROM <i>(Date/Time)</i> _____ / _____ TO <i>(Date/Time)</i> _____ / _____ ARC ONLY. IN ADDITION TO THE ABOVE, X MARK IF APPLICABLE <input type="checkbox"/> d. MEMBER WAS TRAVELING TO OR FROM INACTIVE DUTY TRAINING OR BETWEEN SUCCESSIVE PERIODS OF IDT. <input type="checkbox"/> e. MEMBER WAS TRAVELING TO OR FROM DUTY OR TRAINING, AND HAD MATERIALLY DEVIATED FROM AUTHORIZED TRAVEL ROUTE.		
20. AS A RESULT OF MY INVESTIGATION, I HAVE DETERMINED THE CIRCUMSTANCES TO BE AS FOLLOWS: <i>(When, Who, Where, How, Why)</i> 		
21. THE PROXIMATE CAUSE OF THE MEMBER'S DEATH, INJURY, ILLNESS, OR DISEASE WAS: <input type="checkbox"/> a. MISCONDUCT <i>(See AFI 36-2910, Attachment 1)</i> <input type="checkbox"/> b. OTHER <i>(Specify)</i>		
22. LINE OF DUTY DETERMINATION RECOMMENDATION. AS A RESULT OF MY INVESTIGATION, I RECOMMEND: <input type="checkbox"/> a. ILOD <input type="checkbox"/> b. NILOD-NOT DUE TO MEMBER'S MISCONDUCT <i>(only if EPTS-NSA with no indication of misconduct)</i> <input type="checkbox"/> c. FORMAL LOD DETERMINATION		
23. IMMEDIATE COMMANDER		
a. DATE	a. NAME AND RANK	c. SIGNATURE
PART IV. WING STAFF JUDGE ADVOCATE		
24. LEGAL REVIEW <input type="checkbox"/> CONCUR <input type="checkbox"/> NON-CONCUR		
25. WING STAFF JUDGE ADVOCATE		
a. DATE	b. NAME AND RANK	c. SIGNATURE
PART V. APPOINTING AUTHORITY		
26. AFTER REVIEWING THE FILE AS THE APPOINTING AUTHORITY, I FIND THE LOD DETERMINATION TO BE: <input type="checkbox"/> a. ILOD <input type="checkbox"/> b. NILOD-NOT DUE TO MEMBER'S MISCONDUCT <i>(only if EPTS-NSA with no indication of misconduct)</i> <input type="checkbox"/> c. I HAVE APPOINTED AN INVESTIGATING OFFICER TO CONDUCT A FORMAL LOD INVESTIGATION		

27. APPOINTING AUTHORITY		
a. DATE	b. NAME AND RANK	c. SIGNATURE
PART VI. ARC LOD DETERMINATION BOARD REVIEW		
28. MEDICAL REVIEW/RECOMMENDATION		
29. MEDICAL REVIEW REPRESENTATIVE		
a. DATE	b. NAME AND RANK	c. SIGNATURE
30. LEGAL REVIEW/RECOMMENDATION		
31. LEGAL REVIEW REPRESENTATIVE		
a. DATE	b. NAME AND RANK	c. SIGNATURE
32. ARC LOD BOARD ACTION/RECOMMENDATION		
<input type="checkbox"/> a. ILOD <input type="checkbox"/> b. NILOD-NOT DUE TO MEMBER'S MISCONDUCT (only if EPTS-NSA with no indication of misconduct) <input type="checkbox"/> c. FORMAL LOD DETERMINATION <input type="checkbox"/> d. REFER MEMBER TO DES FOR PROCESSING (10 U.S.C. § 1207a)		
33. LOD BOARD ADMINISTRATOR		
a. DATE	b. NAME AND RANK	c. SIGNATURE
PART VII. APPROVING AUTHORITY (ARC ONLY)		
34. APPROVING AUTHORITY FINAL LOD DETERMINATION:		
<input type="checkbox"/> a. ILOD <input type="checkbox"/> b. NILOD-NOT DUE TO MEMBER'S MISCONDUCT (only if EPTS-NSA with no indication of misconduct) <input type="checkbox"/> c. APPOINT AN INVESTIGATING OFFICER TO CONDUCT A FORMAL LOD INVESTIGATION <input type="checkbox"/> d. REFER MEMBER TO DES FOR PROCESSING (10 U.S.C. § 1207a)		
35. APPROVING AUTHORITY		
a. DATE	b. NAME AND RANK	c. SIGNATURE
PART VIII. REMARKS		

INSTRUCTIONS FOR PREPARING AIR FORCE FORM 348 INFORMAL LINE OF DUTY DETERMINATION

PART I. MEMBER INFORMATION. Complete items 1-8.

1. Enter the member's Immediate Commander's office symbol. Ex. 944 CES/CC.
2. Enter the Military Medical Provider's office symbol. Ex. 944 MDS/SGP.
- 2.a. Check mark the appropriate facility type of the Military Medical Provider. MTF (Military Treatment Facility), RMU (Reserve Medical Unit), GMU (Guard Medical Unit), or Deployed Location.
3. Enter the date (DDMMYYYY) the report was generated.
4. Enter the member's last name, first name and middle initial. Ex. Doe, John E.
5. Enter the member's Social Security Number (SSN).
6. Enter both the member's rank and grade. Ex. Lt Col/O-5. Note: If member is either AFA or AFROTC Cadet, select or enter "Cadet".
7. Enter the member's home station organization/unit. Ex. 944 ASTS.
- 8.a-e. Member's membership and duty status at time of death, injury, illness, or disease. Check mark the appropriate membership status: Regular Air Force (RegAF), Air Force Reserve (AFR), Air National Guard (ANG), United States Air Force Academy (USAFA), or Air Force Reserve Officer Training Course (AFROTC) Cadet. Attach applicable military orders, Authorization for Individual Inactive Duty Training (UTAPS) report, AF Form 40A, or NGB Form 105.8.f. Duration of Orders or IDT Date and Time. Enter the Start Date and Time, and End Date and Time of the orders, or Enter the Start Date and Time, and End Date and Time of the Inactive Duty Training (IDT). Use the following date (DDMMYYYY) and military time (HHMM) format.

PART II. MILITARY MEDICAL PROVIDER. Complete items 9-15.

9. Check mark the applicable investigation of death, injury, illness, or disease. Check mark one only.
 - 10.a-b. Check mark if the treatment facility was a military or civilian facility then enter the Name and Location of the treatment facility that first provided treatment to the member.
 - 10.c. Enter the date (DDMMYYYY) and time (HHMM) treatment was provided.
 11. Enter description of symptoms and diagnosis.
- Note: For Unrestricted Reporting of sexual assault cases, use the following applicable International Classification of Diseases (ICD) code and description: E968.8 Assault by Other Specified Means or E969.9 Poisoning by Unspecified Psychotropic Agent.
12. Enter details of death, injury, illness, or history of the disease. Give a complete description of reported circumstances as available information permits.
- Note: For ANG, the Health Systems Technician may sign in block 12, with a note indicating there is no full-time Military Medical Provider available, to prevent delays of LOD determination processing (this option will not be available when the Total Force line of duty system is implemented). The Military Medical Provider will be required to sign within 30 days of LOD initiation. Add additional notes in VIII. Remarks as needed.
13. Medical opinion of member's condition when first treated.
 - 13.a. Check mark if member was or was not under the influence of alcohol or drugs. If the member was under the influence of alcohol and/or drugs, check mark one or both as applicable. (See AFI 36-2910, Attachment 1, Terms).
 - 13.b. Check mark whether the member received an alcohol and/or drug test. Check mark "No" if no tests were done. Check mark "Yes" if the member was tested and provide a summary of the test results.
 - 13.c. Check mark whether the member was or was not mentally responsible. (See AFI 36-2910, Attachment 1, Terms).
 - 13.d. Check mark whether a psychiatric evaluation was completed. If "Yes," enter the Date (DDMMYYYY) of the evaluation and summary of evaluation results.
 - 13.e. Enter other relevant medical condition(s).
 - 13.f. Check mark "No or Yes" whether other tests were performed. If "Yes," enter the Date (DDMMYYYY) of the test and summary of test results.
- Enter additional test information in VIII. "Remarks" if needed.
14. Block 14: For ARC Only.
 - 14.a. Check mark (Yes or No) whether or not the AF Form 348 is being initiated at a deployed location. (If Yes, do not complete 14.b-e).
 - 14.b. Check mark (Yes or No) if the member's condition that was reported in block 10 Existed Prior to Service (EPTS). See AFI 36-2910, para. 1.10.2.
 - 14.c. If 14.b. was marked Yes, the condition Existed Prior to Service, check mark (No or Yes) if the condition was service aggravated.
 - 14.d. Check mark if the condition(s) reported in block 10 is potentially unfitting IAW AFI 48-123 for Retention and/or Mobility Standards.
 - 14.e. Check mark if this LOD determination will require ARC LOD Board (AFR or ANG) finalization. See AFI 36-2910, para. 2.3.2.7 for situations requiring ARC LOD Board finalization.
 - 15.a. Enter the date (DDMMYYYY) signed.
 - 15.b. Enter the Military Medical Provider's name (First name, middle initial, last name), abbreviated rank, and service component. Ex. John E. Doe, Maj, USAFR.
 - 15.c. Signature block may be signed via black ink or CAC (Common Access Card) digital signature.

PART III. IMMEDIATE COMMANDER. Complete items 16-23.

16. Enter the Appointing Authority's office symbol. Example: 944 FW/CC.
17. Enter the Immediate Commander's office symbol. Example: 944 CES/CC.
- 18.a-f. Check mark the sources of information used in the LOD determination (Member, Civilian Police, Military Police, Office of Special Investigations (OSI), Witnesses, or Other (Specify)).
- 18.g. Enter list of name(s), complete address(es), and phone numbers of witness(es) only. Example: Jane B. Doe, 2820 Sunset Dr Seattle WA 12345, 123-456-7890.
- 19.a-c. Check mark member's status at time of occurrence (Present for Duty; Absent with Authority; or Absent without Authority, include From and To Date and Time (DDMMYYYY/HHMM)).
- 19.d-e. For ARC Only, in addition to 19.a-c, check mark if applicable.
20. Based on available information and known circumstances, provide a concise narrative concerning the case. Address the When, Who, Where, What, How, and Why surrounding the case.
21. Provide the proximate cause of the member's death, injury, illness, or disease.
- 21.a. Check mark if the proximate cause was due to member's Misconduct (See AFI 36-2910, Attachment 1, Terms).
- 21.b. Check mark if Other and provide an explanation.
22. Immediate Commander LOD determination recommendation. Reference AFI 36-2910, para. 1.10 for LOD Determinations and para. 2.3.4 if recommending a Formal LOD Determination.
- 22.a. In Line of Duty (ILOD). Check mark if the condition was incurred or aggravated ILOD.
- 22.b. Not In Line of Duty (NILOD)-Not Due to Member's Misconduct (only if EPTS-NSA with no indication of misconduct). Check mark if the condition was not incurred or aggravated ILOD and was not due to member's misconduct.

**INSTRUCTIONS FOR PREPARING AIR FORCE FORM 348 INFORMAL LINE OF
DUTY DETERMINATION (cont)**

22.c. Check mark if recommending a Formal LOD Determination.

23.a. Enter the date (DDMMYYYY) signed.

23.b. Enter the Immediate Commander's name (First name, middle initial, last name), abbreviated rank, and service component. Ex. John E. Doe, Lt Col, ANG.

23.c. Signature block may be signed via black ink or CAC (Common Access Card) digital signature.

PART IV. WING STAFF JUDGE ADVOCATE. Complete items 24-25.

24. Perform a legal review and check mark "Concur" or "Non-concur" with the Immediate Commander's LOD determination recommendation.

25.a. Enter the date (DDMMYYYY) signed.

25.b. Enter the Wing Staff Judge Advocate's name (First name, middle initial, last name), abbreviated rank, and service component. Ex. John E. Doe, Lt Col, USAF.

25.c. Signature block may be signed via black ink or CAC (Common Access Card) digital signature.

PART V. APPOINTING AUTHORITY. Complete items 26-27.

26. Review the LOD file and make an LOD determination:

26.a. In Line of Duty (ILOD). Check mark if the condition was incurred or aggravated ILOD.

26.b. Not In Line of Duty (NILOD)-Not Due to Member's Misconduct (only if EPTS-NSA with no indication of misconduct). Check mark if the condition was not incurred or aggravated ILOD and was not due to member's misconduct.

26.c. Check mark if appointing an Investigating Officer (IO) to conduct a Formal LOD investigation.

27.a. Enter the date (DDMMYYYY) signed.

27.b. Enter the Appointing Authority's name (First name, middle initial, last name) and abbreviated rank, and service component. Ex. John E. Doe, Col, USAF.

27.c. Signature block may be signed via black ink or CAC (Common Access Card) digital signature.

PART VI. ARC LOD DETERMINATION BOARD REVIEW. Complete items 28-33. The ARC LOD Determination Board consists of the Surgeon General (SG), Judge Advocate (JA), and A1 (Manpower, Personnel and Services) for AFR or ANG. In certain cases, LOD determinations are not considered final until the Approving Authority finalizes the case. See AFI 36-2910, para. 2.3.2.7. through 2.3.2.7.2. for applicable cases.

28. Provide medical review and LOD determination recommendation.

29.a. Enter the date (DDMMYYYY) signed.

29.b. Enter the Medical Review Representative's name (First name, middle initial, last name) and abbreviated rank, and service component. Ex. John E. Doe, Maj, ANG.

29.c. Signature block may be signed via black ink or CAC (Common Access Card) digital signature.

30. Provide legal review and LOD determination recommendation.

31.a. Enter the date (DDMMYYYY) signed.

31.b. Enter the Legal Review Representative's name (First name, middle initial, last name) and abbreviated rank, and service component. Ex. John E. Doe, Maj, USAFR.

31.c. The signature block may be signed via black ink or CAC (Common Access Card) digital signature.

32. Enter ARC LOD Board action and/or recommendation.

32.a. In Line of Duty (ILOD). Check mark if the condition was incurred or aggravated ILOD.

32.b. Not In Line of Duty (NILOD)-Not Due to Member's Misconduct (only if EPTS-NSA with no indication of misconduct). Check mark if the condition was not incurred or aggravated ILOD and was not due to member's misconduct.

32.c. Formal LOD Determination. Check mark if recommending a Formal LOD determination.

32.d. Refer member to DES for processing. Check mark if member meets the 8 Year Rule and recommending member enter DES for processing. See AFI 36-2910, para. 1.10.2.2.2.

33.a. Enter the date (DDMMYYYY) signed.

33.b. Enter the LOD Board Administrator's name (First name, middle initial, last name), abbreviated rank, and service component. Example: John E. Doe, Lt Col, ANG.

33.c. Signature block may be signed via black ink or CAC (Common Access Card) digital signature.

PART VII. APPROVING AUTHORITY (ARC Only). Complete blocks 34-35. The Approving Authority reviews the complete investigation file for completeness and relevancy and determines the final LOD determination.

34. Check mark the appropriate final LOD determination:

34.a. In Line of Duty (ILOD). Check mark if the condition was incurred or aggravated ILOD.

34.b. Not In Line of Duty (NILOD)-Not Due to Member's Misconduct (only if EPTS-NSA with no indication of misconduct). Check mark if the condition was not incurred or aggravated ILOD and was not due to member's misconduct.

34.c. Formal LOD Determination. Check mark if directing a Formal LOD investigation.

34.d. Refer member to DES for processing. Check mark if member meets the 8 Year Rule and directing member enter DES for processing. See AFI 36-2910, para. 1.10.2.2.2.

35.a. Enter the date (DDMMYYYY) signed.

35.b. Enter the Approving Authority's name (First name, middle initial, last name), abbreviated rank, and service component. Example: John E. Doe, Col, USAFR.

35.c. Signature block may be signed via black ink or CAC (Common Access Card) digital signature.

36. REMARKS. If additional space was required to annotate additional information from previous items, additional information can be added in the Remarks block. Identify the item number where the information is continued from, and then continue to add information. Ex. 12. Cont. The member reported no additional symptoms from the injury.