VERY SERIOUSLY ILL/SERIOUSLY ILL/SPECIAL CATEGORY PATIENT REPORT For use of this form, see AR 40-400; the proponent agency is the Office of The Surgeon General									
TO:		PATIENT ADMINISTRATOR				PERSON TO BE NOTIFIED			
		ADMINISTRATIVE OFFICER OF THE DAY			-	5. RELATIONSHIP			
1. DATE 2. H			2. HOUR		6. NAME AND ADDRESS				
3. RE	LIGION	OF PATIENT	4. WARD						
ACTION TAKEN BY MEDICAL OFFICER									
7. BRIEF DIAGNOSIS (Use lay terminology)									
8. STATUS OF PATIENT									
PLACED ON ROSTER PROGNOSIS: RECOVERY IS -									
					NOT EXPE	CTED	QU	ESTIONABLE	
b. SERIOUSLY ILL QUESTIONABLE EXPECTED									
c. SPECIAL CATEGORY (Specify)									
CHANGE OF STATUS									
d. SI TO VSI f. RECOVER							h. DIE		
e. VSI TO SI g. TRANSFERRED i. ADDITIONAL SPECIAL CATEGORY (Specify in remarks)									emarks)
10. TYPED OR PRINTED NAME OF MEDICAL OFFICER 11. SIGNATURE									
		ACT	ION TAKEN BY PATIEN		IISTRATOP	OR ADMINISTRATI			
ACTION			DATE	н	OUR		METHOD OF NOTIFI		
12. REPORT RECEIVED						TELEPHONE	TELEGRAM	LETTER	IN PERSON
NOTIFIED	13. PEI 14. INF	RECEIVED RSON (Same as Item 6) FORMATION OFFICE D CROSS							
		APLAIN							
ž		IT COMMANDER							
	18. OT	HER (Specify)							
PATI		S DENTIFICATION (For typed o : family member prefix; SSN)	or written entries give: Nar	ne - last, fi			TED NAME OF PATIE FFICER OF THE DAY		ROR
						21. SIGNATURE			