

MILITARY PHYSICIAN'S STATEMENT OF SOLDIER'S INCAPACITATION / FITNESS FOR DUTY

For use of this form, see DA PAM 135-381; the proponent agency is DCS, G-1.

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 301, Department Regulations, 10 U.S.C 3013, Secretary of the Army; 37 U.S.C. 204, Entitlement, AR 135-381, Incapacitation of Reserve Component Soldiers and EO 9397 (SSN)

PRINCIPAL PURPOSE: This information will be used for the physician to verify eligibility for military duties.

ROUTINE USES: None. The "Blanket Routine Uses" set forth at the beginning of the Army's Compilations of System of Records Notices apply to this system.

DISCLOSURE: Voluntary. However, failure to provide all the requested information may delay or prevent the payment of compensation.

SOLDIER IDENTIFICATION (Completed by Soldier - PLEASE PRINT)

1. LAST NAME	2. FIRST NAME	3. MI
4. SSN	5. RANK	6. DUTY MOS/AOC
7. CIVILIAN JOB TITLE (S) (include copy of job description)		

INCAPACITATION/FITNESS FOR DUTY VERIFICATION

8. INCAPACITATION FOR MILITARY DUTIES: (Must be completed by U.S. government/military physician)

a. On _____, I examined the above-named Reserve Component Soldier or his/her records and found that he/she: (Check One)
(enter date YYYYMMDD)

b. IS NOT FIT to perform military duties from _____ to _____
(Date - YYYYMMDD) (Date - YYYYMMDD)

c. IS FIT to perform military duties.
(Check One)

d. **MEB** **PEB** initiated on _____ (provide supporting documentation).
(Date - YYYYMMDD)

9. INCAPACITATION FOR CIVILIAN JOB: (Must be completed by any licensed physician)

a. On _____, I examined the above-named Reserve Component Soldier and found that he/she:
(enter date YYYYMMDD)
(Check One)

b. IS NOT FIT to perform civilian duties from _____ to _____
(Date - YYYYMMDD) (Date - YYYYMMDD)

c. IS FIT to perform civilian duties.

10. GOVERNMENT PHYSICIAN'S VERIFICATION

a. DIAGNOSIS AND PROGNOSIS (Please Print)

b. SOLDIER'S NEXT MEDICAL APPOINTMENT IS ON OR ABOUT:	c. NAME OF GOVERNMENT/MILITARY TREATMENT FACILITY AND ADDRESS		
d. PHYSICIAN'S NAME	e. RANK	f. DAY-TIME PHONE NUMBER	g. FAX NUMBER
h. PHYSICIAN'S SIGNATURE	i. E-MAIL ADDRESS (.mil or .gov)		j. DATE (YYYYMMDD)

**MILITARY PHYSICIAN'S STATEMENT OF SOLDIER'S
INCAPACITATION/FITNESS FOR DUTY
INSTRUCTION SHEET**

SOLDIER IDENTIFICATION

1. Self-explanatory.
2. Self-explanatory.
3. Self-explanatory.
4. Self-explanatory.
5. Rank -PVT, SPC, SSG, MSG, CW2, 2LT, CPT, LTC.
6. Duty MOS/AOC - 75B, 76C, 71L/66H, 70B.
7. Civilian Job Title - Your civilian job occupation with job description.

**INCAPACITATION/FITNESS FOR DUTY
VERIFICATION**

8. INCAPACITATION FOR MILITARY DUTIES.
 - a. The date of the examination or records review by military physician to determine fitness for duty (*year, month, day*). Fitness for duty will be determined IAW AR 40-501.
 - b. Check appropriate box and complete date* if applicable.

*Length of time indicating fitness for duty cannot exceed 90 days on this form. Subsequent forms must be used for each additional period of incapacitation.
 - c. Check appropriate box if applicable.
 - d. Check appropriate box and complete date if applicable.
9. INCAPACITATION FOR CIVILIAN JOB.
 - a. The date of the examination by any licensed physician to determine fitness for civilian job (*year, month, day*).
 - b. Check appropriate box, complete date if applicable.
 - c. Check appropriate box if applicable.

10. MILITARY PHYSICIAN'S VERIFICATION AND NEXT APPOINTMENT.

- a. The attending physician will enter the diagnosis and prognosis.
- b. Date of next follow-up appointment.
- c. Name of the military hospital where treatment is received.
- d. Name of attending physician.
- e. Rank of attending physician, i.e. CPT, LTC, COL.
- f. Daytime phone number of physician.
- g. Fax Number for attending physician.
- h. Signature of attending physician (*see note **).
- i. E-mail address of attending physician, government or military address only.
- j. The date the form was signed by the attending physician (*year, month, day*).

*Personnel authorized to sign as a physician are as follows:

- (a) Licensed government physician/military physician (*Active Army or reserve*) assigned to the U.S. Army or other military service.
- (b) Reserve commissioned officers that are licensed physicians who are employed by the Department of Veterans Affairs (*DVA*) as physicians.
- (c) Non-military physicians employed by military services other than the U.S. Army (*Physicians employed by the Department of Veterans Affairs (DVA), TRICARE contracted physicians and or military medical support office (MMSO) contracted physicians*). *TRICARE and MMSO do not employ physicians; they have a contract to accept payment from TRICARE.*