

INDIVIDUAL SICK SLIP <input type="checkbox"/> ILLNESS <input type="checkbox"/> INJURY		DATE
LAST NAME-FIRST NAME-MIDDLE INITIAL OF PATIENT		ORGANIZATION AND STATION
SERVICE NUMBER/SSN	GRADE/RATE	
UNIT COMMANDER'S SECTION		MEDICAL OFFICER'S SECTION
IN LINE OF DUTY		IN LINE OF DUTY
REMARKS CHIEF COMPLAINT:		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>
		REMARKS
SIGNATURE OF UNIT COMMANDER		SIGNATURE OF MEDICAL OFFICER

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