

INDIVIDUAL SICK SLIP

1. MEDICAL CONDITION <i>(Brief Description)</i> <input type="checkbox"/> ILLNESS <input type="checkbox"/> INJURY		2. DATE <i>(YYYYMMDD)</i>
3. PATIENT'S NAME <i>(Last, First, Middle Initial)</i>		6. ORGANIZATION AND STATION
4. DoD ID NUMBER	5. GRADE / RANK	
UNIT COMMANDER'S SECTION		MEDICAL OFFICER'S SECTION
7. IN LINE OF DUTY		10. IN LINE OF DUTY <input type="checkbox"/> No (EPTS) <input type="checkbox"/> Yes (EPTS)
8. REMARKS		11. 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>
		12. REMARKS
9. SIGNATURE OF UNIT COMMANDER		13. SIGNATURE OF MEDICAL OFFICER