

**STATEMENT OF MEDICAL EXAMINATION AND DUTY STATUS
(Required for Line of Duty Investigation)**

For use of this form, see AR 600-8-4, the proponent agency is DCS, G-1.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 U.S. Code 1201, Retirement, Chapter 61, Retirement or Separation for Physical Disability; and Title 10 U.S. Code 1203, Separation for Physical; AR 600-8-4, Line of Duty, Policy, Procedures, and Investigations and EO 9397 (as amended).

PRINCIPAL PURPOSE: To provide information regarding a Soldier's status when injury, illness, disease or death occurs. It tracks and ensure Soldiers are receiving proper benefits and proper institutions/agencies are notified regarding payment and benefits. For additional information see the System of Records Notice A0608-8-1b AHRC, Line of Duty Investigations.
<https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570057/a06008-1b-ahrc.aspx/>

ROUTINE USES: There are no specific routine uses anticipated for this form; however it may be subject to a number of proper and necessary routine uses identified in the system of records notice(s) specified in the purpose Statement above.

DISCLOSURE: Voluntary, however, failure to provide the information will interfere with the proper adjudication of the Soldier's case in the best interest of the Soldier and the United States Army.

1. THRU: JFHQ-Georgia Army National Guard 1000 Halsey Ave. Bldg. 408 Marietta, GA. 30060	2. TO: National Guard Bureau 111 S. George Mason Dr. Arlington, Virginia 22204	3. FROM:
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4. NAME OF SOLDIER EXAMINED (<i>Last, First, Middle Initial</i>)	5. SSN	6. GRADE
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7. UNIT OF ASSIGNMENT ADDRESS:	8. ACCIDENT/INCIDENT INFORMATION a. Date/Time: _____ b. Location: _____
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**SECTION I - TO BE COMPLETED BY ATTENDING PHYSICIAN OR HOSPITAL PATIENT ADMINISTRATOR
(UA/READINESS/SARC'S MAY COMPLETE WITH SUBSTANTIATING MEDICAL RECORDS)**

9. SOLDIER WAS: <input type="checkbox"/> OUT PATIENT <input type="checkbox"/> ADMITTED <input type="checkbox"/> DEAD ON ARRIVAL	10. <input type="checkbox"/> HOSPITAL NAME _____ 11. <input type="checkbox"/> HOUR/DATE EXAMINED _____
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12. NATURE AND EXTENT OF INJURY ILLNESS DISEASE RESULTING IN DEATH (*Explain*) (*OR HISTORY OF THE DISEASE*)

13. ICD-10 CODE: _____

14. MEDICAL OPINION: (**Lines 15-23 Must be completed by a Physician, Physician Assistant or Nurse Practitioner**) (UA/Readiness/SARC's may complete with substantiating medical records)

15. SOLDIER WAS WAS NOT UNDER THE INFLUENCE OF ALCOHOL DRUGS (*Specify*): _____ UNKNOWN

16. DRUGS OR ALCOHOL MAY MAY NOT HAVE RESULTED IN THE SOLDIERS INJURY, ILLNESS, DISEASE OR DEATH UNKNOWN

17. BLOOD TEST MADE? YES NO (If Yes: No. of MG ALCOHOL/100 ML BLOOD _____) UNKNOWN

DRUG SCREEN DONE? YES (Attach results) NO

18. INJURY IS IS NOT LIKELY TO REQUIRE FOLLOW-ON CARE. UNKNOWN

19. INJURY IS IS NOT LIKELY TO RESULT IN A CLAIM AGAINST THE GOVERNMENT FOR FUTURE MEDICAL CARE UNKNOWN

20. DID INJURY ILLNESS OR DISEASE EXIST PRIOR TO SERVICE? YES NO (ONLY CAN BE DETERMINED BY A PHYSICIAN, PA, or NP). UNKNOWN

21. CONDITION EXISTED PRIOR TO START OF CURRENT DUTY? YES NO (ONLY CAN BE DETERMINED BY A PHYSICIAN, PA, or NP). UNKNOWN

22. TYPED OR WRITTEN NAME OF PROVIDER/SARC/UA/READINESS	23. SIGNATURE	24. DATE
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SECTION II - TO BE COMPLETED BY THE IMMEDIATE COMMANDER OR SARC

25. NAME OF SOLDIER EXAMINED (<i>Last, First, Middle Initial</i>)	26. SSN	27. GRADE
28. DUTY STATUS: <input type="checkbox"/> PRESENT <input type="checkbox"/> EXCUSED	31. DATE AND TIME OF DUTY	32. DUTY STATUS LOCATION
29. ABSENT WITHOUT LEAVE (DOCUMENTED?) <input type="checkbox"/> YES <input type="checkbox"/> NO		
30. SOLDIER WAS INJURED IN AUTHORIZED TRAVEL STATUS PER JTR <input type="checkbox"/> YES <input type="checkbox"/> NO		
33. SOLDIER WAS ON FEDERAL ORDERS: <input type="checkbox"/> 30 DAYS OR LESS <input type="checkbox"/> > 30 DAYS		
34. SOLDIER WAS IN INACTIVE DUTY TRAINING STATUS: <input type="checkbox"/>		
DATE/TIME IDT BEGAN: _____ ENDED: _____		
35. SOLDIER DIED OF INJURIES RECEIVED PROCEEDING DIRECTLY:		
<input type="checkbox"/> TO <input type="checkbox"/> FROM <input type="checkbox"/> DURING TRAINING <input type="checkbox"/> NA		
36. DETAILS OF INCIDENT - REMARKS (<i>If additional space is needed, attach enclosures as necessary</i>).		
37. FORMAL LINE OF DUTY INVESTIGATION REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO (<i>*NOTE-An informal investigation can only result in an ILD finding</i>)		
38. INJURY IS TO HAVE BEEN INCURRED IN LINE OF DUTY (<i>Not applicable on deaths</i>) <input type="checkbox"/> YES <input type="checkbox"/> NO		
39. NAME/GRADE OF IMMEDIATE/UNIT COMMANDER OR SARC	40. SIGNATURE	41. DATE