INDIVIDUAL SICK SLIP

☐ ILLNESS ☐ 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	DISPOSITION OF PATIENT ☐ DUTY ☐ QUARTERS ☐ SICK BAY ☐ HOSPITAL ☐ NOT EXAMINED ☐ OTHER *(Specify)*:
	REMARKS
SIGNATURE OF UNIT COMMANDER	SIGNATURE OF MEDICAL OFFICER

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