

**INDIVIDUAL SICK SLIP**

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