

MILITARY PHYSICIAN'S STATEMENT OF SOLDIER'S INCAPACITATION / FITNESS FOR DUTY

For use of this form, see DA PAM 135-381; the proponent agency is DCS, G-1.

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 301, Department Regulations, 10 U.S.C 3013, Secretary of the Army; 37 U.S.C. 204, Entitlement, AR 135-381, Incapacitation of Reserve Component Soldiers and EO 9397 (SSN)

PRINCIPAL PURPOSE: This information will be used for the physician to verify eligibility for military duties.

ROUTINE USES: None. The "Blanket Routine Uses" set forth at the beginning of the Army's Compilations of System of Records Notices apply to this system.

DISCLOSURE: Voluntary. However, failure to provide all the requested information may delay or prevent the payment of compensation.

SOLDIER IDENTIFICATION *(Completed by Soldier - PLEASE PRINT)*

1. LAST NAME	2. FIRST NAME	3. MI
4. SSN	5. RANK	6. DUTY MOS/AOC
7. CIVILIAN JOB TITLE (S) <i>(include copy of job description)</i>		

INCAPACITATION/FITNESS FOR DUTY VERIFICATION

8. INCAPACITATION FOR MILITARY DUTIES: *(Must be completed by U.S. government/military physician)*

a. On _____, I examined the above-named Reserve Component Soldier or his/her records and found that he/she: *(Check One)*
(enter date YYYYMMDD)

b. IS NOT FIT to perform military duties from _____ to _____
(Date - YYYYMMDD) (Date - YYYYMMDD)

c. IS FIT to perform military duties.
(Check One)

d. **MEB** **PEB** initiated on _____ *(provide supporting documentation).*
(Date - YYYYMMDD)

9. INCAPACITATION FOR CIVILIAN JOB: *(Must be completed by any licensed physician)*

a. On _____, I examined the above-named Reserve Component Soldier and found that he/she:
(enter date YYYYMMDD)
(Check One)

b. IS NOT FIT to perform civilian duties from _____ to _____
(Date - YYYYMMDD) (Date - YYYYMMDD)

c. IS FIT to perform civilian duties.

10. GOVERNMENT PHYSICIAN'S VERIFICATION

a. DIAGNOSIS AND PROGNOSIS *(Please Print)*

b. SOLDIER'S NEXT MEDICAL APPOINTMENT IS ON OR ABOUT:	c. NAME OF GOVERNMENT/MILITARY TREATMENT FACILITY AND ADDRESS		
d. PHYSICIAN'S NAME	e. RANK	f. DAY-TIME PHONE NUMBER	g. FAX NUMBER
h. PHYSICIAN'S SIGNATURE	i. E-MAIL ADDRESS <i>(.mil or .gov)</i>		j. DATE (YYYYMMDD)

**MILITARY PHYSICIAN'S STATEMENT OF SOLDIER'S
INCAPACITATION/FITNESS FOR DUTY
INSTRUCTION SHEET**

SOLDIER IDENTIFICATION

1. Self-explanatory.
2. Self-explanatory.
3. Self-explanatory.
4. Self-explanatory.
5. Rank -PVT, SPC, SSG, MSG, CW2, 2LT, CPT, LTC.
6. Duty MOS/AOC - 75B, 76C, 71L/66H, 70B.
7. Civilian Job Title - Your civilian job occupation with job description.

**INCAPACITATION/FITNESS FOR DUTY
VERIFICATION**

8. INCAPACITATION FOR MILITARY DUTIES.

a. The date of the examination or records review by military physician to determine fitness for duty (*year, month, day*). Fitness for duty will be determined IAW AR 40-501.

b. Check appropriate box and complete date* if applicable.

*Length of time indicating fitness for duty cannot exceed 90 days on this form. Subsequent forms must be used for each additional period of incapacitation.

c. Check appropriate box if applicable.

d. Check appropriate box and complete date if applicable.

9. INCAPACITATION FOR CIVILIAN JOB.

a. The date of the examination by any licensed physician to determine fitness for civilian job (*year, month, day*).

b. Check appropriate box, complete date if applicable.

c. Check appropriate box if applicable.

**10. MILITARY PHYSICIAN'S VERIFICATION AND NEXT
APPOINTMENT.**

a. The attending physician will enter the diagnosis and prognosis.

b. Date of next follow-up appointment.

c. Name of the military hospital where treatment is received.

d. Name of attending physician.

e. Rank of attending physician, i.e. CPT, LTC, COL.

f. Daytime phone number of physician.

g. Fax Number for attending physician.

h. Signature of attending physician (*see note **).

i. E-mail address of attending physician, government or military address only.

j. The date the form was signed by the attending physician (*year, month, day*).

*Personnel authorized to sign as a physician are as follows:

(a) Licensed government physician/military physician (*Active Army or reserve*) assigned to the U.S. Army or other military service.

(b) Reserve commissioned officers that are licensed physicians who are employed by the Department of Veterans Affairs (*DVA*) as physicians.

(c) Non-military physicians employed by military services other than the U.S. Army (*Physicians employed by the Department of Veterans Affairs (DVA), TRICARE contracted physicians and or military medical support office (MMSO) contracted physicians*). *TRICARE and MMSO do not employ physicians; they have a contract to accept payment from TRICARE.*