INDIVIDUAL SICK SLIP

☐ ILLNESS ☐ INJURY

DATE

LAST NAME - FIRST NAME - MIDDLE INITIAL OF PATIENT		ORGANIZATION AND STATION
SOCIAL SECURITY NUMBER	GRADE/RATE	

UNIT COMMANDER'S SECTION	MEDICAL OFFICER'S SECTION
IN LINE OF DUTY	IN LINE OF DUTY
REMARKS	DISPOSITION OF PATIENT ☐ SICK BAY ☐ DUTY ☐ QUARTERS ☐ NOT EXAMINED ☐ HOSPITAL ☐ OTHER (Specify): REMARKS
SIGNATURE OF UNIT COMMANDER	SIGNATURE OF MEDICAL OFFICER

NAVMED 6310/1 (11-2004)