**MORNING REPORT OF SICK AND INJURED**

**NAVMED 6320/19 (REV.3-79)**

**(FORMERLY NAVMED-T)**

S/N 0105-LF-206-0095

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**TO: COMMANDING OFFICER**

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*(Ship or Station)*

**DATE** _____ **19** _____

| NAME | GRADE/RATE | ILLNESS | INJURY | REMARKS |
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ADMITTED_____

DISCHARGED_____

REMAINING_____

SIGNATURE _____

*(Senior Medical Officer/Senior Medical Representative)*