

HEALTH RECORD

**SPECIAL DUTY MEDICAL ABSTRACT**

**SUMMARY OF PHYSICAL EXAMINATIONS FOR SPECIAL DUTY**

DATE	PLACE	PURPOSE	RESULT - RECOMMENDATION <i>(Defects-Waivers)</i>	BUMED ACTION	SIG. OF M. O.
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

**SUSPENSION FROM SPECIAL DUTY**

DATE <i>(From)</i>	<i>(To)</i>	NO. OF DAYS	REASON FOR SUSPENSION	SIGNATURE OF MEDICAL OFFICER
1.				
2.				
3.				
4.				
5.				
6.				
7.				

**PERIODIC SPECIAL DUTY REQUALIFICATION**

DATE	SIG. OF M. O.	DATE	SIG. OF M. O.	DATE	SIG. OF M. O.		
1.		7.		13.			
2.		8.		14.			
3.		9.		15.			
4.		10.		16.			
5.		11.		17.			
6.		12.		18.			
NAME	<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>	GRADE/RATE	SERVICE/SOC. SEC. NO.	ORGANIZATION	AGE

**ALTITUDE TRAINING, AIR COMPRESSION AND OXYGEN TOLERANCE**

DATE	STATION	TYPE OF RUN-REACTION	SIG. OF M. O.
1.			
2.			
3.			
4.			
5.			

**EXPLOSIVE DECOMPRESSION TRAINING**

DATE	STATION	ALTITUDES-REACTION	SIG. OF M. O.
1.			
2.			

**SUBMARINE ESCAPE AND DIVING TRAINING**

DATE	STATION	TYPE OF RUN-REACTION	SIG. OF M. O.
1.			
2.			
3.			
4.			
5.			

**VISUAL AND DISORIENTATION TRAINING**

DATE	STATION	TYPE OF TRAINING	SIG. OF M. O.
1.			
2.			
3.			
4.			

**CENTRIFUGE AND EJECTION SEAT TRAINING**

DATE	STATION	TYPE OF RUN-REACTIONS	SIG. OF M. O.
1.			
2.			

REMARKS: