

RETURN OF A PATIENT TO MEDICALLY UNRESTRICTED DUTY FROM LIMITED DUTY

SECTION 1: CLINICAL INFORMATION - TO BE COMPLETED BY MEDICAL OFFICER

Date: _____ Patient Name: _____ Patient SSN: _____
(Last, First, MI)

Diagnosis: (1) _____ ICD-9 CM Code _____
(2) _____ ICD-9 CM Code _____

Notes on return to duty, including findings, prognosis, and any residual effects:

Effective date (Proposed) of return to Unrestricted Duty: _____ Printed physician name/signature/date _____

Returned to duty (select one): Disapproved Approved Effective date: _____ Printed physician name/signature/date _____

SECTION 2: PATIENT INFORMATION - TO BE COMPLETED BY PATIENT

I have received full information on my "return to duty." I understand that my return to duty becomes effective once approved by the MTF convening authority. The MTF will report my return to medically unrestricted duty to my parent command and I will personally notify my immediate chain of command.

Patient signature/date

SECTION 3: PATIENT ADMINISTRATION/MEDICAL EVALUATION BOARDS OFFICIAL

The following actions have been completed (the completing official will initial and date next to each entry):

_____ Entry into MedBOLTT	_____ Notification to parent command
_____ Briefing to patient on limited duty/MEBs	_____ Notifications to PSD/personnel office
_____ Notification to MTF LIMDU coordinator	

Printed patient administration/medical evaluation boards official name, signature, and date

ROUTING: Original to patient health record; copies to patient, parent command, PSD, MEBR case file, PERS-4821 or MMSR-4.