

**CERTIFICATE FOR DIRECT REPATRIATION FOR EPW**

For use of this form, see AR 190-8; the proponent agency is PMG.

FROM:

TO:



The undersigned make up the medical command of a US general hospital. They have examined the EPW named herein and have agreed that he/she is eligible for repatriation according to the medical agreement in the GPW of 1949.

NAME <i>(Last, first, MI)</i>		GRADE
SERVICE NUMBER	INTERMENT SERIAL NUMBER	DATE OF BIRTH

**STATUS**

☐ MEDICAL:                      ☐ LITTER                      ☐ AMBULANT  
☐ SURGICAL:                      ☐ LOCKED WARD                      ☐ OPEN                      ☐ ISOLATION  
☐ NEUROPSYCHIATRIC

FINAL DIAGNOSIS

PLACE OF EXAMINATION	DATE
TYPED NAME OF COMMANDING OFFICER	SIGNATURE
TYPED NAME OF EXECUTIVE OFFICER	SIGNATURE
TYPED NAME OF CHIEF OF SERVICE	SIGNATURE