# ADMISSION AND CODING INFORMATION

For use of this form, see AR 40-400; the proponent agency is OTSG

| 1. REPORTING MTF | | | | | | 2. MTF LOCATION | | |
|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | *(State or Country Code.)* |
| A | | | | | | | | |

| 3. REGISTER NUMBER | | | | | | | NAME *(Last, First, Middle Initial)* | 4. PAY GRADE | | 5. SEX |
|---|---|---|---|---|---|---|---|---|---|---|
| 9 | 10 | 11 | 12 | 13 | 14 | 15 | | 16 | 17 | 18 |
| | | | | | | | | | | |

| 6. DATE OF BIRTH *(Y Y Y Y M M D D)* | | | | | | | | 7. AGE AT ADMISSION | | | 8. RACE | 9. ETHNIC BACK-GROUND | RELIGION |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
| | | | | | | | | | | | | | |

| 10. LENGTH OF SERVICE | | | ETS | 11. FMP | | 12. SOCIAL SECURITY NUMBER | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 32 | 33 | 34 | | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 |
| | | | | | | | | | | | | | | |

| ORGANIZATION *(Active Duty Only)* | 13. MARITAL STATUS | HOUR OF ADMISSION | BRANCH / CORPS |
|---|---|---|---|
| | 46 | | |

| 14. FLYING STATUS | | | 15. BENEFICIARY CATEGORY | | | 16. ZIP CODE OF RESIDENCE | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 |
| | | | | | | | | | | | | | | |

| 17. UNIT LOCATION *(State or Country Code)* | | 18. MOS | | | | | | | 19. TRAUMA | PREV. ADMISSION |
|---|---|---|---|---|---|---|---|---|---|---|
| 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | YEAR ☐ NO |
| | | | | | | | | | | |

| 20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION | WARD | NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE |
|---|---|---|
| 72 | | ADDRESS OF EMERGENCY ADDRESSEE *(Include ZIP Code)* |
| NAME AND LOCATION OF MEDICAL TREATMENT FACILITY | | TELEPHONE NUMBER OF EMERGENCY ADDRESSEE |

| 21. TYPE OF DISPOSITION | | 22. MTF TRANSFERRED TO | | | | | | 23. DATE OF DISPOSITION *(Y Y Y Y M M D D)* | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 |
| | | | | | | | | | | | | | | | |

| 24. CLINIC SVC - ADMITTING | | | | 25. MTF TRANSFERRED FROM | | | | | | 26. DATE THIS ADMISSION *(Y Y Y Y M M D D)* | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 | 101 | 102 | 103 | 104 | 105 | 106 |
| | | | | | | | | | | | | | | | | | |

| 27. LOCATION OF OCCURRENCE *(Battle Casualty Only)* | | 28. MTF OF INITIAL ADMISSION | | | | | | 29. DATE INITIAL ADMISSION *(Y Y Y Y M M D D)* | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 107 | 108 | 109 | 110 | 111 | 112 | 113 | 114 | 115 | 116 | 117 | 118 | 119 | 120 | 121 | 122 |
| | | | | | | | | | | | | | | | |

**FOR LOCAL USE**

| ADMITTING OFFICER *(Signature, as required)* | SIGNATURE OF ADMITTING CLERK |
|---|---|
| | |