MILITARY PHYSICIAN'S STATEMENT OF SOLDIER'S INCAPACITATION / FITNESS FOR DUTY For use of this form, see DA PAM 135-381; the proponent agency is DCS, G-1							
			PRIVACY	ACT STATEMEN	Т		
		•	, Department Regulations, 10 U.S.C 3013, Secretary of the Army; 37 U.S.C. 204, Entitlement, AR apacitation of Reserve Component of Soldiers and EO 9397 (SSN)				
PRINCIPAL PURPOSE: This information		ation will be used	ion will be used for the physician to verify eligibility for military duties.				
		Blanket Routine Uses" set forth at the beginning of the Army's Compilations of System of Records to this system.					
DISCLOSURE: Voluntary. How compensation			owever, failure to provide all the requested information may delay or prevent the payment of				
	so	LDIER IDENTIFIC	CATION (Co	mpleted by Sold	ier - PLEASE PRINT)		
1. LAST NAME			2. FIRST I	NAME		3. MI	
4. SSN			5. RANK			6. DUTY MOS/AOC	
7. CIVILIAN JOB TITLE (S)	(include cop	y of job descripti	ion)				
		INCAPACITA	TION/FITNE	SS FOR DUTY \	/ERIFICATION		
8. INCAPACITATION FOR	MILITARY DU	TIES: (Must be d	completed b	y U.S. governme	ent/military physiciar	n)	
a. On , I examined the above-named Reserve Component Soldier and found that he/she: (Check One)							
(enter date Y	YYMMDD)						
b. IS NOT FIT to	perform milit	tary duties from			to		
c. IS FIT to perf	orm military d	luties.	(Date	- YYYYMMDD)	(Date - Y	YYYMMDD)	
(Check One)	\neg						
d. MEB	PEB	initiated on	(Date - Y	YYYMMDD)	(provide supporting	documentation).	
9. INCAPACITATION FOR	CIVILIAN JOE	3: (Must be con	opleted by a	ny licensed phys	sician)		
a. On	,,/	examined the al	ove-namea	Reserve Compo	nent Soldier and fou	nd that he/she:	
(enter date YYY	YMMDD)						
(Check One)							
b. IS NOT FIT to perform military duties from to							
c. IS FIT to perf	orm military d	luties.	,	ŕ	,====		
10. GOVERNMENT PYSICI	AN'S VERIFIC	CATION					
a. DIAGNOSIS AND PRO							
		<u> </u>					
b. SOLDIER'S NEXT MEDICAL APPOINTMENT IS ON OR ABOUT:		c. NAME OF	c. NAME OF GOVERNMENT/MILITARY TREATMENT FACILITY AND ADDRESS				
d. PHYSICIAN'S NAME		e. RANK		f. DAY-TIME P	HONE NUMB ER	g. FAX NUMBER	
h. PHYSICIAN'S SIGNATURE				i. DATE (YYYYMMDD)			

MILITARY PHYSICIAN'S STATEMENT OF SOLDIER'S INCAPACITATION/FITNESS FOR DUTY INSTRUCTION SHEET

SOLDIER IDENTIFICATION

- 1. Self-explanatory.
- 2. Self-explanatory.
- 3. Self-explanatory.
- 4. Self-explanatory.
- 5. Rank -PVT, SPC, SSG, MSG, CW2, 2LT, CPT, LTC.
- 6. Duty MOS/AOC 75B, 76C, 71L/66H, 70B.
- 7. Civilian Job Title Your civilian job occupation with job description.

INCAPACITATION/FITNESS FOR DUTY VERIFICATION

- 8. INCAPACITATION FOR MILITARY DUTIES.
 - a. The date of the examination by military physician to determine fitness for duty (year, month, day). Fitness for duty will be determined IAW AR 40-501.
 - b. Check appropriate box and complete date* if applicable.
 - *Length of time indicating fitness for duty cannot exceed 90 days on this form. Subsequent forms must be used for each additional period of incapacitation.
 - c. Check appropriate box if applicable.
 - d. Check appropriate box and complete date if applicable.
- 9. INCAPACITATION FOR CIVILIAN JOB.
 - a. The date of the examination by any licensed physician to determine fitness for civilian job (year, month, day).
 - b. Check appropriate box, complete date if applicable.
 - c. Check appropriate box if applicable.

- 10. MILITARY PHYSICIAN'S VERIFICATION AND NEXT APPOINTMENT.
 - a. The attending physician will enter the diagnosis and prognosis.
 - b. Date of next follow-up appointment.
 - c. Name of the military hospital where treatment is received.
 - d. Name of attending physician.
 - e. Rank of attending physician, i.e. CPT, LTC, COL.
 - f. Daytime phone number of physician.
 - g. Fax Number for attending physician.
 - h. Signature of attending physician (see note *).
 - i. The date the form was signed by the attending physician (year, month, day).
- *Personnel authorized to sign as a physician are as follows:
- (a) Licensed government physician/military physician (Active Army or reserve) assigned to the U.S. Army or other military service.
- (b) Reserve commissioned officers that are licensed physicians who are employed by the Veterans Affairs (VA) as physicians.
- (c) Non-military physicians employed by military services other than the U.S. Army. (Physicians employed by the Department of Veterans Affairs (VA), TRICARE Prime Remote or military medical support office (MMSO)).

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