U.S. DOD Form dod-af-af-1403

ROSTER OF SERIOUSLY ILL/VERY SERIOUSLY ILL

(To be prepared by Patient Affairs from information furnished by Inpatient Unit Officers)

DATE

IN-PATIENT UNIT A	NAME *(Last, First, Middle Initial)* B	RELIGIOUS PRE-FERENCE C	GRADE D	SSAN E	DATE REPORTED F	CONDITION			REMARKS J
						IM-PROVED G	WORSE H	UN-CHANGED I	

AF FORM OCT 79 1403 PREVIOUS EDITION WILL BE USED.