



TO: \_\_\_\_\_ DATE: \_\_\_\_\_

FROM: NAVAL HOSPITAL,

Patient's Name \_\_\_\_\_ Rank/Rate \_\_\_\_\_ Social Security No. \_\_\_\_\_ Status \_\_\_\_\_

**PART I - PERIODS OF LEAVE, WEEKEND LIBERTY AND SUBSISTING OUT**

Leave			
FROM	TO	TYPE	NO. OF DAYS
TOTAL			

Weekend Liberties		
NO. OF LIBERTIES	NO. DAYS IN LIBERTY PERIOD	TOTAL DAYS
TOTAL		

Subsisting Out (Officers Only)		
FROM	TO	NO. OF DAYS
TOTAL		
GRAND TOTAL		

**PART II - PATIENT CLASSIFICATIONS (ENLISTED ONLY)\***

CLASS	FROM	TO

- CLASS I    AMBULANT    NO LIMITATIONS ON PHYSICAL CAPACITY.
- CLASS II    AMBULANT    PHYSICAL ACTIVITY MODERATELY LIMITED.
- CLASS III    AMBULANT    CONFINED TO WARD EXCEPT TO GO TO SPECIFIC HOSPITAL AREAS.
- CLASS IV    BED PATIENT    BED PATIENT WITH HEAD PRIVILEGES.
- CLASS V    BED PATIENT    STRICT BED PATIENT.

**PART III - EVALUATION OF MEDICAL TREATMENT**

1. If this patient had been in a civilian hospital rather than a military establishment:
  - A. Date that necessary inpatient treatment was essentially completed: \_\_\_\_\_
  - B. The number of outpatient treatments which would have been required had subject been discharged on the above date: \_\_\_\_\_
2. Prognosis for permanent injury and permanent disability in this case: \_\_\_\_\_

\_\_\_\_\_  
 Attending Physician's Signature  
 (Applicable to Part III Only)

TO:	DATE:
FROM:	Submission: <input type="checkbox"/> Initial <input type="checkbox"/> Interim <input type="checkbox"/> Final

1. Patient Data (Include Name, Grade, Component, Organization and Station, Home Address, Branch of Service (i.e. Army, Navy, Air Force), Status (i.e. EAD, Retired, Inactive duty for training, etc.), Date of Admission)	2. Diagnosis (Use Standard Nomenclature)
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3. Prognosis (Include expected length of hospitalization or number of outpatient visits expected)

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4. Cause of Injury (Append statement of patient or accident report if available)

5. Agency Sponsoring Patient	6. Disposition	7. Date of Disposition
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8. STATEMENT OF CHARGES					
	This Facility (a)	Prev. Reports This Case (b)	Total To Date (c)	Unit Charges Per OMB (d)	Total Charges (e)
INPATIENT - NUMBER OF DAYS					\$
OUTPATIENT - NUMBER OF TREATMENTS					\$
<b>GRAND TOTAL</b>					\$

9. Signature (Patient Records Officer)

*(Continue items 2, 3, and 4 on separate sheet if necessary)*

**PRIVACY ACT STATEMENT**

1. **AUTHORITY:** 42 U.S.C. Sections 2651 - 2653 ; 31 U.S.C. Sections 951 - 953 ; Executive Order 16060
2. **PRINCIPAL PURPOSE(S):** To provide information for the collection of claims by the United States against third-party tortfeasors under the Medical Care Recovery Act and the Federal Claims Collection Act.
3. **ROUTINE USES:** Information furnished by individuals receiving treatment at Government expense for injuries caused by third-party tortfeasors is used by the Navy for the pursuit by the Navy of claims against third-party tortfeasors under the Medical Care Recovery Act and the Federal Claims Collection Act; for the preparation of litigation reports to the Department of Justice; and for use in civil litigation by the Department of Justice.
4. **MANDATORY/VOLUNTARY DISCLOSURE, CONSEQUENCES OF REFUSAL TO DISCLOSE:** The disclosure is voluntary. If the individual does not provide the requested information, the Navy may require a written assignment of the patient's medical care claim.