

PATIENT'S RELIGION	DATE	WARD
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NEXT OF KIN: (Verify name, address, and phone no. with patient when possible.)

NAME (In full)	RELATIONSHIP
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ADDRESS (Use local address, if next of kin is in vicinity)	TELEPHONE NO.
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Check box when notification has been made by word personnel.

YES	NO	NOTIFIED	NOTIFIER INITIAL	METHOD NOTIFYING NEXT OF KIN	HOUR
		NEXT OF KIN		IN PERSON	
		CHAPLAIN	HRS	BY TELEPHONE	

SIGNATURE (Medical Officer)

NOTE: MESSENGER HAND CARRY FROM MEDICAL OFFICER TO OOD.

OFFICER OF THE DAY OR PATIENT AFFAIRS OFFICER (Action to be taken or notification checked)

1. During regular working hours, notify commanding officer, information desk, verify chaplains notice, check below.
2. During other than normal working hours, notify next of kin as required and complete section on next of kin.

PATIENT'S IDENTIFICATION (Addressograph or print - Name-Last-, First, Middle, grade/rate; svc status; branch of svc; service/social security no., VAB no.)

DIAGNOSTIC NOMENCLATURE (Do not use DU)

LAY TERMS

CHECK ACTION TAKEN	ENTER HOUR	PROGNOSIS	COMMANDING OFFICER	YES	NO	NEXT OF KIN NOTIFIED	HOUR	NOTIFIER INITIAL
PLACED ON SERIOUS LIST		GUARDED	INFO. DESK HRS					
PLACED ON VERY SERIOUS LIST		POOR	CHAPLAIN HRS			IN PERSON		
REMOVED FROM SERIOUS LIST		FAIR	ENTERED IN LOG			BY TELEPHONE		
REMOVED FROM VERY SERIOUS		GOOD	PATIENT AFFAIRS DIVISION			OTHER (Specify)		
DEATH OCCURRED		EXCELLENT	RED CROSS					

SERIOUS/VERY SERIOUS CONDITION OR DEATH OF PATIENT ON WARD

NAVMED 6320/5 (REV. 12-70) S/N 0105-LF-214-1551

PREPARE ORIGINAL AND ONE COPY

(See reverse for additional instructions)