



DEPARTMENT OF THE NAVY

NAVAL HOSPITAL LEMOORE
 937 FRANKLIN AVE.
 LEMOORE, CALIFORNIA 93246-5004

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From: Medical Officer, Naval Hospital Lemoore
 To: Commanding Officer, _____
 Subj: MEDICAL REVISED DUTY STATUS NOTIFICATION
 Ref: (a) MANMED, Chapter 18

NAME:		RATE/RANK:	
REASON FOR REVISED DUTY STATUS:			
DUTY STATUS:		START DATE:	
<input type="checkbox"/> No duty, confined to bed, except for mess facilities.	<input type="checkbox"/> No duty, to rest at home where nursing care is available, not to exceed 24 hours.		
<input type="checkbox"/> No duty, confined to quarters, except for mess facilities.	<input type="checkbox"/> No flying/crew support or actual controlling of any aircraft.		
<input type="checkbox"/> Light duty, no prolonged standing or field work, no bending or lifting.	<input type="checkbox"/> No PT, PRT, running or strenuous activities.		
<input type="checkbox"/> No driving government vehicles.	<input type="checkbox"/> No mess duty or food handling.		
<input type="checkbox"/> No operating equipment.	<input type="checkbox"/> Full duty.		
<input type="checkbox"/> Treatment requires the use of potentially sedating or mind altering medications not to exceed _____ days.	<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Return to Military Sick Call	I		
<input type="checkbox"/> Liberty is detrimental	I		
<input type="checkbox"/> Liberty is of no concern	I	Signature of Medical Officer	
_____	I	_____	
Expiration time	Date	I Stamp or Printed Name	Phone #

I understand that I am to report directly to my command or unit PRIOR to commencing this revised duty status.

 Patient Signature Date