MEDICAL RECORD - SUPPLEMENTAL MEDICAL DATA

For use of this form, see requiring document. Form is not valid without Requiring Document, Issuance Date, Local Form Number, and Edition Date.

REQUIRING DOCUMENT *(Title and Number)*		ISSUANCE DATE
MEDICAL ABSENCE OF MILITARY PERSONNEL	NAVHOSPPNCLAINST 6320.6N	07 Oct 2015

LOCAL FORM TITLE *(Optional)*
LIGHT DUTY CHIT / SICK IN QUARTERS

From: _____ Medical/Dental Officer Date _____

To: _____ Commanding Officer/Designee (IAW DoD 6025.18-R)

Member's Name: Last _____ First _____ MI ___ Rate/Rank: _____

☐ Light Duty ☐ Sick In Quarters (SIQ)

1. Diagnosis: _____
2. Cause of Injury: _____
3. Number of days recommended for Light Duty: _____ days (write out days, i.e. 13 = thirteen).
   If Light Duty is greater than 3 (30) day periods, a medical board is required as per the Manual of the Medical Department, Chapter 18.
4. For medical reasons, the member is recommended for light duty with the activity or restrictions listed below. Field duty is permitted if the noted restrictions are enforced in the field.

☐ **NO Duty** for ____ days ☐ **NO Exchange or Club privileges**
☐ **Not** Confined to Quarters ☐ **Confined to Quarters** ☐ **With** Bed Rest (except for head calls and messing) ☐ **Without** Bed Rest
☐ **NO Mess Duty f**or ____ days ☐ **NO Food Handling f**or ____ days
☐ **Must Use Crutches f**or ____ days ☐ **Must Use Cane f**or ____ days ☐ **Must Use Other:** _____ **f**or ____ days
☐ **Keep Hands** Out of _____ for ____ days
☐ **NO Running, Jumping, Marching, Drilling, Stair Climbing fo**r ____ days
☐ **NO Prolonged Standing** in Formations or Work parties for more than ____ minutes per hour for ____ days
☐ **NO Push-ups, Pull-ups, or Sit-ups** for ____ days ☐ **NO Climbing** for ____ days ☐ **NO Diving f**or ____ days
☐ **NO Contact Sports f**or ____ days ☐ **NO Activities involving heavy lifting or strenuous exertion** for ____ days
☐ **May Stand Watches if above restrictions are met** ☐ **May NOT Stand Watches** for ____ days
☐ **Grounded for** ____ days. DD Form 2992 (Medical Recommendation for Flying or Special Operations Duty) submitted ☐ Yes ☐ No
☐ **To be given time in daily schedule to apply hot soaks** to _____ for ____ days
☐ **Case Management Referral** to _____ ☐ Referral Entered / Date: _____
☐ **Related to Pregnancy:** ____ Weeks pregnant EDD _____
☐ **Other** _____ for ____ days

5. Member is to return to _____ on _____ at _____ for further evaluation and treatment.
6. **Member has been placed in Sick In Quarters (SIQ) for:** ☐ **24 Hours** ☐ **48 Hours** ☐ **72 Hours** ☐ **Other:** ____ **Hours/Days**

SIQ **commences** at: _____ hours on Date _____ SIQ **expires** at: _____ hours on Date _____

Place (Address) of SIQ: _____

Home/Quarters Telephone: _____ Work Telephone: _____

Special Instructions/Limitations:

I have been informed of and will comply with the above action. I also understand that I have been placed Sick In Quarters (SIQ), not granted liberty. I further understand that during my SIQ period I will remain at my quarters and return to my Sick Call or to the appropriate clinic at the end of SIQ. In addition, I understand it is my responsibility to notify my chain of command of my SIQ status.

Patient's Signature: _____ Date: _____

BEQ Resident Room #: _____ BEQ Watch Signature: _____ Date: _____

DISTRIBUTION: Copy to: MEDICAL RECORD, CHAIN OF COMMAND, PATIENT NHP STAFF: PROVIDE A COPY TO PT ADMIN

PRACTITIONER'S NAME	PRACTITIONER'S SIGNATURE	DATE
PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; SSN; Sex; Date of Birth; Rank/Grade.)*	HOSPITAL OR MEDICAL FACILITY	STATUS
	DEPARTMENT / SERVICE	RECORDS MAINTAINED AT
	SPONSOR'S NAME	SSN
	RELATIONSHIP TO SPONSOR	