Chronological Record of Medical Care
Doctor input on Discharge Progress Note and Active Duty Disposition Form
Naval Hospital Bremerton, WA 98312-1898

1. Hospitalized from: _____ to _____
2. Discharge Diagnosis: _____
_____
3. Surgeries or Significant Treatment Provided: _____
_____
_____
4. Hospital Course: _____
_____
_____

INSTRUCTIONS TO PATIENT:
5. Discharge Medications: _____
6. Follow up recommended: _____
7. Limitations on Activities: _____
_____
8. Post Discharge Plan, Other Remarks: _____
_____
9. The following clinical summary action has been completed:
( ) SF-529 (Abbreviated Medial Record)
( ) SF-502 (Narrative Summary) has been dictated
( ) Medical Board report dictated in lieu of SF-502
10. DISPOSITION: (Active Duty Personnel Only)
( ) Return To Ship/Station fit for:
  ( ) Full Duty without physical limitations
  ( ) Previously established LIMDU
  ( ) Light Duty with the following limitations: _____
  _____until_____
  ( ) SIQ until: _____
  ( ) MEDEVAC Transfer _____
  ( ) Medical Holding Company until: _____ with the following limitations: (if "None," so state): _____
  _____
  and to be seen at weekly intervals in the _____ clinic.
( ) Convalescent Leave of _____ days, to expire on _____ (date) at:_____(max 30 days)
  ( ) the member's ship/station
  ( ) this hospital for final disposition or readmission

I understand that I am to report to my ship/duty station prior to going on convalescent leave.

_____ _____
Signature of Patient Date

_____ _____
Signature of Admission Clerk Date

( ) Medical Board Action Recommending:
  ( ) Limited Duty of _____ months.
  ( ) PEB proceeding (CONVALESCENT LEAVE NOT AUTHORIZED)
  ( ) EPTE SEPARATION (CONVALESCENT LEAVE NOT AUTHORIZED)
  ( ) OTHER: _____

11. Medical Officer Signature: _____

Addressograph……