

LINE OF DUTY QUESTIONNAIRE

(Please print all requested information legibly)

COMPONENTS (check one) RA; NG; USAR; AGR

Name _____ Grade _____ SSN _____
Last First Middle Initial

Are you currently going through a Medical Board? Yes No

Injury/Onset of disease date _____ Place (City & State) _____

Type of injury/disease _____
(ie Right leg fracture, bronchitis, back injury etc)

What type of facility were you initially treated at? (Check one) Civilian Military

1st initial outpatient treatment date: _____ TMC/Hospital: _____

Were you admitted? If yes, date: _____ Name of hospital: _____

***Please provide a copy of the medical document(s) substantiating initial treatment of the injury/disease.**

Unit at the time of injury/illness – Complete mailing address to include company name, street address, zip code.
Attention: USAR/NG: Please write the UNIT that you are assigned to in the US.

Attention Reserve and National Guard: We will need a copy of the orders that show you were activated at the time of the injury or the onset of the illness. Please include a copy of all the orders since activated and any deployments that brought you to MAHC. ****Include any amendments to the initial orders.****

If you were involved in a motor vehicle accident, please attach a copy of the police report and any/all civilian medical records.

Current Unit you are assigned or attached to: _____

SIGNATURE DATE

Home Address: _____

Contact Number: _____

Alternate Number: _____

E-mail Address: _____