

MEDICAL RECORDS: SOLDIER WORKSHEET

CIRCLE ONE:

INPROCESSING

PCS

RETIREMENT/SEPARATION

LAST: _____ FIRST: _____ DOB: _____

DOD#: _____ PHONE#: _____ LAST 4 SSN: _____

LOCAL MAILING ADDRESS: _____

CITY

STATE

ZIP

BRANCH OF SERVICE: ARMY AIR FORCE NAVY MARINE SPACE FORCE

COMPONENT: ACTIVE DUTY GUARD RESERVE

GUARD/RESERVE ONLY: ORDERS<30 DAYS ORDERS>30 DAYS ACTIVE GUARD/RESERVE

PREVIOUS/NEXT DUTY STATION: _____

DO YOU HAVE ANY BREAKS IN SERVICE? YES NO

DATE OF RE-ENTRY _____

****(PCS/ETS/RETIRMENT ONLY)****

LEAVE START DATE: _____

REPORT DATE: _____

DEPENDENT REGISTRATION INFORMATION

ONLY LIST DEPENDENTS RECEIVING TREATMENT/MEDICATION AT IRELAND

SPOUSE LAST: _____ FIRST: _____ DOB: _____

SSN/DOD ID: _____ CONTACT#: _____

CHILD 1 LAST: _____ FIRST: _____ DOB: _____

SSN/DOD ID: _____

CHILD 2 LAST: _____ FIRST: _____ DOB: _____

SSN/DOD ID: _____

CHILD 3 LAST: _____ FIRST: _____ DOB: _____

SSN/DOD ID: _____

CHILD 4 LAST: _____ FIRST: _____ DOB: _____

SSN/DOD ID: _____

CHILD 5 LAST: _____ FIRST: _____ DOB: _____

SSN/DOD ID: _____

CHILD 6 LAST: _____ FIRST: _____ DOB: _____

SSN/DOD ID: _____

CHILD 7 LAST: _____ FIRST: _____ DOB: _____

SSN/DOD ID: _____



DEPARTMENT HEALTH AGENCY
ARMY HEALTH CLINIC IRELAND-KNOX
200 BRULE STREET
FORT KNOX, KENTUCKY 40121-5111

Date: _____

MEMORANDUM FOR RECORD

SUBJECT: Paper Service Treatment Record

1. I understand that according to Defense Health Agency Procedure Manual 6025.02, the DoD Health Record is the property of the U.S. Government and hand carrying of my paper medical record is prohibited. I acknowledge that the only exception to this policy is a written exception from the Clinic Commander of the Military Treatment Facility.
2. I understand that if I do possess my paper Service Treatment Record, I must submit this record within 30 business days of signing this Memorandum for Record. Please review Reference (A) for an example of what a Service Treatment Record looks like if you are unsure.
3. Please initial one of the two following statements:
 - a. ____ I possess my paper Service Treatment Record.
 - b. ____ I do not possess my paper Service Treatment Record.

Signature

Print Name