

S/S 7 Sep 72

ARMY REGULATION

No. 600-6

HEADQUARTERS
DEPARTMENT OF THE ARMY
WASHINGTON, D.C., 5 May 1969

PERSONNEL—GENERAL
INDIVIDUAL SICK SLIP

Effective 1 July 1969

This regulation supersedes AR 40-207 and reflects minor editorial updates. Outdated line of duty instructions have been deleted and the reader is referred to AR 600-10 for line of duty instructions except for medical conditions that existed prior to service (EPTS). Local limited supplementation of this regulation is permitted, but not required. If supplements are issued, Army staff agencies and major Army commands will furnish one copy of each to The Surgeon General, ATTN: MEDAS; other commands will furnish one copy of each to the next higher headquarters.

SECTION I. GENERAL	Paragraph
Purpose and scope.....	1
Responsibility.....	2
Line of duty.....	3
Accident reporting.....	4
Release of information.....	5
II. PROCEDURES	
Applicability.....	6
Initiation.....	7
Unit commander's section.....	8
Medical officer's section.....	9
Disposition of individual sick slips by medical facilities.....	10
Action by unit commander after receipt of sick slip from medical facility.....	11

Section I. GENERAL

1. Purpose and scope. *a.* This regulation prescribes the procedures for the preparation and disposition of the Individual Sick Slip (DD Form 689), an informal memorandum pertaining to a person who has requested and/or received medical attention. Such a person is referred to herein as the patient.

b. The sick slip constitutes a medium for the exchange of information between the medical officer concerned and the patient's unit commander. It is the basis for certain entries in the Morning Report (DA Form 1). In addition, a copy of the sick slip in cases of nonbattle injury may be used as the means of reporting accidents to the safety officer concerned (para 4).

c. The sick slip is not a record. It will be destroyed as soon as it accomplishes its primary purpose, which is to notify a unit commander of the status of a member of his command who has reported sick.

d. Individual permanent records of the sick and wounded who are or are not excused from duty are maintained by all Army medical treatment facilities in accordance with AR 40-400, AR 40-403, and AR 40-424 as applicable. The Morning Report is the unit's permanent record of its personnel who were hospitalized or otherwise excused from duty.

2. Responsibility. The sick slip consists of three parts: the identification data, the unit commander's section, and the medical officer's section. Accordingly it has been determined that—

a. The identification data may be filled in by or for the patient.

b. Persons responsible for the accuracy of the identification data and unit commander's section are—

(1) Commanding officers of organizations required to maintain morning reports (AR 335-60), except medical holding detachments and similar

*This regulation supersedes AR 40-207; 3 September 1957, including all changes.

RETURN TO ARMY LIBRARY
ROOM 1 A 518 PENTAGON



units consisting entirely of persons in a patient status.

(2) Confinement officers of guardhouses and stockades.

c. Commanding officers of medical treatment facilities, or officers of the Army Medical Department, contract surgeons, or civilian physicians charged with furnishing medical care are responsible for preparation and accuracy of the medical officer's section. Such persons are referred to herein as medical officers.

d. Commanders of installations will exercise sufficient supervision over the implementation of these procedures to assure that abuses are held to the minimum and to assure the expeditious transmittal of sick slips to unit commanders.

3. Line of duty. Department of the Army policies and procedures governing determination of line of duty status in all cases of injury (including wounded in action cases), disease, or death are contained in AR 600-10.

4. Accident reporting. Installation commanders are authorized to make use of a duplicate copy of the sick slip in lieu of DA Form 1051 (Record of Injury) (AR 385-40) in cases of injury of Army active duty military personnel for whom sick slips are ordinarily prepared. When such a procedure is adopted, two copies of the sick slip will be initiated for injuries (or for any case—e.g., suspected poisoning or loss of consciousness—in which it has not been determined whether “illness” or “injury” is more appropriate). After the medical officer's section of the sick slip has been completed for an injury case, the second copy of the slip will be forwarded to the safety officer concerned by means of an OF 41 (Routing and Transmittal Slip).

5. Release of information. Information concerning injury or disease necessary to allay the anxiety of the person to be notified in case of an emergency, or next of kin, or other relative, may be released in accordance with AR 345-20 and AR 600-10.

Section II. PROCEDURES

6. Applicability. These procedures are applicable to all personnel in the categories listed below:

a. Personnel of the Active Army.

b. Personnel of other uniformed services of the United States and friendly foreign powers who receive medical treatment from the Army.

c. Reserve component personnel while participating in active duty training.

d. Military prisoners, including those in confinement at United States Disciplinary Barracks and branches thereof.

e. Prisoners of war.

7. Initiation. *a.* The sick slip normally will be initiated at the unit to which the patient is assigned or attached for duty and will accompany such person to the medical facility. However, when a patient is authorized to report direct to the medical treatment facility as a result of local arrangements, in case of emergency, or in the case of personnel referred to in paragraph 6*b*, the sick slip will be initiated at the medical treatment facility, unless it is not required in accordance with paragraph 10*d*.

b. Normally, a new sick slip will be initiated for each subsequent visit to the medical treatment facility using the current date and not the date

taken sick. However, when it is deemed more practicable to do so, the original slip may be used for subsequent visits to the medical treatment facility in connection with the same illness or injury. When the latter procedure is followed, the date, disposition, and remarks (if any) will be entered on the reverse of the original slip for each such visit until final disposition is made.

c. In those medical treatment facilities where an admission and disposition sheet is not prepared and distributed to organizations concerned, or no other medium of notification is used, and in all cases involving personnel referred to in paragraph 6*b*, the sick slip may be utilized to notify the unit commander of the final disposition of a patient in “hospital” or “quarters” status.

8. Unit commander's section. *a.* The unit commander's section need not be prepared unless the commander has information which he feels will be of benefit to the medical officer in the treatment of the patient. This space also may be used to make any specific request of the medical facility. For example:

“Can this man do K.P.”

“Request psychiatric examination”

“Indicate time released from dispensary”

b. The unit commander or designated individual will sign the unit commander's section when any entries are made.

c. No entry will be made in the "in line of duty" portion of the unit commander's section unless a disease entity is felt to be other than "in line of duty"; then enter basis for such opinion. The provisions of AR 600-10 will be followed for line of duty determinations except in the case of conditions that existed prior to entry into service (EPTS) (para 9a).

9. Medical officer's section. The medical officer's section will be prepared as prescribed below immediately upon completion of examination and disposition of the patient.

a. The line of duty. Whenever it appears that "in line of duty" should be, "not in line of duty, not due to own misconduct", because the condition being treated existed prior to service and is not aggravated by service, the entry "NO (EPTS)" will be entered; when it is felt the condition is aggravated by service, the entry "YES (EPTS)" will be entered. All other line of duty determinations will be made under the provisions of AR 600-10.

b. Disposition of patient. The disposition of the patient will be indicated by a check mark in the appropriate box provided on the form as follows:

(1) **DUTY:** Individual is returned to unit for duty.

(2) **QUARTERS:** Individual is returned to unit or home for medically directed self-treatment and is to perform no military duty until a medical officer indicates that he may perform duty.

(3) **SICK BAY:** Not used by Army Medical Facilities.

(4) **HOSPITAL:** Individual has been admitted to hospital for inpatient care and will not return to unit until released by a medical officer.

(5) **NOT EXAMINED:** Must be explained in "Remarks" section if checked (i.e., To report to eye clinic next Tuesday, 0900 hrs).

(6) **OTHER:** Specific "REMARKS" have been recorded which do not pertain to the above disposition instructions (i.e., Not to perform KP).

c. Remarks. Any additional information or instructions which the medical officer wishes to convey to the patient's unit commander may be entered, if desired. For example:

"Return on sick call 10 Mar"

"Not to handle food"

"Right sleeve should be kept rolled up"

d. Signature of medical officer. The signature of the medical officer who actually examined the patient is required only if—

(1) An entry is made concerning line of duty.

(2) Other than "duty" is checked as disposition of the patient.

(3) Additional instructions are entered under "Remarks."

In all other cases the medical officer's section need not be signed.

10. Disposition of individual sick slips by medical facilities. *a.* Sick slips will be forwarded as expeditiously as practicable to the patient's unit commander. Sick slips normally will be hand-carried by the patient or by any individual responsible for escorting the patient. When this is impracticable, they may be forwarded through the message center or other appropriate mail or distribution channels. Care will be exercised to insure that the most expeditious means available is used to get the sick slips to unit commanders.

b. When required by local standing operating procedures or when so requested in the unit commander's section in any individual case, the time the patient was released from the medical treatment facility for return to his organization will be indicated in the medical officer's section of the slip.

c. When the patient is from an organization that is not normally serviced by the medical treatment facility forwarding the sick slip, the name and location of the medical treatment facility will be entered on the slip prior to forwarding.

d. In the case of a patient who has reported direct to the medical treatment facility, or under exceptional circumstances, a sick slip need not be forwarded to the patient's commanding officer if no change in duty status is involved or if some other medium of notification is used.

11. Action by unit commander after receipt of sick slip from medical facility. When a sick slip is received, or returned from the medical treatment facility, the unit commander or designated individual will complete any of the actions listed below that may be required.

a. He will make necessary entries in the morning report as required by AR 335-60 if the patient was excused from duty.

b. When the sick slip is received from a medical facility other than the one which maintains the patient's Health Record file (DD Form 722), the

unit commander will forward the sick slip to the custodian of the patient's Health Record; necessary data from the sick slip will be transcribed to the Health Record unless appropriate records have been furnished by the treatment facility for in-

clusion in the record. After the Health Record has been annotated, the custodian will return the sick slip to the unit commander.
 c. When no further action is required, the sick slip will be destroyed.

INDIVIDUAL SICK SLIP		DATE
<input checked="" type="checkbox"/> ILLNESS <input type="checkbox"/> INJURY		17 JAN 19XX
LAST NAME - FIRST NAME - MIDDLE INITIAL OF PATIENT		ORGANIZATION AND STATION
Bowman, JESSE M.		720 TH MP Co
SERVICE NUMBER/SSAN	GRADE/RATE	Ft. Splendid, TEX.
KA 1325 7708	SGT	
UNIT COMMANDER'S SECTION		MEDICAL OFFICER'S SECTION
IN LINE OF DUTY	IN LINE OF DUTY	DISPOSITION OF PATIENT
Hurt knee in High School	NO (EPTS)	<input type="checkbox"/> DUTY <input type="checkbox"/> QUARTERS <input type="checkbox"/> SICK BAY <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> NOT EXAMINED <input type="checkbox"/> OTHER (Specify):
REMARKS	REMARKS	
Complains of knee pain		
SIGNATURE OF UNIT COMMANDER		SIGNATURE OF MEDICAL OFFICER
R. J. UNIVAC, CPT, MPC		ROBERT H. LACE, CPT, MC

DD FORM 689
 1 MAR 63

PREVIOUS EDITIONS ARE OBSOLETE.

(15-16-77435-1) GPO

Figure 1

The proponent agency of this regulation is the Office of The Surgeon General. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications) to The Surgeon General, ATTN: MEDAS, Department of the Army, Washington, D.C. 20315.

By Order of the Secretary of the Army:

Official:
 KENNETH G. WICKHAM,
 Major General, United States Army,
 The Adjutant General.

W. C. WESTMORELAND,
 General, United States Army,
 Chief of Staff.

PENTAGON LIBRARY



0001157001

Distribution:

Active Army, ARNG, and USAR: To be distributed in accordance with DA Form 12-9 requirements for AR, Personnel General—A (quantity block No. 434).