

REPORT OF ILLNESS OF RESERVIST

For NOT MISCONDUCT and IN LINE OF DUTY determination in accordance with Chapter IV, Coast Guard Supplement, MCM (CG-241). Use this form ONLY for ACDU where orders are not in excess of 30 days, ACDUTRA or INACDUTRA. Submit original and 4 copies to Commandant (G-LGL) via the district commander where the reservist's records are maintained.

From: Commanding Officer,

To: Commandant (G-LGL)

Via: Commander, Coast Guard District

1. NAME (Last, first, middle initial)	2. SERIAL NO.	3. RANK/RATE USCGR-
4A. DATE ILLNESS FIRST NOTED, IF KNOWN	4B. DATE ILLNESS FIRST TREATED	
5. NAME OF DOCTOR (If military, include rank and service)	ADDRESS OF DOCTOR (Include Zip Code)	
6A. DIAGNOSIS	6B. PROGNOSIS	

7. THE ILLNESS WAS/WILL BE: TEMPORARY CHRONIC, BUT NOT COMPLETELY DISABLING PERMANENTLY DISABLING

8. ESTIMATED LOSS OF TIME FROM DUTY OR DATE FIT FOR FULL DUTY _____

9. HOSPITALIZATION AND/OR TREATMENT _____ BE COMPLETED PRIOR TO TERMINATION OF TRAINING DUTY.
ESTIMATED DATE RESERVIST WILL BE RELEASED FROM INPATIENT TREATMENT _____ AND
FIT FOR DUTY _____.

10. MEMBER WAS: _____ AND _____

<input type="checkbox"/> PERFORMING MILITARY DUTY	<input type="checkbox"/> ON 45 DAY COMPLIANCE MEASURE ORDERS
<input type="checkbox"/> PRESENT FOR DUTY	<input type="checkbox"/> ON ACDUTRA OR ACDU ORDERS FOR 30 DAYS OR LESS
<input type="checkbox"/> PARTICIPATING IN SERVICE-PLANNED RECREATION	<input type="checkbox"/> ON ACDUTRA ORDERS FOR MORE THAN 30 DAYS
<input type="checkbox"/> ON AUTHORIZED LEAVE OR LIBERTY	<input type="checkbox"/> ON INACTIVE TRAINING DUTY REQUIRING ORDERS

11. ATTACH CERTIFIED COPY OF ORDERS TO ACTIVE OR INACTIVE TRAINING DUTY, AS APPLICABLE

REPORTED FOR DUTY	DATE	TIME	PLACE
RELEASED FROM DUTY	DATE	TIME	PLACE

12. As a result of my investigation, I have determined the circumstances to be:
(Include all pertinent details of symptoms and medically accepted estimated incubation period of disease.)

13. Sources of information (list and identify documents, doctor's statements and Reservist's statement, if any; attach certified copies of each.)

14. RECOMMENDATION(S):
 Notice of Eligibility for Disability Benefits, including pay and allowances, be issued.
 Notice of Eligibility for Disability Benefits, (medical treatment only) be issued.
 Other: _____

15. It is the opinion of the undersigned that the illness in question was incurred IN LINE OF DUTY and WAS NOT DUE TO MISCONDUCT.

Signature

16. ACTION OF THE DISTRICT COMMANDER OR COMMANDING OFFICER TRAINING CENTER

16. _____
1. FORWARDED, _____ for the following reasons:
2. (If on ACDUTRA orders stipulating more than 30 days, and not on compliance orders under 10 USC 270(b)).
A Notice of Eligibility for Disability Benefits, including entitlement to pay and allowances,
been issued.
OR
2. (If on ACDU or ACDUTRA orders for 30 days or less, on compliance orders under 10 USC 270(b) or on INACDUTRA).
A Notice of Eligibility for Disability Benefits entitling the member to medical treatment only,
been awarded.
(DELETE THE INAPPLICABLE STATEMENT ABOVE)

Signature

17. ACTION OF COMMANDANT

17. _____
 APPROVED.
 DISAPPROVED for the following reasons:
 RETURNED for the following action:

Signature