

MEDICAL OFFICER'S INJURY QUESTIONNAIRE								
Name:	Date of Mishap:							
Rate/Rank:	Mishap Category:							
Duty/Position:	Mishap Number:							
1. General Information:								
A. Duty Status: <input type="checkbox"/> Active Duty <input type="checkbox"/> Reservist <input type="checkbox"/> Civilian	E. Days Grounded (aircrew only): _____							
B. Injury Classn: _____	F. Unconscious: <input type="checkbox"/> Yes <input type="checkbox"/> No							
C. Days Hospitalized: _____	DURATION: _____ Hours/Days/Mins/Secs)							
D. Days in Qtrs: _____	G. Smoking History: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ packs per day							
2. Injuries Incurred during Mishap:								
(Use additional sheets if necessary)								
	ICD Code							
Body Part								
Diagnosis								
Specific Cause								
Body Part								
Diagnosis								
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Specific Cause								
3. Laboratory Test:								
mm/dd/yr	Date Drawn	Time Drawn	Elapsed Time	Lab Used	Tissue Used	Normal Range	Method Used	Results
Carbon Monoxide								
Alcohol								
Drug Screen								
HgB/Hct								
Lactic Acid								
Glucose								
Other								
4. Urinalysis:								
_____ Specific Gravity _____ Dipstick _____ Microscopic								
_____ WNL _____ Other								
Elapsed time after Mishap (hours): _____								
5. Radiological Results:								
Performed: <input type="checkbox"/> Yes <input type="checkbox"/> No WNL: <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: (enclose results of pertinent)								

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Mishap Category:	Mishap Number:

6. Pre-existing Diseases/Effects Present at Time of Mishap:

DIAGNOSIS	Discovery Method (X)				Waivers as applicable	
	Annual Physical	Sick Call	Autopsy	Other	Authority	Date

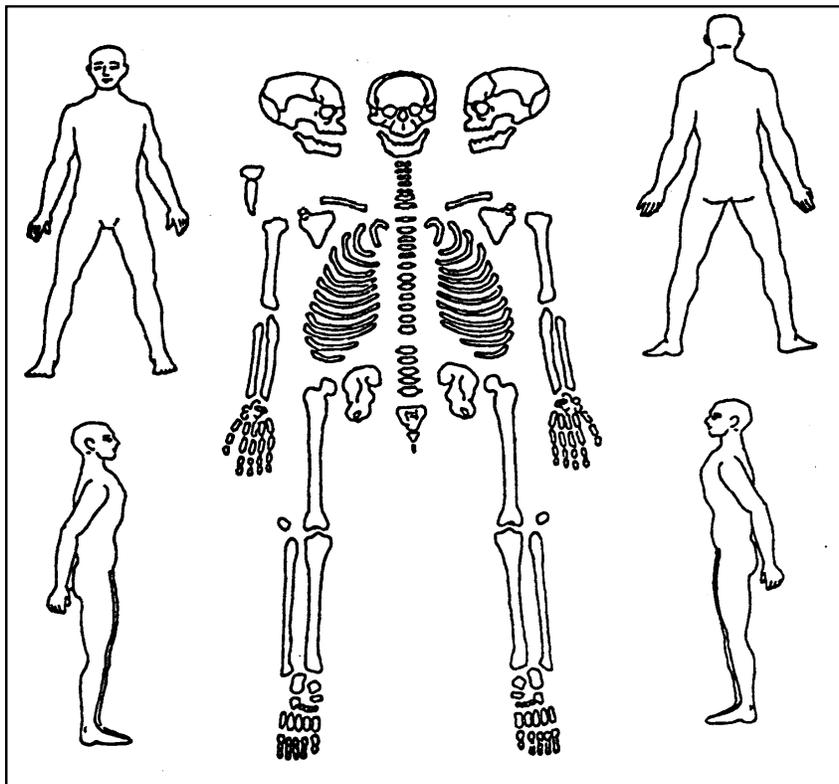
7. Autopsy Data: Conducted by/in Presence of (Check each applicable):

AFIP PATHOLOGIST
 CIVILIAN
 PATHOLOGIST
 FLIGHT SURGEON
 OTHER Military Pathologist
 Other: _____

8. Injury profile: Mark or draw injury profile on diagram.

INJURY PROFILE

Mark or draw injuries where applicable



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Mishap Category:	Mishap Number:															
9. Comments/Remarks:																
10. Instruction on Completing Questionnaire:																
<p>a. This questionnaire should be completed for every member injured in the mishap or who incurred relevant medical findings.</p> <p>b. Injuries - Part 2: All injuries should be listed in decreasing order of severity, using standard medical terminology to describe body parts and conditions. In fatalities the primary cause of death should be listed. Any external factor that can be reasonably concluded to have affected the mechanism of injury should be accurately described. These factors can be listed under "specific causes". (See example below)</p> <p>c. ICD Codes - Part 2: ICD codes should be used to most accurately account for injuries incurred during the mishap.</p> <p style="margin-left: 20px;">Example:</p> <table border="1" style="margin-left: 20px; border-collapse: collapse; width: 80%;"> <tr> <td style="width: 20%; padding: 2px;">Body Part</td> <td style="padding: 2px;">Right tibia</td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> </tr> <tr> <td style="padding: 2px;">Diagnosis</td> <td style="padding: 2px;">Spiral hairline fracture</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding: 2px;">Specific Cause</td> <td style="padding: 2px;">Flexion-rotation motion/impact during egress</td> <td></td> <td></td> <td></td> </tr> </table> <p>d. Laboratory Tests - Part 3: Frozen samples of serum and urine should be retained for at least 90 days in case future use/verification is requires. The medical officer should note the importance or significance of the findings with relation to the mishap.</p> <p>e. Urinalysis - Part 4: Self-explanatory. Add additional comments as clinically indicated to describe the presence of blood, protein, and/or status of renal function.</p> <p>f. Radiological Results - Part 5: Radiological procedures may be required, as clinically indicated, according to the nature of the mishap, and egress/rescue procedures. In aviation mishaps involving crashes, forced egress or bailouts, spinal X-rays are required. A copy of the X-ray reports should be attached to this form.</p> <p>g. Preexisting Diseases/Defects - Part 6: All known preexisting diseases, defects and diseases present at time of mishap should be listed. This should include all auditory and visual defects. Note the process by which these defects/diseases were identified and verify the date and conditions of any waivers issued to that effect.</p> <p>h. Autopsy - Part 7: The medical officer should be careful to highlight all the individuals responsible for conducting or being part of the autopsy process. If the medical officer was present at the time of the autopsy or participated in the procedure this should also be noted. Any preliminary or final results should be attached to this form.</p> <p>i. Injury Profile - Part 8: The Injury Profile diagram should provide the exact location of the injuries, abrasions, contusions, fractures, amputations and dislocations, as well as the degree and nature of burnt injuries incurred during the mishap, egress and/or rescue process. This report should be supplemented with any photographs, video or any other supporting evidence, whenever possible. Supporting information including the aforementioned photos, videos and reports should be attached to this form upon submission.</p> <p>j. Comments/Remarks - Part 9: Use this section to add any additional material, describe injuries, explain laboratory findings, or any other information which may be related to the mishap.</p>		Body Part	Right tibia				Diagnosis	Spiral hairline fracture				Specific Cause	Flexion-rotation motion/impact during egress			
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Diagnosis	Spiral hairline fracture															
Specific Cause	Flexion-rotation motion/impact during egress															
" THE INFORMATION CONTAINED IN THIS QUESTIONNAIRE MAY ONLY BE RELEASED IN ACCORDANCE WITH THE FREEDOM OF INFORMATION AND PRIVACY ACT"																