

FIGURE - H

| MEDICAL OFFICER'S MISHAP REPORT (MOR) | | Part - 2 |
|--|-------------------------------|----------|
| Name: | Date of Mishap: | |
| Rate/Rank: | Mishap Category: | |
| Duty/Position: | Mishap Number: | |
| | | |
| Medical Officer's Name: | Date Report Submitted: | |
| Rank/Grade: | E-mail Address: | |
| Phone Number: | Hours Spent on Investigation: | |
| "THE INFORMATION CONTAINED IN THIS REPORT MAY ONLY BE RELEASED IN ACCORDANCE WITH THE FREEDOM OF INFORMATION AND PRIVACY ACT" | | |
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