

1. REPORTING MTF						2. MTF LOCATION			ADMISSION AND CODING INFORMATION													
1	2	3	4	5	6	7	8	<i>(State or Country Code.)</i>														
A																						
3. REGISTER NUMBER						NAME <i>(Last, First, Middle Initial)</i>						4. PAY GRADE			5. SEX							
9	10	11	12	13	14	15							16	17	18							
6. DATE OF BIRTH <i>(YYYYMMDD)</i>						7. AGE AT ADMISSION			8. RACE	9. ETHNIC		RELIGION										
19	20	21	22	23	24	25	26	27	28	29	30	31	BACK-GROUND									
10. LENGTH OF SERVICE			ETS			11. FMP			12. SOCIAL SECURITY NUMBER													
32	33	34				35	36	37 38 39 40 41 42 43 44 45														
ORGANIZATION <i>(Active Duty Only)</i>						13. MARITAL STATUS			HOUR OF ADMISSION			BRANCH / CORPS										
						46																
14. FLYING STATUS			15. BENEFICIARY CATEGORY						16. ZIP CODE OF RESIDENCE													
47	48	49	50	51	52	53 54 55 56 57 58 59 60 61																
17. UNIT LOCATION <i>(State or Country Code)</i>			18. MOS				19. TRAUMA			PREV. ADMISSION												
62	63	64 65 66 67 68 69 70				71				YEAR <input type="checkbox"/> NO												
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION						WARD			NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE													
72									ADDRESS OF EMERGENCY ADDRESSEE <i>(Include ZIP Code)</i>													
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY						TELEPHONE NUMBER OF EMERGENCY ADDRESSEE																
21. TYPE OF DISPOSITION			22. MTF TRANSFERRED TO					23. DATE OF DISPOSITION <i>(YYMMDD)</i>														
73	74	75 76 77 78 79 80					81 82 83 84 85 86															
24. CLINIC SVC - ADMITTING				25. MTF TRANSFERRED FROM				26. DATE THIS ADMISSION <i>(YYMMDD)</i>														
87	88	89	90	91 92 93 94 95 96				97 98 99 100 101 102														
27. LOCATION OF OCCURRENCE <i>(Battle Casualty Only)</i>				28. MTF OF INITIAL ADMISSION				29. DATE INITIAL ADMISSION <i>(YYMMDD)</i>														
103	104	105 106 107 108 109 110				111 112 113 114 115 116																
FOR LOCAL USE																						
ADMITTING OFFICER <i>(Signature, as required)</i>												SIGNATURE OF ADMITTING CLERK										