

LOST TIME EXPECTED: YES: ____ NO: ____ **#DAYS:** ____ SICK IN QUARTERS # DAYS: ____ (Military Only)

LIGHT DUTY: YES: ____ NO: ____ **#DAYS:** ____ HOSPITALIZED: YES: ____ NO: ____ **#DAYS:** ____

RETURN VISIT: YES: ____ NO: ____ WHERE: _____

CORRECTIVE ACTION/COMMENTS: _____
