MEDICAL EXAMINER'S REPORT

TO: Confinement Officer	DATE

I HAVE THIS DATE EXAMINED THE PRISONER NAMED BELOW AND FIND THAT:

HE ☐ IS ☐ IS NOT MENTALLY AND PHYSICALLY QUALIFIED TO PERFORM HARD LABOR.

HE ☐ IS ☐ IS NOT FREE FROM COMMUNICABLE DISEASE.

LAST NAME - FIRST NAME - MIDDLE INITIAL	SERVICE NUMBER / SSAN

REMARKS

SIGNATURE OF MEDICAL OFFICER

DD FORM 503, DEC 55 **REPLACES EDITION OF 1 MAY 51, WHICH WILL BE USED UNTIL EXHAUSTED**

Reset

Adobe Professional 7.0