Personnel Action Packet

T-14-A-3 Process Medical Informal Line of Duty (LOD)

1. SOLDIER	R'S NAME (Last, Fire	st MI) 2.	RANK	3. EMAIL ADDRES	S			4. DATE INITIATE	D
5. UNIT NAME		6. UIC	7. UN	NIT/RPAC POC RANK/TITLE NAME			;	8. RPAC NAME	
9. POC IN a. Phone: b. Email:	FORMATION			10. GFC CMD	1	11. RD		12. POC SIGNATUR	RI
Forms and Documents									
DA Form 2173 (Section I & II completed and signed).									
2. Medical Documentation that pertains to injury/illness/disease medical documentation must state a Diagnosis, Prognosis, and Treatment Plan.									
3.	Verification of So Active Duty Orde			•	9, DA 1	1380, Mob O	rder, Sigr	n In Roster or othe	r

Note: Military Medical Support Office (MMSO) Forms 1 and 2 need to be initiated and processed through eMMPS while initiating LOD application.