Medical Services
(NGGA-PEM)

Line of Duty
(LOD)
SUMMARY of CHANGE

SOP 5-2
Line of Duty

- No changes. First edition, 1 October 2018.
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Chapter 1
Overview

1-1. Purpose.

LOD investigations are conducted essentially to arrive at a determination of whether or not the Soldier's injury, illness or disease occurred in the line of duty while the Soldier was in an authorized duty status. Additionally, LOD investigations determine if misconduct or negligence was involved in the disease, injury, or disease and, if so, to what degree? The duty status must be reflected by a published order or a pay document (DA Form 1379) showing the Soldier received pay for their duty status. The findings of an LOD/LODI will determine if the Soldier is authorized medical care and/or Incapacitation Pay. This protects the interests of both the Soldier and the U.S. government.

1-2. Applicability.

Definition: A Line of Duty determination is required when a Soldier has an injury, illness, or disease that occurs or is aggravated while that Soldier is in an authorized duty status or traveling directly to or from duty.

A line of duty determination is required whenever a Soldier incurs an injury, illness or disease, which incapacitates him/her from the performance of duty. It is important to realize that a line of duty determination involves two facts: the preponderance of evidence and the totality of the circumstances.

1-3. Authorized Duty Status.

Soldiers must be on some type of military orders or duty status whenever an injury/illness occurs in order to initiate an LOD. The mere fact that the Soldier was in an "authorized" duty status does not necessarily support a determination of "in LD" in and of itself. Duty status includes:

- IDT: Inactive Duty Training. This is generally drill weekends for a National Guard Soldier; documented with a DA Form 1379 generated by the MyUnitPay System.
- Title 32: Soldiers who are AGR or State ADOS. Title 32 orders for Annual Training, and schools such as NCO Academy, Re-Classification, Secondary MOSQ, etc.
- Title 10: All mobilization orders are Title 10, IADT orders, NGB ADOS.

1-4. DA Form 2173 vs Line of Duty Determination.

A DA Form 2173, is not a Line of Duty. DA Form 2173 is a “Statement of Medical Examination and Duty Status.” A Line of Duty Determination is a memorandum (By the Authority of the Secretary of the Army) that specifically states “Approved in the line of duty” for a specific injury.


Examples of non-emergency injuries/illness include: muscle strain, sprains, viral illness, contusions, lacerations (not requiring stitches). MMSO Form 1, DA Form 2173, and DA Form 1379 or orders are faxed to MMSO for payment of initial bill.

- a. Soldier recovers by end of training period.
- b. No follow-up care required.
- c. No lost civilian income.

1-6. Types of LODs.

Informal: Informal LOD investigations are required to document an injury, illness, or disease; except as stated in AR 600-8-4, para 2-3c (1-10) that a Soldier has sustained or aggravated while in a duty status.

Informal LOD Criteria:

- a. Not an injury or condition that occurs under strange/unusual or doubtful circumstances.
b. Not a vehicle accident.
c. Not resulting in permanent disability.
d. No drugs/alcohol involved.

Formal: Formal LOD investigations are more detailed investigations required to arrive at a determination of whether misconduct or negligence was involved in the disease, injury, or death of a Soldier; and if so, to what degree. A Unit may initiate a formal LOD for any incident involving questionable circumstances or outcomes. Formal LODs are initiated when an investigation is needed (e.g. if misconduct is suspected).

Formal LOD Criteria:

a. Injury or illness existed prior to training.
b. Motor Vehicle Accident in a duty status.
c. Drugs or alcohol involved.
d. Permanent disability.
e. Death case.
f. Self-inflicted.
g. Disease - require a formal line of duty when a Soldier is serving on an active duty tour 30 days or less or IDT and is disabled due to disease. The reason for this investigation is to determine if the disease existed prior to service and whether it was service aggravated.
h. Soldier was AWOL when injured or ill.
i. Occurred while Soldier was traveling to or from authorized training or duty.
j. Questionable/suspicious circumstances or contradictory witness statements.
Chapter 2  
Time Requirements for Completion and Forwarding Action.

a. Unit Administrator: Within 5 calendar days after incident, treatment, or knowledge that an incident has occurred.

b. Unit Commander: 30 calendar days after incident. For Formal LOD investigations, the Commander will send it to the Appointing Authority through the Intermediate Command Administrator. For Informal investigations the Commander will send to Battalion level Intermediate Command Administrator for quality control review.

c. Appointing Authority: 35 calendar days after the incident.

d. Investigating Officer (IO), Formal only: 50 calendar days after the incident.

e. Appointing Authority, Formal Only: The IO will return the LOD to the Appointing Authority no later than 65 calendar days after the incident.

f. Reviewing Authority, Formal Only: 70 calendar days after the incident.

g. Approving Authority: Informal LODs, 40 calendar days after the incident. Formal LODs, 75 calendar days after the incident.

1. If the above timelines are missed, annotate the reason in block 30 of the DA Form 2173 or block 10g on DD Form 261 and provide a letter of lateness.
Chapter 3
Common Errors on LODs.

a. Medical documentation does not reflect a definitive diagnosis.
b. The Investigating Officer (IO) does not give the facts, (HOW, WHEN, WHERE, WHAT, TO WHOM IT HAPPENED).
c. If a Soldier has incurred two unrelated injuries, then two LODs are required.
d. Missing information in blocks on DD FM 261 and DA FM 2173 261& 2173 date don’t match
e. Insufficient documentation, incomplete docs, or missing signatures.
f. Adverse Finding Notice and Certified Mailing was not mailed or uploaded in the module. (SOLDIER MUST BE MAILED A CERTIFIED NOTICE OF A “NOT IN LOD DETERMINATION” PRIOR TO FORWARDING THE LODI).
Chapter 4
LOD Tracking.

4-1. Responsibilities.

a. G1-MED (HSS) tracks all LODs, and generates weekly LOD status reports for G1, Chief of Staff and MSC Commanders.

b. All LODs are required to be entered into the Line of Duty Module located within the Medical Electronic Data Care History and Readiness Tracking (MEDCHART) at https://medchart.ngb.army.mil.

c. All unit administrators/Medical Readiness NCOs/Readiness NCOs/Commanders will track their LODs in eMMPS and ensure they are moving through the module in a timely manner.

4-2. LOD Workflows.

a. Pre-Approved Title 10 - the purpose of the Pre-Approved Title 10 workflow is to document LODs that have already been completed and approved while on title 10 orders to include DA Form 2173, medical documentation, and Memorandum signed by the Approval Authority.

b. M-Day - the purpose of the M-Day (informal) workflow is to identify all LODs associated with typical ARNG Soldier status, such as IDT and RMAs. Informal M-Day LODs start at the unit level and are signed by the unit commander then sent to the state level for determination.

c. M-Day (Formal) - the purpose of the M-Day (formal) workflow is to identify all LODs associated with typical ARNG Soldier status, such as IDT and RMAs. Formal M-Day LODs are routed through Unit, Intermediate Command Admin and Approval, the IO and back to Intermediate Command Approval for submission to State and NGB Levels.

d. Title 32 - the purpose of the Title 32 (informal) workflow is to identify all LODs associated with personnel who were on state level AGR/Full-time/ADOS orders when their injury occurred. Informal Title 32 LODs start at the unit level and are signed by the unit commander then sent to the state level for determination.

e. Title 32 (Formal) - the purpose of the Title 32 (formal) workflow is to identify all LODs associated with personnel who were on state level AGR/Full-time/ADOS/AT orders when their injury occurred. Formal Title 32 LODs are routed through Unit, Intermediate Command Admin and Approval, the IO and back to Intermediate Command Approval for submission to State and NGB Levels.

f. Title 10 - the purpose of the Title 10 (informal) workflow is to identify all LODs associated with personnel who were in a federalized status, over 30 days, when their injury occurred. The documentation requirements for Title 10 LODs are minimal compared to the other workflows. The only required documents for informal Title 10s are the Soldier's original DA Form 2173, Title 10 orders, and medical documents. Informal Title 10 LODs start at the unit level and are signed by the unit commander, routed to the State and NGB Levels.

g. Title 10 (Formal) - the purpose of the Title 10 (formal) workflow is to identify all LODs associated with personnel who were in a federalized status, over 30 days, then their injury occurred. Formal Title 10 LODs are routed through Unit, Intermediate Command Admin and Approval, the IO and back to Intermediate Command Approval for submission to State and NGB Levels.

h. OCONUS - The purpose of the OCONUS (informal) workflow is to identify those LODs for Soldiers who were on Title 10 orders (federalized) and who were deployed in theater when their injury occurred. Informal OCONUS LODs follow the same routing as informal Title 10 LODs. The only difference between informal OCONUS LODs and informal Title 10 LODs is that OCONUS LODs are only created for personnel who are deployed in theater.

i. OCONUS (Formal) - The purpose of the OCONUS (formal) workflow is to identify those LODs for Soldiers who were on Title 10 orders (federalized) and who were deployed in theater when their injury occurred. Formal OCONUS LODs follow the same routing as formal Title 10 LODs.
Appendix A

References

AR 600-8-4
Line of Duty

AR 40-501
Standards of Medical Fitness

PPOM 17-022
Implementation Guidance for Army National Guard Line of Duty (LOD), Procedures and Investigations

DoDI 1241.01
Reserve Component Line of Duty Determination for Medical and Dental Treatments and Incapacitation Pay Entitlements
## Appendix B

### Figure 1

**Medical Incident Packet Checklist.**

<table>
<thead>
<tr>
<th>EMERGENCY CARE</th>
<th>Take to emergency care or initial treatment visit</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>DA Form 2173-Take to Initial or Emergency Care</td>
<td>Unit to complete blocks 1-5 prior to treatment. Provider to complete section 1, blocks 6-18.</td>
<td></td>
</tr>
<tr>
<td>Letter of Instruction for Payment-Take to Initial or Emergency Care</td>
<td>Provide this letter of instruction to the medical facility</td>
<td></td>
</tr>
<tr>
<td>DD Form 2870- Provide a signed copy to the medical facility</td>
<td>Unit will complete blocks 1-5 and assist Soldier in completing blocks 6-10. Soldier will sign block 11. Unit will retain one copy and provide one copy to the facility for immediate release of records.</td>
<td></td>
</tr>
</tbody>
</table>

| SOLDIER DOCUMENTS:                                  | Have Soldier sign/complete all documents for initiating a LOD                                                   |           |
| DD Form 2870- Second form is required for obtaining documentation related to a LOD claim | Unit will complete blocks 1-5. Soldier will sign block 11 and date block 13.                                   |           |
| DA Form 4856- Counseling                            | Unit will counsel Soldier on expectations and requirements for initiating an LOD and seeking medical treatment. |           |
| Soldier Rights and Warnings                         | Soldier must complete this form to initiate a LOD claim and indicate if they DO/DO NOT wish to make a statement. |           |
| Disability Counseling Form                          | Soldier must sign this counseling form in addition to the DA Form 4856                                         |           |
| DA Form 2823- Sworn Statement                       | If the Soldier indicated they wanted to make a statement on the Soldier Rights and Warnings this form is required for the LOD |           |

| FOLLOW UP CARE:                                     | Provide this letter of instruction for payment to each facility or provider office                              |           |
| Letter of Instruction for Payment                  |                                                                                                               |           |
| MMSO Authorization Memorandum                      | Emailed to the Soldier and MRNCO of the MSC to authorize specific treatment, procedure or equipment. Must take with them to appointment. Soldier should retain a copy. |           |

Soldier Name (Last, First, MI): ____________________ Rank/Grade: ______

Soldier’s Contact Number: (____) ___________ Alternate Contact Number: (____) ___________

Unit POC Name: ____________________ Unit POC Number: (____) ____________________
Appendix B

Figure 2

STATEMENT OF MEDICAL EXAMINATION AND DUTY STATUS

For use of this form, see AR 600-8-1, the proponent agency is DCSER

THRU: (Include ZIP Code)  TO: (Include ZIP Code)  FROM: (Include ZIP Code)

1. NAME OF INDIVIDUAL EXAMINED (Last, First, and Middle Initial)  2. SSN  3. GRADE

4. ORGANIZATION AND STATION

5. ACCIDENT INFORMATION
   a. DATE
   b. PLACE (City and State)

SECTION I - TO BE COMPLETED BY ATTENDING PHYSICIAN OR HOSPITAL PATIENT ADMINISTRATOR

6. INDIVIDUAL WAS □ OUT PATIENT  □ DEAD ON ARRIVAL
   □ ADMITTED  □ CIVILIAN  □ MILITARY

7. NAME OF HOSPITAL OR TREATMENT FACILITY

8. HOUR AND DATE ADMITTED

9. HOUR AND DATE EXAMINED

10. NATURE AND EXTENT OF □ INJURY  □ DISEASE  □ RESULTING IN DEATH (Explain)

11. MEDICAL OPINION:
   a. INDIVIDUAL □ WAS □ WAS NOT UNDER THE INFLUENCE OF □ ALCOHOL  □ DRUGS (Specify):
   b. INDIVIDUAL □ WAS □ WAS NOT MENTALLY SOUND (Attach Psychiatric evaluation if appropriate).
   c. INJURY □ IS □ IS NOT LIKELY TO RESULT IN A CLAIM AGAINST THE GOVERNMENT FOR FUTURE MEDICAL CARE.
   d. INJURY □ WAS □ WAS NOT INCURRED IN LINE OF DUTY. BASIS FOR OPINION:

12. THE FOLLOWING DISABILITY MAY RESULT
   □ TEMPORARY  □ PERMANENT PARTIAL  □ PERMANENT TOTAL

13. BLOOD ALCOHOL TEST MADE □ YES □ NO

14. NO. OF MG ALCOHOL/100 ML BLOOD

15. DETAILS OF ACCIDENT OR HISTORY OF DISEASE (how, where, when)

16. DATE

17. TYPED OR PRINTED NAME OF ATTENDING PHYSICIAN OR PATIENT ADMINISTRATOR

18. SIGNATURE

SECTION II - TO BE COMPLETED BY UNIT COMMANDER OR UNIT ADVISER

19. DUTY STATION
   □ PRESENT FOR DUTY  □ ABSENT WITHOUT AUTHORITY
   □ ABSENT WITH AUTHORITY:  □ ON PASS  □ ON LEAVE

20. HOUR AND DATE OF ABSENCE
   a. FROM
   b. TO

21. ABSENCE WITHOUT AUTHORITY MATERIALLY INTERFERED WITH THE PERFORMANCE OF MILITARY DUTY (Explain in item 30 type of duty missed, hours of duty, and how it did or did not interfere with performance)
   □ YES □ NO

22. INDIVIDUAL WAS ON
   □ ACTIVE DUTY  □ ACTIVE DUTY FOR TRAINING
   □ INACTIVE DUTY TRAINING

23. HOUR AND DATE TRAINING
   a. BEGAN
   b. ENDED

24. RESERVIST DIED OF INJURIES RECEIVED PROCEEDING □ DIRECTLY TO TRAINING  □ DIRECTLY FROM TRAINING

25. MODE OF TRANSPORTATION

26. HOUR BEGINNING TRAVEL

27. DISTANCE INVOLVED

28. NORMAL TIME FOR TRAVEL

29. DUTY STATUS AT TIME OF DEATH IF DIFFERENT FROM TIME OF INJURY OR CONTRACTION OF DISEASE
   □ PRESENT FOR DUTY  □ ABSENT WITH AUTHORITY  □ ABSENT WITHOUT AUTHORITY

30. DETAILS OF ACCIDENT - REMARKS (If additional space is needed, continue on reverse) (Attach Inclosures as necessary)

31. FORMAL LINE OF DUTY INVESTIGATION REQUIRED □ YES □ NO

32. INJURY IS CONSIDERED TO HAVE BEEN INCURRED IN LINE OF DUTY (Not applicable on deaths) □ YES □ NO

33. DATE

34. TYPED NAME AND GRADE OF UNIT COMMANDER OR UNIT ADVISER

35. SIGNATURE

DA FORM 2173, OCT 72  REPLACES DA FORM 2173, 1 JUN 66, WHICH IS OBSOLETE.

USA/PC V2.00

GAARNG G-1 SOP 5-2, 1 October 2018
Informal LOD Checklist

- DA Form 2173 **
- Medical Documents (civilian/military) **
- Annual Training/ADSW/AGR Orders **
- Disability Counseling Statement
- Training Schedule
- Witness Statement (optional in case of illness)
- Soldier's Rights and Warning Statement
- Other documents pertinent to the case or required by the state

Items with ** must be submitted with the LOD.
Appendix B

Figure 4

Formal LOD Checklist

- DD Form 261 **
- Investigating Officer Appointment Letter **
- DA Form 2173 **
- Soldier's Rights and Warning Statement **
- Medical Documents (civ/mil) **
- JAG Review/Opinion **
- Disability Counseling Statement **
- Annual Training/ADSW/AGR Orders **
- Last Five APFT Reports and All Profiles
- Last two Annual Medical Certificates
- Soldier's Statement (DA Form 2823)
- Witness Statement (Optional in case of illness) (DA Form 2823)
- SF 88 & SF 93 or DD 2808 & DD 2807-1 (last two periodic exams)
- Photographs/Maps/Sketches
- Adverse Notification Letter with signed Certified Return Receipt on "Not In Line Of Duty Findings"
- Previous LODs and supporting documents
- Previous LODs civilian injury medical records
- Police Report (in event of vehicle accident)
- Surgeon Review (when available)
- Death Certificate or Autopsy Report (required in case of death)
- Other documents pertinent to the case or required by the state

Each supporting document attached to formal LODs will be marked as exhibit A, B, C, etc.

Items with ** must be submitted with the LOD. All other items should be included if available.
SOLDIER’S RIGHTS AND WARNING STATEMENT

NOTE: AN OFFICER MUST SIGN THE RIGHTS AND WARNING STATEMENT

I, ___________________________  
(Rank, Full Name and SSN of Officer)

informed ___________________________  
(Rank, Full Name and SSN of Soldier)

on ___________________________ (date), of his/her rights and that he/she does not have to make any statement relating to the origin, incurrence or aggravation of the injuries/illness. The Soldier understands his/her rights. Additionally, all witness statements were sworn to under oath administered by me.

_________________________  
(Officers Signature)

_________________________  
(Officers Rank & Printed Name)

_________________________  
(Date)

I, ___________________________  
(Soldiers Rank, Full Name), have been informed of my rights and (DO), (DO NOT) desire to make any further statements.

_________________________  
(Soldiers Signature)

_________________________  
(Soldiers Rank & Printed Name)

_________________________  
(Date)

1 September 2013
Appendix B

Figure 6

LINE OF DUTY/ DISABILITY COUNSELING STATEMENT

Soldier:
1. I understand that I must promptly notify my unit when in need of any medical care as the result of a line of duty injury/illness. I cannot seek private medical or hospital care without first requesting and receiving approval to seek care, except in cases where a risk to life, limb, or eyesight occurs. I must request this care through my unit for approval through the Military Medical Support Office (MMSO).

2. I must report for all medical appointments scheduled by my unit or doctor treating my condition. I must cooperate fully with the medical personnel and follow their course of treatment. I must furnish to my unit, upon completion of each appointment, documentation on the results and treatment plan.

3. I will authorize and request the Veteran’s Administration, my civilian physician, the civilian hospital providing my medical care or any other facility providing medical care to release any and all medical records, examinations, treatments, and summaries to my State Adjutant General and unit.

4. I understand that failure to fulfill the above requirements may result in termination of my entitlements including medical treatment, payment for medical care, or military pay and allowances. I further understand that the penalty for willfully making a false claim is a maximum fine of $10,000.00, imprisonment for up to 5 years, or both. (U.S. code, Title 18, Section 287.1001)

Counselor to review with Soldier:
5. I understand that you recently incurred or aggravated an injury, illness or disease while participating in training as a member of the Reserve Component. Reserve Component Soldiers are entitled to medical treatment in a Government facility or at Government expense if they incur or aggravate an injury in the line of duty. The objective of your medical treatment is to return you to duty as quickly as possible, consistent with sound professional medical practice.

6. You may be entitled to incapacitation pay during your treatment. A determination for eligibility is made on a case-by-case basis to ensure it complies with regulatory and legal guidance. No soldier has an automatic entitlement to medical/dental treatment or to incapacitation pay. Your unit can provide you with information on the requirements for applying for incapacitation pay if you have a loss of civilian or military income due to an approved line of duty illness/ injury. Incapacitation pay does not place a Soldier in an active status, and Soldiers do not accrue leave or receive retirement points while in an incapacitation pay status. Soldiers do not attend ADT/IDT/AT during this period.

I understand my rights and responsibilities concerning my injury, illness, or disease condition.

(Printed Soldier’s Name, Rank, and Date) (Soldier Signature)

I have provided a copy of or read the above briefing to the Soldier whose signature appears above.

(Name/Rank of Counselor) (Counselor Signature)
**Appendix B**

**Figure 7**

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### DEVELOPMENTAL COUNSELING FORM

For use of this form, see FM 6-22; the proponent agency is TRADOC.

#### DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** 5 USC 301, Departmental Regulations, 10 USC 3013, Secretary of the Army.

**PRINCIPAL PURPOSE:** To assist leaders in conducting and recording counseling data pertaining to subordinates.

**ROUTINE USES:** The DoD Blanket Routine Uses set forth at the beginning of the Army's compilation of systems or records notices also apply to this system.

**DISCLOSURE:** Disclosure is voluntary.

<table>
<thead>
<tr>
<th>PART I - ADMINISTRATIVE DATA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (Last, First, M)</td>
</tr>
<tr>
<td>Organization</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PART II - BACKGROUND INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose of Counseling: (Leader states the reason for the counseling, e.g. Performance, Professional or Event-Oriented counseling, and includes the leader's facts and observations prior to the counseling.)</td>
</tr>
</tbody>
</table>

As a Soldier in the Georgia Army National Guard (GAARNG), you are a valued asset. We are committed to assisting you in maintaining the highest level of medical readiness and ensuring you receive medical treatment through military or VA programs whenever you are qualified. In turn, you must be an active participant in this process. This counseling is to notify you of your:

- Requirement to submit complete information regarding your claim of injury or illness in relation to military service.

(If Soldier refuses medical care) Declination of continued medical/dental treatment or refusal of medical/dental treatment on ___.

Type of treatment refused or declined:

<table>
<thead>
<tr>
<th>PART III - SUMMARY OF COUNSELING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete this section during or immediately subsequent to counseling.</td>
</tr>
</tbody>
</table>

**Key Points of Discussion:**

You have been identified as having an injury, illness, or disease claim that may require medical treatment. If you have a medical emergency while in a military pay status, you are afforded the opportunity to seek medical treatment. This does not constitute an approved line of duty injury or illness. A determination of your entitlement to reimbursement or compensation for treatment will be made based upon evidence and circumstances of your claim.

You are required to:

1. Complete all required medical release forms, obtain all applicable police reports, and submit all necessary medical documents to your unit Readiness NCO within 30 days of your claimed incident date. Your claim for a line of duty determination will be terminated if documentation is not submitted within the suspense. Extension to the 30 day suspense must be submitted in writing to your Commander.

2. Complete all required followup treatment and submit medical notes within 10 days of treatment in relation to your claim.

3. Request and obtain a military profile from an approved military medical provider in relation to your injury/illness. If civilian medical provider notes are submitted to the military provider, they must have a clear diagnosis, prognosis, and list of any physical limitations. You must notify your command of any physical limitations as directed by your medical provider.

4. Disclose any conditions you had prior to this period of military service. Failure to disclose pre-existing conditions could result in a finding of NOT IN THE LINE OF DUTY DUE TO OWN MISCONDUCT.

5. Receive approval from the Military Medical Support Office (MMSO) prior to having any follow up procedures, surgery, therapy, equipment, or evaluations in relation to this claim. If you seek medical treatment on your own or through your insurance (to include TriCare), you may not be reimbursed for these procedures or treatments. Prescriptions required at the time of emergency treatment can be paid by the Soldier and requested for reimbursement through MMSO.

6. Upon completion of your medical treatment or as directed by your command, you are required to complete a fit for duty examination through the Health Services Section (HSS) to determine your physical abilities or limitations.

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**OTHER INSTRUCTIONS**

This form will be destroyed upon: reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

**DA FORM 4856, AUG 2010**

**PREVIOUS EDITIONS ARE OBSOLETE**

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GAARNG G-1 SOP 5-2, 1 October 2018
Appendix B

Figure 8

Plan of Action: (Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate’s behavior and include a specified time line for implementation and assessment (Part IV below).

I understand that failure to maintain my medical readiness or refusal to seek necessary medical treatment to remain medically ready could result in my discharge from the GAARNG, under NOIR 600-200, 6-35. Soldier’s Initials: __________

Soldier will sign one of the following options:

Option 1: __________ I have been advised of the procedures for seeking medical treatment for my claim of military-related injury/illness. By signing this option, I am choosing to refuse the provided medical treatment for my injury/illness/disease. I understand that my signature indicates my refusal of the medical treatment that has been offered to me and that I am completely responsible for seeking medical attention on my own. I am responsible for any subsequent bills associated with this medical treatment. I further understand that my signature on this refusal form may result in a loss of benefits.

Option 2: __________ I have been advised of the requirements for a line of duty claim in relation to a military-related injury/illness. I accept the medical treatment offered to me, and will abide by all necessary treatment or physical restrictions outlined by the medical provider. I understand that I will be required to work with my unit Readiness NCO and Medical Readiness NCO to complete the necessary packet for submission into the line of duty module. I understand that I may complete a sworn statement, but I am not required to make a statement in relation to my claim.

Additional Plan of Action notes: (if applicable)

Session Closing: (The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate signs the signature block if it is applicable.)

Individual counseled: [ ] agree [ ] disagree with the information above.

Individual counseled remarks: ________________________________

Signature of Individual Counseled: ____________________________ Date: ____________________________

Leader Responsibilities: (Leader’s responsibilities in implementing the plan of action.)

Signature of Counselor: ____________________________ Date: ____________________________

PART IV - ASSESSMENT OF THE PLAN OF ACTION

Assessment: (Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)

Counselor: ____________________________ Individual Counseled: ____________________________ Date of Assessment: ____________

Note: Both the counselor and the individual counseled should retain a record of the counseling.

REVERSE, DA FORM 4856, AUG 2010

GAARNG G-1 SOP 5-2, 1 October 2018
Appendix C
Glossary

AGR
Active Guard/Reserve

ARNG/ARNGUS
Army National Guard / Army National Guard of the United States

MSC
Major subordinate command

SOP
Standard operating procedure (formerly standing operating procedure, changed by JP 3-31 and JP 1-02)

TAG
The Adjutant General

M-Day
That unnamed date in the future upon which a traditional drilling Guardsman is called into active service under Presidential authority for a mobilization.