

**MIXED MEDICAL COMMISSION CERTIFICATE FOR EPW**

For use of this form, see AR 190-8; the proponent agency is PMG.

FROM:

TO:


The undersigned make up the Mixed Medical Commission. They are dully appointed under the GPW of 1949 to examine \_\_\_\_\_ (state nationality) EPW in custody of the US Armed Forces. The EPW claim eligibility for repatriation or for hospitalization in a neutral country under the provisions of that convention. The EPW named below has been presented to the Commission and has been examined at the location, and on the date shown.

NAME (Last, first, MI)		GRADE
SERVICE NUMBER	INTERMENT SERIAL NUMBER	DATE OF BIRTH

**STATUS**

<input type="checkbox"/> MEDICAL:	<input type="checkbox"/> LITTER	<input type="checkbox"/> AMBULANT	
<input type="checkbox"/> SURGICAL:	<input type="checkbox"/> LOCKED WARD	<input type="checkbox"/> OPEN	<input type="checkbox"/> ISOLATION
<input type="checkbox"/> NEUROPSYCHIATRIC:			

THE MIXED MEDICAL COMMISSION FINDS THAT THE ABOVE NAMED EPW IS (Check applicable box)	<input type="checkbox"/>	a. INELIGIBLE FOR REPATRIATION OR HOSPITALIZATION IN A NEUTRAL COUNTRY.
	<input type="checkbox"/>	b. ELIGIBLE FOR DIRECT REPATRIATION.
	<input type="checkbox"/>	c. ELIGIBLE FOR HOSPITALIZATION IN A NEUTRAL COUNTRY.
	<input type="checkbox"/>	d. ELIGIBLE FOR RE-EXAMINATION BY NEXT COMMISSION.

FINAL DIAGNOSIS (Continue on reverse side if more space is required).

PLACE OF EXAMINATION	DATE
TYPED NAME OF CHAIRMAN, MIXED MEDICAL COMMISSION	SIGNATURE
TYPED NAME OF MEMBER	SIGNATURE
TYPED NAME OF US MEDICAL REPRESENTATIVE	SIGNATURE