

**CERTIFICATE FOR DIRECT REPATRIATION FOR EPW**

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

FROM:

TO:


The undersigned make up the medical command of a US general hospital. They have examined the EPW named herein and have agreed that he/she is eligible for repatriation according to the medical agreement in the GPW of 1949.

NAME ( <i>Last, first, MI</i> )		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			

FINAL DIAGNOSIS

PLACE OF EXAMINATION	DATE
TYPED NAME OF COMMANDING OFFICER	SIGNATURE
TYPED NAME OF EXECUTIVE OFFICER	SIGNATURE
TYPED NAME OF CHIEF OF SERVICE	SIGNATURE