

MEDICAL HISTORY ON RELEASE FROM HM FORCES

NOTES

1. This form is to be raised in duplicate for all personnel on release from the Service.
2. The purpose of this form is to facilitate the transfer of an individual's Service medical record to their NHS GP, processed and protected in accordance with the Data Protection Act, 1998.
3. The patient is to be given one copy of this form, plus, when practical, a printout of any clinical records held in electronic format and instructed to take this to their NHS GP as soon as possible. The second copy of this form is to be retained in the F Med 4.

PART 1 – TO THE CIVILIAN GENERAL PRACTITIONER

This document is the summary of the individual's Service Medical history, and includes details of disabilities, immunisations, clinical conditions and of any significant treatments received. The patient has, whenever possible, been given a printout of their most recent primary care electronic medical record, which they may choose to give to you. If access to copies of the full record (i.e. computerised and paper) is required please write to the appropriate address below, enclosing a copy of Part 2 of this form to act as consent.

ROYAL NAVY/ROYAL MARINES

MDG(N) Medical Records
Institute of Naval Medicine
Alverstoke
Hampshire
PO12 2AA

ARMY

Army Personnel Centre
Secretariat Disclosure 3 (Medical)
MP 525, Kentigern House
65 Brown Street
Glasgow, G2 8EX

ROYAL AIR FORCE

PMA Medical (RAF)
Room 040
Building 248
RAF Innsworth
Gloucestershire, GL3 1EZ

A printout of the electronic primary healthcare record held at the medical centre named below is/is not* attached to this form (*delete as applicable).

PART 2 – TO BE COMPLETED BY THE INDIVIDUAL

Service Number		Surname (in block capitals)	
<input type="text"/>		<input type="text"/>	
Rank/Rating		Forename(s) (in full)	
<input type="text"/>		<input type="text"/>	
Name and address (including postcode) of current Medical Centre.		Residential address on leaving the Service (including postcode)	
<input type="text"/>		<input type="text"/>	
Date of Birth	National Insurance Number	National Health Service Number (if known)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
I do/do not* consent to the release of my full Service Medical history to my civilian GP:			
Signature		Date	
<input type="text"/>		<input type="text"/>	

*Delete as applicable

PART 3 – ONLY TO BE USED IN CASES OF MEDICAL DISCHARGE

Royal Navy Officers and Ratings: to be completed by Medical Board of Survey Office or invaliding establishment	
Army Officers and Soldiers: to be completed by Army Personnel Centre	
Royal Air Force: N/A	
Address of Authority confirming medical discharge	Date of Release
<input type="text"/>	<input type="text"/>
	Date of Signature
	<input type="text"/>

PART 4 – SERVICE VACCINATION HISTORY – MOST RECENT IMMUNISATIONS BY TYPE – SEE ATTACHED SHEET

VACCINE	DATE OF LAST VACCINATION (when known)	COMPLETED COURSE- YES/NO	VACCINE	DATE OF LAST VACCINATION (when known)	COMPLETED COURSE- YES/NO
Initial Tetanus Course			Rubella		
Booster Tetanus			Meningitis C		
Polio			Meningitis A+C		
Initial Diphtheria Course			BCG		
Booster Diphtheria			Anthrax		
Typhoid			Smallpox		
Yellow Fever			Other:		
Initial Hepatitis A Course			Other:		
Booster Hepatitis A			Other:		
Initial Hepatitis B Course			Other:		
Booster Hepatitis B			Other:		

PART 5 – TO BE COMPLETED BY THE PRESIDENT OF THE MEDICAL BOARD/UNIT MEDICAL OFFICER

Height (cm): Weight (kg): Blood Group: Blood pressure:

Urinalysis: Allergies:

For female personnel, date, result and follow up recommendation of last cervical cytology examination:

MOD personnel cervical cytology results can be obtained from Coventry NHS PCT, Christchurch House, Greyfriars Lane, COVENTRY, CV1 2GQ

Details of significant past illnesses (including dates and treatment given):

Details of significant past surgical operations (including dates and treatment given):

Details of significant past injuries (including cause, dates and treatment):

Details of past investigations (including dates and results) relevant to above (e.g. FBC, LFT, TFT, ECG, Xrays, MRIs, CTs etc):

Details of current medication:

Disabilities (only to be completed by the President of a Medical Board when medical discharge is recommended. Percentages or degrees of disabilities are not to be recorded):

Has an application for Incapacity Benefit been supported via completion of an F Med 1017 (Annex A to SGPL 03/03)?

Name of President of the Medical Board/Unit Medical Officer

Signature

Date