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12 Insect & Rodent Control
Memo 40-205-2

MEMORANDUM)
No. 40-205-2)

WAR DEPARTMENT
Washington 25, D. C., 13 December 1946

INSECT AND RODENT CONTROL.

✓ Insect and rodent control responsibilities in the armed forces-----	Section I
Insecticides and pest control equipment; distribution-----	II
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I. INSECT AND RODENT CONTROL RESPONSIBILITIES IN THE ARMED FORCES. Responsibility for insect and rodent control with respect to recommendations, the furnishing of all supplies (material and equipment) incident thereto, and the supervision and execution of control measures at military installations of the Army, is as follows:

1. a. Army Committee for Insect and Rodent Control (ACIRC). The Secretary of War has established the Army Committee for Insect and Rodent Control, announced by WD Memorandum 40-205-1, 30 September 1946, and has designated The Surgeon General as chairman. This committee consists of representatives from the various technical services, Army Air Forces, and Army Ground Forces, and also has liaison representatives from the United States Navy; National Research Council; United States Department of Agriculture; United States Public Health Service; and the Food and Drug Administration. The committee acts as a forum on insect and rodent control problems and coordinates these matters for the Army. It is responsible for making recommendations with respect to research and development; production, allocation, and distribution of insect and rodent control items; and preparation and revision of necessary directives or technical manuals on the military use of such items.

b. Commanding officer. It is the responsibility of the commanding officers of all organizations to enforce the provisions of sanitary regulations (AR 40-205, AR 40-210, AR 40-225, AR 100-80, FM 21-10, and TM 5-632), and to take such steps as may be necessary to protect personnel from disease and discomfort, and material from damage or destruction due to insects, rodents, and other similar pests.

c. Medical officer. The surgeon of a command is responsible under the commanding officer, for investigating the prevalence, distribution, and significant habits of insects, rodents, and other pests affecting the health of troops; recommending control measures and furnishing advice; providing such technical supervision as is necessary for the execution of such control measures; and determining and reporting upon adequacy of control or corrective measures effected. (See AR's 40-205, 40-210, and 100-80.)

d. Supply officer, quartermaster. The officer providing quartermaster supplies will store and issue standard items for insect and

rodent control, including items for individual use, use in clothing and equipage, or use in barracks, mess halls, kitchens, bakeries, laundries, and similar installations.

e. Engineers.

(1) Under the direction of the commanding officer, the engineer of a command is responsible for the supervision and execution of work, other than sanitation by troop units or individuals, pertaining to the construction or maintenance of real property, as defined in AR 35-6520, required to control insects, rodents, and similar pests for --

(a) Protection of health and morale, in accordance with the recommendations of the Medical Department, and under such Medical Department technical supervision as is necessary to accomplish this end.

(b) Preservation of property.

(2) Responsibility for such construction and preventive maintenance will include screening, termite-proofing and rat-proofing; application of insecticides and rodenticides; and similar necessary work to control mosquitoes, flies, cockroaches, termites, rodents, bedbugs, fleas, ants, and pests of trees, shrubs, vines, and lawns on Army reservations, and similar pests; and fumigation of buildings or commodities. Such work is the responsibility of --

(a) Post engineers at fixed installations.

(b) Unit engineers in the field.

(3) The engineer responsibility will include also the procurement, purchase, storage, and issue of certain specialized supplies.

2. The troop units or individuals who are to effect control measures in connection with ordinary sanitation will apply, under technical supervision provided by the surgeon, the material furnished by the agency concerned.

3. When the surgeon determines that local control measures applied by troop units or individuals (par. 2) are ineffectual, or that construction measures for rodent control or eradication of pests on real property are necessary, the post commander of fixed installations or the unit commander of organizations in the field will direct that work is to be performed by the post engineer or unit engineer, respectively. Nothing in this memorandum will be construed to prohibit the application of insect and rodent control measures by unit details or special insect control units as directed by commanding officers or by higher authority.

4. Reference is made to --

a. TM 5-600, concerning Corps of Engineers responsibility for control of insects and rodents on real property.

b. WD Catalog QM-4, QM Supply Catalog, Allowances of Expendable Supplies (Insecticides), or revisions thereof.

c. WD Catalog ENG-3 series, Eng. Supply Catalog, or revisions thereof.

II. INSECTICIDES AND PEST CONTROL EQUIPMENT: DISTRIBUTION. 5. Insecticides and items of pest control equipment are authorized for supply to oversea theaters, departments, separate bases, and similar commands, and military missions, commissions, and attaché personnel in foreign countries, and to commands within the United States, in accordance with the allowances listed in paragraph 7. These allowances will not be exceeded without express authority of the chief of the issuing technical service.

6. Oversea theaters, departments, separate bases, and similar commands, and continental United States are grouped for allowance purposes as follows:

- Group A Caribbean
Brazil and the South Atlantic
Africa, Central and North
Persian Gulf
Middle East
Pacific, Mid and South
South China
Burma
India
- ✓ Group B Europe
North China
Japan, Korea, North Pacific
Arctic, Canada, Alaska, Newfoundland,
Greenland, Iceland (Oversea commands
in areas not specifically mentioned.)
- Group C Continental United States
- Group D All military missions, commissions,
and attaché personnel in foreign
countries.

7. The items authorized for supply and the allowances of each are as follows (this information will be incorporated in the next scheduled revisions of the pertinent sections of the War Department Supply Catalog):

a. Quartermaster Corps items. All insect and rodent control items issued by the Quartermaster Corps, except veterinary items, are listed in the following table. The Quartermaster General is responsible for specifications, requirements, funds, purchase, inspection, storage, and issue of these items with the exception of specifications for fuel oil, which are furnished by the Ordnance Department.

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Stock No.	Item	Unit	Group	Allowance per 1,000 men per month (unless otherwise stated)
27-B-208	Bags, delousing Limited standard - to be used with methyl bromide 20cc ampules for fumigation of clothing for control of scabies.	each	ABC	as needed
41-D-3755	Duster, powder, insecticide A plunger type hand duster for use in dusting individuals with insecticide, powder, louse, and for applying larvicide, DDT, powder dusting as a larvicide and roach powder.	each	ABC AB	5 1 per Army exchange 1 additional per 100 lbs. insecticide, powder, louse.
42-F-8650	Fly swatters	each	A B C ABC D	10 5 5 2 per hospital ward and dispensary 1/3 per person
51-I-159	Insecticide, aerosol, 1-pound dispenser (DDT-Pyrethrum) To be used in enclosures such as mess halls, barracks, etc., for temporary control of flying insects (mosquitoes, biting flies, etc.). In well sanitized areas resort to 51-I-169, Insecticide, liquid, finished spray or 51-I-305, insecticide, spray, DDT, residual effect.	each	A B C D ABC	300 75 (May-October, incl.) 10 1/3 per person 1 per 10 disinfestations of airplanes 1 per 10 beds in ship hospitals
51-I-156	Insecticide, DDT emulsion concentrate (25% DDT, 10% emulsifier, 65% xylene. Stock mixture for making a 2% DDT aqueous	gal.	AB	8 - December to May, incl. 4 - 12 months in China, Burma and India

	emulsion to be used in louse-proofing clothing and to a limited extent for larviciding purposes.)			
51-I-157	Insecticide, DDT, water dispersable powder Add water to make insecticide for spraying shrubs, trees, and other plants and for use where fire hazard prohibits use of oil-borne spray. To be applied only by trained personnel.	lb.	ABC	As required by post or unit Engineer
55-I-155-30	Insecticide, Airplane, Spray, 20% DDT. (20% DDT in fuel oil and Auxillary solvent) For use in airplane spraying for control of mosquitoes.	gal.	ABC	As required
51-I-305	Insecticide, Spray, DDT, residual effect (5% DDT, 15% auxiliary Solvent, and 80% kerosene) For use in killing flies, mosquitoes, roaches, bedbugs, ants and other insects that rest or crawl on surfaces treated with this spray. Should be applied only by trained personnel.	gal.	A B C D ABC	60 50 April to Oct., incl. As required by post engineer 2 per person per year 15 per 1,000 per month in hospitals As needed in ports for transports.
51-I-169	Insecticide, liquid, finished spray (1% DDT and 2 1/2% approved thiocyanate insecticide or 0.1% pyrethrins in deodorized kerosene) For troop use in killing insects by spraying directly on them or into the air in which the insects are	gal.	A BC ABC	8 8 May to September, incl. 10 per 1,000 bed hospital per month.

	<p>flying. (Mess halls, barracks, etc.) Does not have residual effect.</p>			
51-I-173	<p>Insecticide, powder, louse, 2-ounce can.</p> <p>(10% DDT in pyrophyllite) Issued to individuals for use in eradicating and preventing louse infestation by applying to inner surface of clothing.</p>	Can	<p>A 25 except Middle East 200 Middle East</p> <p>B 200</p> <p>C 10 including patients in hospitals and dispensaries 200 on ships (passengers and crew)</p>	
51-I-180	<p>Insecticide, powder, (10% DDT in pyrophyllite) For use primarily in mass delousing with power or hand dusters.</p>	lb.	ABC	As needed
51-I-310	<p>Insecticide, spray, delousing (6% DDT, 68% benzyl benzoate, 12% benzocaine, 14% approved emulsifying agent, Stock solution, must be diluted; 1 part concentrate to 5 parts water just prior to use. Kills both adults and eggs of body, head, and crab lice. Also an effective scabicide. To be used only on recommendation of medical officer.</p>	gal.	ABC	As needed
51-L-120	<p>Larvicide, DDT powder, dissolving</p> <p>(100% DDT, commercial grade) For dissolving in oil (see stock No. 7-0-164-55) or other approved solvents to form solutions up to 5% DDT, for use as larvicides, residual sprays and airplane sprays.</p>	lb.	<p>A 60</p> <p>B 20</p> <p>C As required by post engineer</p>	

51-L-122	Larvicide, DDT, powder, lb. dusting (10% DDT in talc) For use as a mosquito larvicide after diluting 1 part larvicide to 4 parts dust to make a 2% DDT mixture. Also for use as fly larvicide and roach powder without dilution. May be applied to habitats of fleas and mites for their control.		A B C	40 20 5 As required by post engineer
51-M-888	Methyl bromide, 20 cubic centimeter ampule (Limited standard-to be used with 27-B-208, Bags delousing for fumigation of clothing for scabies control.)	ampule	ABC	As needed
51-M-892	Methyl bromide, 1 pound cans For use in fumigation chambers	can	ABC	3 per fumigation chamber per hour of operation
7-0-164-55	Oil, fuel, (for oil burners) FS2 (55-gallon drums) For use in making DDT solutions. (See Stock No. 51-L-120)	gal.	A B C	50 25 As required by post engineers
60-0-800	Outfit, delousing, gasoline engine driven. For mass delousing personnel	each	AB C	As needed, Requisitions must be approved by OSG. 1 per bath and fumigation company for training purposes.
51-R-265	Repellent, insect 2-ounce bottle (Various compounds or mixtures approved by The Office of The Surgeon General)	bottle	A B C	300 (Hawaii 10) (Normal required period 8 months only) 100 May to Sept. incl. 100 May to Sept. incl.

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51-R-300	Repellent, insect clothing treatment Stock solution for preparing a 5% aqueous emulsion	gal.	ABC	As required
41-S-4105	Sprayer, liquid, insecticide, continuous spray, 2-quart Hand sprayer for use in applying any type of spray solution or emulsion. Future procurement will be of the 2 quart size sprayer to replace the presently authorized item Sprayer, liquid, insect, continuous spray (3 quart size) Stock No. 41-S-4106, which will be issued until exhausted.	each	ABC D	5 5 additional per hospital unit or port using Item 51-I-300, insecticide spray delousing 1 per cafeteria mess 1 per post exchange 1 per theater 1/3 per person every 6 months.
42-T-12-500	Trap, mouse, spring type	each	ABC	10
42-T-12900	Trap, rat, spring type	each	ABC	20
51-R-465	Rodenticide, general control, 1 pound pkg. (Zinc phosphide) to be discontinued. Will be used until present supply is exhausted.	ounce	ABC	3 except China 6 China
51-R-475	Rodenticide Sodium monofluoracetate (1080) Packed in carton of 8 1-ounce cans. To be used for general and plague control and to be applied only by trained personnel	ounce	ABC	1/2 except China 1 China As requisitioned by post or unit engineer on approval of post or unit surgeon.

51-R-460	Rodenticide, fumigant dust (Calcium cyanide, A-dust) To be used in gassing rodents in burrows. To be applied by trained personnel.	lb.	ABC	As required by post or unit engineer
41-P-2975	Pump, foot, rodenticide fumigant To be used to distribute rodenticide, fumigant dust.	each	ABC	As required by post or unit engineer

b. Corps of Engineer items. Responsibility for specifications requirements, funds, purchase, inspection, storage, and issue of the items listed below is vested in the Chief of Engineers.

Stock No.	Item	Unit	Group	Allowance
41-3115.500-100	Duster, insect, hand rotary-blower type, 5 to 10 pounds capacity. For applying larvicide, DDT, powder, dusting.	each	ABC	As required by post or unit engineer
41-7839.400.030	Sprayer, insect, cylindrical-shape, 3-gallon capacity. For applying all insecticide, larvicide and repellent sprays.	each	ABC	As required by post or unit engineer
40-9040.600.300	Sprayer, insect, portable, piston-pump type, gasoline-engine driven, skid-mounted E3 gpm at 300 psi.	each	ABC	As required by post or unit engineer
42-7900,000-000	Screening (non-ferrous) 36" wide, plastic (or bronze)	Lineal foot	ABC	As required

8. The allowances prescribed in paragraph 7 represent average allowances for the indicated theaters, departments, and separate bases, each considered as a whole. It does not necessarily follow that distribution within each theater, department, and separate base will be made to all subdivisions thereof in strict conformity with

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these allowances. Distribution within theaters, departments, and separate bases will be made in accordance with the needs of the zones therein at the discretion of the commander thereof.

9. Supplies authorized herein will be furnished on requisition to the proper depot or port of embarkation. The level of supply for items listed in paragraph 7 will be the level prescribed for class I supplies. The total amount supplied to any command will not exceed the allowances prescribed above, except under special circumstances and then only when approved by the War Department.

III. RESCISSION OF PREVIOUS INSTRUCTIONS. 10. WD Circular 163, 1945, as amended by section XI, WD Circular 277, 1945, are being rescinded.

(AG 729.5 (27 Nov 46))

BY ORDER OF THE SECRETARY OF WAR:

OFFICIAL:
EDWARD F. WITSELL
Major General
The Adjutant General

DWIGHT D. EISENHOWER
Chief of Staff

DISTRIBUTION:
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Copies of this memorandum are furnished only to agencies listed above.
See paragraph 6, AR 310-20.

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AFR 34-20
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SPECIAL REGULATIONS
No. 40-590-20
AIR FORCE REGULATION
No. 34-20

DEPARTMENTS OF THE ARMY AND
THE AIR FORCE

WASHINGTON 25, D. C., 18 May 1949

MEDICAL SERVICE

REPORT OF PATIENTS ON SERIOUSLY ILL LIST

(Reports Control Symbol MED-55)

	Paragraph
General.....	1
Preparing agencies.....	2
Method of reporting.....	3
Preparation and routing.....	4

1. General.—This report is established for the purpose of informing the next of kin or other designated person of the condition and progress of patients placed on the seriously ill or seriously injured list at each Army general and station hospital outside the continental limits of the United States. The initial notification and subsequent progress reports will indicate the diagnosis, prognosis, and treatment expressed in nontechnical language in order to alleviate, as far as possible, worry and mental strain to the next of kin.

2. Preparing agencies.—The hospital commander of each Army general and station hospital outside the continental limits of the United States is responsible for initial notification of the condition of patients at such hospitals who are placed on the seriously ill or seriously injured list and for the periodic reports of the patient's progress.

3. Method of reporting.—*a.* Initial notification of patients placed on the seriously ill or seriously injured list will be by radio.

b. The periodic progress reports will be in letter form for the signature of the hospital commander.

4. Preparation and routing.—*a. Initial notification.*—The Adjutant General, Washington 25, D. C. (for Army patients) or the Director of Military Personnel, Headquarters, United States Air Force, Washington 25, D. C., Attention: Casualty Branch, Personnel Services Division (for Air Force patients), will be notified immediately, through the most expeditious channels, as determined by the oversea commander, whenever a patient is placed on the seriously ill or seriously injured list. The information to be reported will include name, grade, serial number, and organization of individual; where hospitalized, a brief diagnosis with causative agent for injuries and the prog-

nosis of the case; and name, relationship, and address of emergency addressee (person to whom progress reports will be sent). The Adjutant General or Chief of Staff, United States Air Force, then will make notification to the emergency addressee. If the emergency addressee resides in the theater, notification will be made by the hospital or theater commander.

b. Periodic progress reports.

- (1) The first progress report on a seriously ill or seriously injured patient will be dispatched by air mail to the next of kin or other designated person within 5 days after the submission of the original notification to The Adjutant General or to the Director of Military Personnel, Headquarters, United States Air Force. Subsequent reports will be dispatched by air mail at 10-day intervals including a final report indicating the patient has been removed from the seriously ill list.
- (2) Each progress report will include the patient's name, grade, and serial number (or equivalent civilian identification), the relationship of the patient to the person to whom the report is addressed, the date of admission to the hospital and the diagnosis, prognosis, and treatment of the patient. Hospital commanders are authorized to include such portions of the diagnosis, prognosis, and treatment being given as in their opinion would best serve the interests of the individual, the next of kin or other designated person, and the military service. Care will be exercised to see that the description of diagnosis, prognosis, and treatment being given is expressed in nontechnical language in order to be understandable to the layman.
- (3) A copy of each progress report, including the final report, will be mailed to The Adjutant General, Washington 25, D. C., Attention: AGPO-C, for United States Army military and civilian patients; and to the Director of Military Personnel, Headquarters, United States Air Force, Washington 25, D. C., Attention: Casualty Branch, Personnel Services Division, for Air Force military and civilian patients. Oversea commanders will specify whether the copy of progress reports will be sent to The Adjutant General or to the Director of Military Personnel, Headquarters, United States Air Force, direct or through command channels.

BY ORDER OF THE ACTING SECRETARY OF THE ARMY AND THE SECRETARY OF THE AIR FORCE :

OFFICIAL: **OMAR N. BRADLEY**
EDWARD F. WITSELL *Chief of Staff, United State Army*
Major General
The Adjutant General

OFFICIAL: **HOYT S. VANDENBERG**
L. L. JUDGE *Chief of Staff, United States Air*
Colonel, USAF *Force*
Air Adjutant General

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For explanation of distribution formula, see SR 310-90-1.

AIR FORCE :

F

For explanation of distribution formula, see AFR 5-4.

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AIR FORCE REGULATION }
No. 160-47 }

DEPARTMENTS OF THE ARMY AND
THE AIR FORCE

WASHINGTON 25, D. C., 19 May 1949

MEDICAL SERVICE
MEDICAL FOLLOW-UP CARD
(Reports Control Symbol Med-53)

	Paragraph
Purpose.....	1
Preparing agencies.....	2
Form.....	3
Instructions for preparation and routing.....	4

1. Purpose.—The Medical Follow-Up Card (NME Form 183) (Reports Control Symbol MED-53) has been designed for the purpose of enabling the medical officers of medical, surgical, and other services of hospitals to follow the clinical course of patients, with diseases or injuries of unusual professional interest, who are transferred to another hospital prior to final diagnosis, completion of treatment, or final disposition of case. By this method medical officers will be enabled to participate more fully in the professional study of diagnostic, prognostic, and therapeutic successes and failures.

2. Preparing agencies.—The initiation of the medical follow-up card is optional with the medical officer (of medical, surgical, and other services of hospitals) whose patient is being transferred. The follow-up card is not to be used routinely, but medical officers are encouraged to make use of the card in cases of real clinical and scientific interest. The commanding officer at a general hospital, or other hospital where final disposition is to be made, will insure that the card is completed with respect to diagnosis, therapy, and disposition.

3. Form.—*a.* Medical officers desiring information on patients being transferred will use the medical follow-up card in accordance with the provisions of these regulations.

b. This form is authorized for use at medical installations in the zone of interior and in oversea commands.

c. An automatic initial distribution of the new form will be made to oversea commands only. Thereafter, oversea commands will requisition necessary additional supplies through normal publications supply channels. Medical installations in the zone of interior will requisition necessary forms through normal publications supply channels.

4. Instructions for preparation and routing.—*a.* The medical officer interested in obtaining information on transferred patients with respect to final diagnosis, completion of treatment, or final disposition of case will type or print, on the front (address) side of the medical follow-up card, the name or number of the hospital to which he is assigned, the station or APO number, location, and his name, grade, and service. On the reverse side of the follow-up card, the originating officer will type or print the name, grade, and serial (service) number of the patient. The medical follow-up card will then be attached to and forwarded with the patient's Medical Report Card (WD AGO Form 8-24) and clinical records. In those commands where the Field Medical Card (WD AGO Form 8-27) is used, the medical follow-up card will be placed in the Field Medical Record Jacket (WD AGO Form 8-28) with the field medical card and other individual medical and clinical records relating to the patient.

b. The commanding officer at a general hospital or other hospital where final disposition is to be made will insure that the card is completed with respect to diagnosis, therapy, and disposition, and that it is signed and returned to the initiating medical officer through normal postal channels. Prior to mailing, the card will be placed in a window envelope and the envelope sealed to insure the privacy of the medical data entered on the card. Under no circumstances will the medical follow-up card be mailed as an open post card or in an unsealed envelope. If final disposition takes place within 60 days or less after admission to the general hospital or other hospital of final disposition, the medical follow-up card will be completed immediately upon final disposition of the case. In the event that final disposition does not take place within 60 days, the follow-up card will be completed and mailed at the expiration of 60 days, with a notation on the card as to the probable disposition of the patient. In either case, the type of disposition entry (probable or final) which has been made will be indicated by placing a check mark in the appropriate box next to the entry "Disposition."

c. The commanding officer of the originating hospital receiving a returned completed form will refer the form to the head of the service in which the inquiring medical officer was located at the time the form was originated. The head of service may record any desired information in the hospital records and will then forward the form to the inquiring medical officer, regardless of whether that officer is still in the same assignment or location. If that officer is at another location, the medical follow-up card will be forwarded to him in a sealed en-

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SPECIAL REGULATIONS }
No. 40-590-45

DEPARTMENT OF THE ARMY
WASHINGTON 25, D. C., 23 May 1949

MEDICAL SERVICE

ADMISSION TO AND TREATMENT IN MEDICAL FACILITIES, DEPARTMENT OF THE ARMY, OF ACTIVE, RESERVE, AND RETIRED PERSONNEL OF NAVY AND MARINE CORPS

	Paragraphs
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II. Hospitalization and out-patient treatment of Navy and Marine Corps personnel on inactive status..	6-10

SECTION I

HOSPITALIZATION AND OUT-PATIENT TREATMENT OF NAVY AND MARINE CORPS PERSONNEL ON ACTIVE DUTY OR TRAINING DUTY

	Paragraph
General.....	1
Personnel covered by this section.....	2
Extent of treatment authorized.....	3
Charge.....	4
Reports.....	5

1. **General.**—The terms and conditions of this section govern hospitalization and out-patient treatment in Army medical facilities inside and outside continental United States of the Navy and Marine Corps personnel enumerated in paragraph 2, admission of such personnel to Army medical facilities for treatment being authorized either by prior arrangement or in emergency.

2. **Personnel covered by this section.**—The personnel covered by this section are as follows:

a. Members of the Regular Navy and Marine Corps (including midshipmen of the United States Naval Academy) on active duty. (This includes such personnel while on authorized leave.) Should Regular active duty Navy and Marine Corps personnel revert to an inactive status while undergoing hospitalization in an Army hospital,

*These regulations supersede paragraphs 6g; 11b (13); and 12a (1) (a) 14, 15, 16, and 17, and (b) 3 and 4, AR 40-590, 21 January 1946.

such continuation of hospitalization as may be necessary is authorized under the terms and conditions of this section.

b. Navy and Marine Corps reservists while on extended active duty. (The provisions of *a* above apply.)

c. Navy and Marine Corps reservists while on training duty, provided that any personnel in this category shall be transferred to a Naval hospital for treatment prior to termination of training duty if there is a possibility that continuation of hospitalization may be necessary subsequent to termination of period of training duty.

d. Retired members of the Regular Navy and Marine Corps when on active duty. If such personnel revert to inactive status while undergoing hospitalization in an Army hospital, such continuation of hospitalization as is necessary is authorized, but the terms and conditions of section II will apply thereto.

3. Extent of treatment authorized.—*a.* The personnel enumerated in paragraph 2, when entitled to treatment under the terms and conditions of this section, will be furnished hospital and out-patient medical, surgical, and dental treatment on a level identical with service furnished Regular Army active duty personnel when treated in Army medical facilities. Prostheses necessary in connection with authorized treatment will be furnished on the same basis as they are furnished to Regular Army active duty personnel.

b. Spectacles do not fall within the category of prosthetic appliances and will not be supplied by the Army to the personnel enumerated in paragraph 2. They will be supplied by the Navy Department to the personnel in reference in accordance with directives of the Navy Department.

4. Charge.—*a. Hospitalization.*—The rate of charge for hospitalization for the personnel authorized treatment in Army hospitals under the provisions of this section will be the per diem hospital rate for pay patients for the applicable fiscal year, as published annually by the Department of the Army. No collections will be made locally by the Army medical facility. The Surgeon General will make collections from the Navy Department on receipt of the reports and other papers referred to in paragraph 5.

b. Out-patient treatment.—No charge will be made for out-patient treatment, physical examinations, or inoculations.

c. Prostheses.—No charge will be made for the prostheses authorized in connection with the treatment covered by this section. (See par. 3.)

5. Reports.—*a.* The medical facility will prepare Report of Treatment Furnished Pay Patients—Part A, Hospitalization Furnished (NME Form 7) (Report Control Symbol MED-45) in sextuplicate,

the report to cover personnel hospitalized under the terms and conditions of this section only. (No other categories of Navy and Marine Corps personnel will be included therein.) Preparation will be in accordance with the provisions of Memorandum 40-590-15, with items 3, 4, 6, and 7 filled in as follows:

- (1) *Item 3—Category of patients.*—Enter “Navy and Marine Corps personnel.”
- (2) *Item 4—Authority for admission.*—Enter “Sec. I, SR 40-590-45.”
- (3) *Item 6—Grade.*—Enter rank and serial number of each patient.
- (4) *Item 7—Organization.*—Enter organization of each patient followed by notation “Regular.” “Reserve, Ext. A. D.,” “Reserve, T. D.,” “Retired, A. D.,” according to circumstances.

b. The original and four carbon copies of the report will be transmitted as directed in *c* below. The additional carbon copy will be held in the files of the medical facility concerned.

c. Reports submitted will be forwarded direct to the Surgeon General, Washington 25, D. C., Attention: Fiscal Division, to reach that office by the 15th calendar day following the end of the report period. Voucher for Commutation of Rations in Hospital (WD Forms 351 and 351a), in quadruplicate (prepared in accordance with the provisions of Memo. 40-590-15) and covering subsistence of the personnel treated under the provisions of this section only will be attached to the report.

SECTION II

HOSPITALIZATION AND OUT-PATIENT TREATMENT OF NAVY AND MARINE CORPS PERSONNEL ON INACTIVE STATUS

	Paragraph
General.....	6
Personnel covered by this section.....	7
Extent of treatment authorized.....	8
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Subsistence vouchers for patients on enlisted status.....	10

6. General.—The terms and conditions of this section govern hospitalization and out-patient treatment in Army medical facilities inside and outside continental United States of the inactive Navy and Marine Corps personnel enumerated in paragraph 7, admission of such personnel to Army medical facilities for treatment being authorized, in the absence of Naval medical facilities, on request of the patient (approval of the Navy Department is not required), *provided* facili-

ties are available and *provided* also that the limitations respecting the admission to Army medical facilities of retired personnel of the Regular Army shall apply.

7. Personnel covered by this section.—The personnel covered by this section are as follows:

a. Retired inactive personnel of the Regular Navy and Marine Corps.

b. Inactive enlisted personnel transferred to the Fleet Naval Reserve and the Fleet Marine Corps Reserve after 16 or more years of service.

8. Extent of treatment authorized.—*a.* The personnel listed in paragraph 7 will be furnished hospital and out-patient medical, surgical, and dental treatment on a level identical with service furnished retired personnel of the Regular Army when treated in Army medical facilities. Prostheses necessary in connection with authorized treatment will be furnished on the same basis as they are furnished to retired personnel of the Regular Army.

b. Spectacles do not fall within the category of prosthetic appliances and will not be supplied by the Army to the personnel enumerated in paragraph 7. The procurement of spectacles will be the individual responsibility of the personnel in reference.

9. Charge.—*a. Hospitalization.*—Charge will be made for subsistence only and at the hospital subsistence rate applicable to the Army hospital concerned, collection to be made as follows:

(1) *For patients of officer status.*—Collection will be made locally by the hospital from the patient and disposed of in accordance with current procedures.

(2) *For patients on enlisted status.*—Subsistence vouchers will be forwarded by the Army medical facility to the Surgeon General (see par. 10) who, after examination to determine their correctness, will refer them to the Navy Department for payment by check direct to the custodian of the hospital fund of the hospital concerned (this check to be transmitted with a copy of the subsistence voucher) or, in the case of field rations, by check in favor of "The Treasurer of the United States" transmitted with copy of subsistence voucher to the Surgeon General for deposit to the credit of applicable Quartermaster Corps funds.

b. Out-patient treatment.—No charge will be made for out-patient treatment of the personnel covered by this section.

c. Prostheses.—Such prostheses as are currently authorized (see par. 8) will be furnished without charge.

10. Subsistence vouchers for patients on enlisted status.—At the close of each calendar month, WD Forms 351 and 351a, in quadruplicate, covering subsistence of retired inactive enlisted personnel of the Regular Navy and Marine Corps and inactive enlisted personnel transferred to the Fleet Naval Reserve or the Fleet Marine Corps Reserve after 16 or more years of service, will be forwarded to the Surgeon General, the following directions to be observed in preparation of the voucher:

a. The subsistence rate will be the hospital subsistence rate applicable to the Army hospital concerned.

b. If the hospital operates a mess on the garrison ration system, the subsistence voucher will be prepared in favor of "The Custodian, Hospital Fund, ----- Hospital" (followed by correct address). If the hospital operates a mess on the field ration system, the subsistence voucher will be prepared in favor of "The Treasurer of the United States, Washington, D. C."

c. The original and all copies of the subsistence voucher will contain a notation to show that it covers subsistence of "Retired enlisted personnel of the Regular Navy and Marine Corps and inactive enlisted personnel transferred to the Fleet Naval and the Fleet Marine Corps Reserve after sixteen or more years of service." (No other personnel will be included in this subsistence voucher.)

d. In order to support the information shown on the subsistence voucher, a continuation sheet will be attached to the original voucher and all carbon copies thereof. NME Form 7 will be used for this continuation sheet, preparation thereof to be in accordance with the provisions of MEMORANDUM 40-590-15, with items 3, 4, 6, and 7 filled in as follows:

- (1) *Item 3—Category of patients.*—Enter "Retired inactive Navy and Marine Corps personnel; inactive enlisted personnel transferred to Fleet Navy and Marine Corps Reserve after sixteen or more years of service."
- (2) *Item 4—Authority for admission.*—Enter "Sec. II, SR 40-590-45."
- (3) *Item 6—Grade.*—Enter grade and serial number of each patient.
- (4) *Item 7—Organization.*—Enter "Retired inactive Navy," "Retired inactive Marine Corps," "Inactive transfer to Fleet Navy Reserve," "Inactive transfer to Fleet Marine Corps Reserve," according to circumstances.

[AG 705 (17 Feb 49)]

SR 40-590-45

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BY ORDER OF THE ACTING SECRETARY OF THE ARMY:

OFFICIAL:

EDWARD F. WITSELL
Major General
The Adjutant General

OMAR N. BRADLEY
Chief of Staff, United States Army

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SPECIAL REGULATION }
No. 40-590-44 }

DEPARTMENT OF THE ARMY
WASHINGTON 25, D. C., 30 March 1949

MEDICAL SERVICE

ADMISSION TO AND TREATMENT IN MEDICAL FACILITIES OF DEPARTMENT OF THE ARMY IN CONTINENTAL UNITED STATES OF MEMBERS OF UNITED STATES SOLDIERS' HOME

	Paragraph
General.....	1
Written authorization.....	2
Medical and surgical treatment.....	3
Dental treatment.....	4
Rate of charge.....	5
Reports.....	6

1. General.—The terms and conditions of these regulations, which are applicable to all commands and medical facilities of the Department of the Army inside the continental United States, govern hospitalization of members of the United States Soldiers' Home in Army hospitals in the continental United States.

2. Written authorization.—Prior written authorization of the Governor of the Home is required for admission of members of the United States Soldiers' Home to Army hospitals for treatment. If in emergency a member of the Home is admitted without the required prior written authorization, it is the responsibility of the commanding officer of the Army hospital concerned to obtain proper written authorization as soon as possible.

3. Medical and surgical treatment.—Except as indicated in *a*, *b*, and *c* below, complete medical and surgical treatment will be furnished.

a. No elective medical and surgical treatment is authorized.

b. No out-patient medical or surgical treatment will be provided.

c. No spectacles, artificial limbs, hearing aids, artificial eyes, or any other prostheses will be furnished.

4. Dental treatment.—Only such dental treatment as may be necessary in emergency while the patient is undergoing hospitalization in an Army hospital is authorized; no out-patient dental treatment will be provided.

5. Rates of charge.—The charge for hospitalization will be that for the applicable fiscal year as prescribed by the Secretary of the Army upon recommendation of the Board of Commissioners of the

*These regulations supersede paragraphs 6a and 6c and 12a (1) (b) 16, AR 40-590, 21 January 1946; and section IV, WD Circular 370, 1946, as amended by paragraph 1, DA Circular 176, 1948.

Home and the Surgeon General, as provided in the terms of annual appropriation bills for the Home. The charge thus established will be announced annually in a Department of the Army publication.

6. Reports.—*a.* The Army hospital will prepare Report of Treatment Furnished Pay Patients—Part A, Hospitalization Furnished (NME Form 7) (Reports Control Symbol MED-45) in sextuplicate. Preparation will be in accordance with the provisions of Memorandum 40-590-15, with items 3, 4, 6, and 7 filled in as follows:

- (1) *Item 3—Category of patients.*—Enter “Members of United States Soldiers’ Home.”
- (2) *Item 4—Authority for admission.*—Enter “SR 40-590-44.”
- (3) *Item 6—Grade.*—Leave blank.
- (4) *Item 7—Organization.*—Leave blank.

b. The original and four carbon copies of the report will be transmitted as directed in *c* below. The additional carbon copy of the report will be held in the files of the hospital.

c. Reports submitted will be forwarded direct to the Surgeon General, Washington 25, D. C., Attention: Fiscal Division, to reach that office by the 20th workday following the end of the report period. Voucher for Commutation of Rations in Hospital (WD Forms 351 and 351a), in quadruplicate (prepared in accordance with the provisions of Memo 40-590-15), together with the original authorizations for treatment will be attached to the report.

[AG 705 (17 Feb 49)]

BY ORDER OF THE SECRETARY OF THE ARMY:

OFFICIAL:

EDWARD F. WITSELL
Major General
The Adjutant General

OMAR N. BRADLEY

Chief of Staff, United States Army

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MEDICAL DEPARTMENT
BLOOD FOR TRANSFUSION AND OTHER PURPOSES

CHANGES
No. 1

DEPARTMENT OF THE ARMY
WASHINGTON 25, D. C., 19 May 1949

AR 40-1715, 8 November 1946, is changed as follows:

5. Preparation and disposition of vouchers.—Charges payable from public funds to blood donors for blood withdrawal under the provisions of these regulations will be prepared in the name of the donor on WD AGO Form 3-9 and Form 8-10 (Public Voucher for Medical Services) and disposed of as follows:

- a. *Vouchers for services in continental United States.*
- (1) (Superseded) Vouchers of not to exceed \$25 for blood withdrawals in Army hospitals will be settled locally. Instead of the preparation of WD AGO Form 8-9 and 8-10 to cover charge for each individual blood withdrawal of \$25, the use of WD Form 332 (Public Voucher For Emergency Purchases And Nonpersonal Services Not Exceeding \$100) on which a number of such charges may be entered is authorized, provided the volume of withdrawals at the hospital for transfusion and for blood banks (when the latter are authorized) justifies the use of this form; provided further, all information now required to be shown on Form 8-9 and 8-10, is entered on WD Form 332.

[AG 707 (27 Apr 49)]

BY ORDER OF THE ACTING SECRETARY OF THE ARMY:

OFFICIAL:
EDWARD F. WITSELL
Major General
The Adjutant General

OMAR N. BRADLEY
Chief of Staff, United States Army

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MEDICAL DEPARTMENT

BLOOD FOR TRANSFUSION AND OTHER PURPOSES

CHANGES }
No. 1 }

DEPARTMENT OF THE ARMY
WASHINGTON 25, D. C., 19 May 1949

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* * * * *
[AG 707 (27 Apr 49)]

BY ORDER OF THE ACTING SECRETARY OF THE ARMY:

OFFICIAL:
EDWARD F. WITSELL
Major General
The Adjutant General

OMAR N. BRADLEY
Chief of Staff, United States Army

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AR 40-100
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MEDICAL DEPARTMENT
MISCELLANEOUS PHYSICAL EXAMINATIONS

CHANGES }
No. 6 }

DEPARTMENT OF THE ARMY
WASHINGTON 25, D. C., 13 June 1949

AR 40-100, 8 April 1946, is changed as follows:

I. Physical examination for admission to United States Military Academy.

* * * * *

c. Preliminary examination (Superseded)

(1) Medical officers on duty at installations having adequate medical facilities to conduct the final type physical examination are authorized to accomplish preliminary examinations of persons who are applicants for or candidates appointed to qualify for admission to either the United States Military Academy or the United States Naval Academy, provided such persons present written requests therefor signed by one of the following:

- (a) Any Member of Congress.
- (b) A parent or guardian of an applicant or candidate entitled to a Presidential appointment (reserved for the sons of members of the Regular Army, Navy, Marine Corps, Air Force, and Coast Guard) or an appointment as the son of a deceased veteran.
- (c) Any Army, Navy, or Air Force officer.

(2) This preliminary examination will be conducted in accordance with the provisions of *a* above, except that the following shall be substituted for the provisions of *a*(4) above in the examination of United States Naval Academy applicants and candidates:

- (a) Visual acuity as determined by the official test types (without a cycloplegic) must be normal (20/20) in each eye.
- (b) Both eyes must be free from disfiguring or incapacitating abnormality and from acute or chronic diseases.

(3) The complete results of the examination in each case, whether the individual is accepted or rejected, will be fully recorded within 48 hours of completion of the examination on the prescribed report form, Standard Form 88 (Report of Medical Examination) and Standard Form 89 (Report of Medical History), in quadruplicate, and will be distributed immediately as follows:

- (a) *United States Military Academy applicants and candidates.*
 1. The Surgeon General, Department of the Army, Washington 25, D. C., Attention: MEDDP, who will be furnished the original of the report and all data obtained on rechecks, additional laboratory studies, reports of examinations by consultants, and all supplementary letters or statements by the individual's attending physician or abstracts of hospitalization records submitted.
 2. The Adjutant General, Department of the Army, Washington 25, D. C., Attention: AGSO-M.
 3. The Member of Congress, the parent (or guardian), or the Army, Navy, or Air Force officer requesting the examination.
 4. The Superintendent, United States Military Academy, West Point, New York.

(b) *United States Naval Academy applicants and candidates.*

AR 40-100
C 6

MEDICAL DEPARTMENT

1. The Bureau of Medicine and Surgery, Navy Department, Washington 25, D. C., who will be furnished the original of the report and all data obtained on rechecks, additional laboratory studies, reports of examination by consultants, and all supplementary letters or statements by the individual's attending physician or abstracts of hospitalization records submitted.
 2. The Bureau of Naval Personnel, Navy Department, Washington 25, D. C.
 3. The Member of Congress, the parent (or guardian), or the Army, Navy or Air Force officer requesting the examination.
 4. The Superintendent, United States Naval Academy, Annapolis, Maryland.
- (4) This examination is to be regarded as preliminary and advisory only. Its primary object is to eliminate those who are obviously disqualified, rather than to give positive assurance to any candidate that he will subsequently pass the official examination. Individuals having defects of a remediable nature should be informed that they will probably be rejected unless these defects are corrected and that in cases requiring surgical correction sufficient time should elapse after operation to insure a cure of the condition. In every border-line case wherein the examiner is uncertain as to the outcome, the applicant or candidate will be clearly informed that the case is a doubtful one and *that fact shall be indicated on each copy of the report.*
- (5) The following shall be included on all copies of the report of the preliminary examination:
- (a) The name of the person requesting the examination and, if applicable, his title or position.
 - (b) Under Item 6 "Purpose of examination," one of the following statements:
 1. Preliminary for United States Military Academy.
 2. Preliminary for United States Naval Academy.
 3. Preliminary for both United States Military Academy and United States Naval Academy.
 - (c) Under Item 43, "Examinee (is) or (is not) (*strike out one*) qualified for -----," indicate whether the applicant or candidate is qualified or disqualified for the United States Military Academy and/or the United States Naval Academy, whichever is applicable.

* * * * *
[AG 702 (21 Feb 49)]

BY ORDER OF THE UNDER SECRETARY OF THE ARMY:

OFFICIAL:
EDWARD F. WITSELL
Major General
The Adjutant General

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Chief of Staff, United States Army

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SPECIAL REGULATIONS }
No. 40-220-5

DEPARTMENT OF THE ARMY
WASHINGTON 25, D. C., 6 June 1949

MEDICAL SERVICE

ARMY FEDERAL CIVILIAN EMPLOYEES' HEALTH SERVICE PROGRAMS

General.....	Paragraph 1
Scope.....	2
Program accomplishment.....	3
Program responsibilities.....	4
Medical supplies and equipment for program.....	5
Forms.....	6
Reports.....	7

1. General.—The Army Industrial Medical Program authorized for civilian employees paid from appropriated funds at Army-owned and operated plants, depots, arsenals, and ports of embarkation, and the emergency medical service program authorized for Army Federal civilian employees at installations other than those included in the "Army Industrial Medical Program" is redesignated the "Army Federal Civilian Employees' Health Service Program." This program was authorized by Public Law 658—79th Congress (60 Stat. 865) and has been implemented by AR 40-220 and AR 40-560.

2. Scope.—The objectives of the Army Federal civilian employees' health service programs are—

- a. To insure the initial employment of only those persons who are physically fit for the job to which they are to be assigned.
- b. To afford supervisory personnel and other management officials information required for the proper internal placement and utilization of employees.
- c. To provide for medical, surgical, and dental emergencies.
- d. To assist all civilian employees in maintaining the optimum mental, psychological, and physical state.
- e. To prevent the development of acute and chronic diseases, pathological conditions and physical disabilities during the course of their employment.

3. Program accomplishment.—The objectives of this program will be accomplished through—

- a. Conducting preemployment, periodic, and other types of health evaluation medical examinations.
- b. Maintaining an on-the-job emergency medical, surgical, and dental service.
- c. Maintaining safe and hygienic working conditions.

*These regulations supersede section II, DA Circular 81, 1948.
AGO 2310B

d. Coordinating the Army Federal civilian employees' health service program with the Army safety program and with the civilian personnel program for the proper utilization of employees and for the reduction of time lost through illness and injury.

e. The practice of the principles of preventive medicine.

f. Referring to physicians and to hospitals, employees injured in the performance of duty or suffering from diseases proximal to employment, in accordance with regulations and procedures governing the administration of the United States Employees' Compensation Act contained in CPR 90, as changed. In the event that hospitalization is necessary, such employees may be admitted to Army hospitals within the provisions of AR 40-560.

g. Referring to private physicians and dentists, employees who, while on-the-job, suffer from nonoccupational illnesses or dental conditions.

(1) At stations in the continental United States designated by the Secretary of the Army as remote areas where civilian medical attendance is not obtainable, civilian employees who require continuing treatment for nonoccupational illnesses, injuries, or dental conditions may be furnished medical or dental care, including hospitalization at Army medical facilities provided adequate personnel and facilities are available. The costs of such care will be borne by the employee at rates established by the Surgeon General.

(2) The collection and deposit of such charges will be made in accordance with procedures established by the Surgeon General.

h. The program set forth above will not include hospitalization of Army Federal civilian employees at public expense except as set forth in *f* above.

4. Program responsibilities.—*a.* The Surgeon General of the Army will initiate policies, prepare directives, and give technical advice on matters pertaining to the Army Federal civilian employees' health service program industrial health practices, and the control of industrial health hazards.

b. The technical and survey facilities of the Army industrial hygiene laboratory will be made available to all installations at which Army Federal civilian employees' health service programs are conducted.

c. The establishment, operation and supervision of Army Federal employees' health service programs are responsibilities of the commanding generals of oversea commands, the commanding generals of

armies (ZI) and the Military District of Washington with the exception of such programs at medical centers and general hospitals which are the responsibility of the Surgeon General.

- (1) These programs will be accomplished through the utilization of the facilities of the Medical Department except when, upon prior approval of the Surgeon General, specific arrangements with other governmental agencies or departments or civilian contracts are made.
- (2) The use of qualified Civil Service medical, nursing, technical, and clerical personnel is recommended whenever possible in lieu of military personnel.

d. At installations where there are fewer than 200 Army Federal civilian employees and no Army Medical Department facilities are available specific arrangements will be made as follows, upon prior approval of the Surgeon General, for the care of such Army Federal civilian employees.

- (1) By the Federal civilian employees' health service program of another Government agency or department with reimbursement whenever such health service program is available in the same locality.
- (2) By contract with a civilian physician, group of civilian physicians, or civilian dispensary or clinic where there are no Federal civilian employees' health service programs operated by other Government agencies or departments available.

5. Medical supplies and equipment for program.—Initial and replacement medical supplies and equipment for Army Federal civilian employees' health service program will be furnished by the Army Medical Department in accordance with current supply policies and procedures.

6. Forms.—*a.* Pending the publication of Budget Bureau standard forms for interdepartmental use in Federal civilian employees' health service programs, the following forms will be used:

- (1) Standard Form 78 (Certificate of Medical Examination).
- (2) WD AGO Form 8-172 (Medical Absentee Record).
- (3) WD AGO Form 8-173 (Treatment Record).
- (4) WD AGO Form 8-175 (Compiled Daily and Monthly Tally Sheet Form).

b. Medical records of individual civilian employees will be maintained as a personal medical record or a medical 201 file and will be held confidential. Cases of nonemployment-connected illness or injury requiring continuing medical care are referred to the employees' private physician, the private physician on proper request may be afforded such medical information as is available.

c. Information relevant to an employee's work performance will be extracted from medical records for the use of supervisors and other management officials, and made available with recommendations for appropriate adjustment in employment.

7. **Reports.**—Each army installation having a health service program within the scope of these regulations will prepare quarterly a report of Army Federal civilian employees' health service activities in accordance with the following instructions:

a. *Form.*—This report will be prepared on Army Federal Civilian Employees' Health Service Report (DA AGO Form 8-177, 1 May 1949) (Reports Control Symbol MED-20 (R1)). This form supersedes WD AGO Form 8-177, 1 March 1945, which is obsolete. Supplies of DA AGO Form 8-177, 1 May 1949, will be available through normal publications supply channels on or about 20 June 1949.

b. *Frequency, routing, and due date.*—This report will be prepared in triplicate, the original and first copy will be forwarded to the (army (ZI), Military District of Washington, or oversea command) headquarters of the area in which the installation is located within 10 days following the close of the quarter for which data are being reported (Jan-Mar, Apr-Jun, Jul-Sep, Oct-Dec). The commanding general of each army (ZI) or oversea command, and Military District of Washington will retain the first copy of each report and forward the original copies of all reports to the Surgeon General.

c. *Instruction.*—Items in this form will be completed by the Army Federal civilian employees' health service medical officer, contract surgeon, or physician-in-charge at the reporting installation in accordance with the instructions on the reverse side of the form. All medical data will be based upon records maintained by the health service at the installation. The form will be completed in its entirety with a negative report for an item indicated by "0" or "None".

[AG 701 (20 Dec 48)]

BY ORDER OF THE UNDER SECRETARY OF THE ARMY:

OFFICIAL:

EDWARD F. WITSELL
Major General
The Adjutant General

OMAR N. BRADLEY

Chief of Staff, United States Army

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AGO 2310B

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Extract from Department of The Army and The Air Force Circular
(Cir - 375, AFL 160-13), Effective until 3 June 1950 unless
sooner rescinded or superseded.

ANNUAL PHYSICAL EXAMINATION OF OFFICERS AND WARRANT OFFICERS

1. The annual physical examination of officers and warrant officers (including female components) except for aircraft pilots who have passed their fortieth birthday, will not be accomplished for the calendar year 1949.

2. During the period of suspension of the annual physical examination, commanding officers and medical officers will devote particular attention to the detection and correction of incipient physical abnormalities before disabilities result therefrom.

3. A commanding officer who may at any time have reason to believe that an officer of his command has a physical abnormality which may develop into a disability will refer such individual to a medical officer for appropriate examination, treatment, and disposition.

4. The maintenance of physical fitness is largely an individual responsibility, particularly with reference to remediable defects. Each officer has a definite obligation to maintain himself in good physical condition in order that he may efficiently perform his duties. Each individual, therefore, should seek timely medical advice if he has reason to believe that he has a physical defect which affects or is apt to affect his physical well-being.

5. Special instructions relative to the annual physical examination of aircraft pilots who have passed their fortieth birthday will be issued by the Department of the Air Force.

6. Circular 75, Department of the Army, 1947, pertaining to annual physical examination of Army officers, is rescinded. (AG 201.5 (16 Nov.48)]

BY ORDER OF THE SECRETARIES OF THE ARMY AND THE AIR FORCE.