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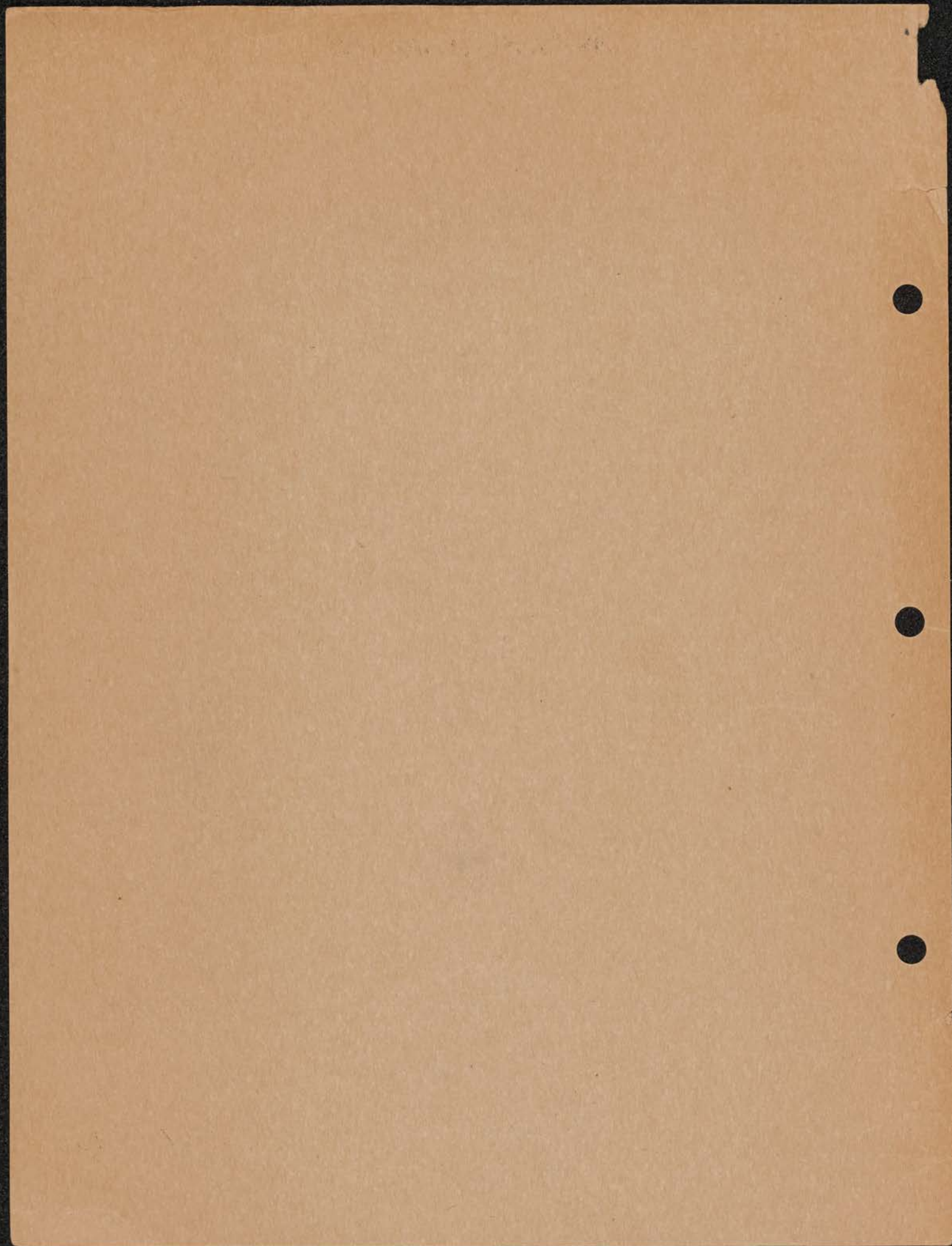
TM 8-262

WAR DEPARTMENT TECHNICAL MANUAL

ADMINISTRATION
OF FIXED HOSPITALS
ZONE OF INTERIOR

WAR DEPARTMENT • FEBRUARY 1945

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NON-CIRCULATING

WAR DEPARTMENT TECHNICAL MANUAL

TM 8-262

ADMINISTRATION
OF FIXED HOSPITALS
ZONE OF INTERIOR



WAR DEPARTMENT

FEBRUARY 1945

United States Government Printing Office
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NON-CIRCULATING

WAR DEPARTMENT

Washington 25, D. C., 1 February 1945

TM 8-262, Administration of Fixed Hospitals, Zone of Interior, is published for the information and guidance of all concerned.

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BY ORDER OF THE SECRETARY OF WAR:

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Chief of Staff

OFFICIAL:

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Major General

The Adjutant General

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Refer to FM 21-6 for explanation of distribution formula.

FOREWORD

1. PURPOSE OF TECHNICAL MANUAL 8-262, ADMINISTRATION OF FIXED HOSPITALS, ZONE OF INTERIOR.

a. To provide a ready source of reference for all the major procedures connected with the administration of Army hospitals in the Zone of the Interior.

b. To simplify the basic administrative procedures of the nonprofessional care of sick and wounded personnel.

c. To standardize these basic procedures, wherever practicable, by using the same forms and methods at all medical installations.

d. To reduce to a minimum the time required by professionally trained personnel to accomplish the various procedures outlined herein, thereby making available to the sick and wounded an increased amount of professional care.

2. SCOPE.

a. The procedures outlined herein are applicable to named general hospitals within the continental United States.

b. Those procedures which can be used without change in station and other hospitals will be put into practice without delay.

c. From time to time chapters or sections will be published prescribing procedures to be used in a limited number of hospitals. An example of such a procedure is the mechanical reproduction of hospital admission records described in Section 2, Chapter II, which is limited to those hospitals having ten or more admissions a day. When a procedure is thus limited, such limitation will be announced at the beginning of the chapter or section describing it.

3. FORMAT.

a. Technical Manual 8-262 will not initially be published in its entirety. It will be published in chapters or sections as the procedures contained in these parts are tested, approved, and ready to be put into operation in the field. The chapters will not necessarily be published consecutively, but will be issued in the order of their importance to the using installations.

b. In order that the information contained in this manual may be kept current, it is published in loose-leaf form, and revisions or changes will be furnished as required. Changes will be supplied on a page basis. As change pages are received, they will be inserted in their proper place. Each page bears a date in its upper inside corner. This date is the date of publication. Change pages will carry the date and the number of the change.

FOREWORD (CONT'D)

c. The subject matter is grouped into chapters under a primary subject title with a base number and then subdivided into sections with specific titles.

d. Each chapter will be numbered consecutively using the decimal numbering system, for example, the second chapter bears the base number 2.0. Each page within a chapter will be numbered consecutively in relation to the chapter number. Page 2.1 represents the first page of the subject matter of the second chapter, page 2.2, the second page, and so on. If new pages are added within the chapters, the added page will carry an alphabetical suffix: "A," "B," "C," etc. For example, if a new page is added between 2.13 and 2.14, the page will be numbered 2.13A. A second additional page in the same place would be numbered 2.13B.

e. Paragraphs are numbered consecutively within each chapter. If new main paragraphs are added, each will carry a decimal suffix. For example, a paragraph numbered 13.1 will represent the first addition to the main paragraph 13.

f. This manual contains descriptive text, diagrams, illustrations and procedure charts. The procedure charts illustrate graphically the flow of records and the action taken on them throughout each step in the process. Two types of rectangular blocks are used in the charts. The first type with shading along the lower and right hand edges of the block indicates document or paper record, for an example, see Figure 1 below. A block with light shading over the entire face, Figure 2, represents something other than a paper record, such as an action, a telephone call, or a verbal request or notification.



FIGURE 1



FIGURE 2

The numerals appearing in the upper left hand corners of the blocks are the copy numbers, which do not necessarily appear on the forms themselves. Number 1 indicates the original copy, number 2, the duplicate, and so forth. Flow lines are in solid color. A broken flow line represents an alternative action.

g. A complete index and glossary will be issued later as parts of this manual.

4. Comments on any aspect of the subject matter presented herein or suggestions for further simplification and improvement of the procedures and consolidation or elimination of any of the forms are desired from installations. Such comments should be directed through channels to The Surgeon General, attention Control Division, 1818 H Street, NW, Washington 25, D. C.

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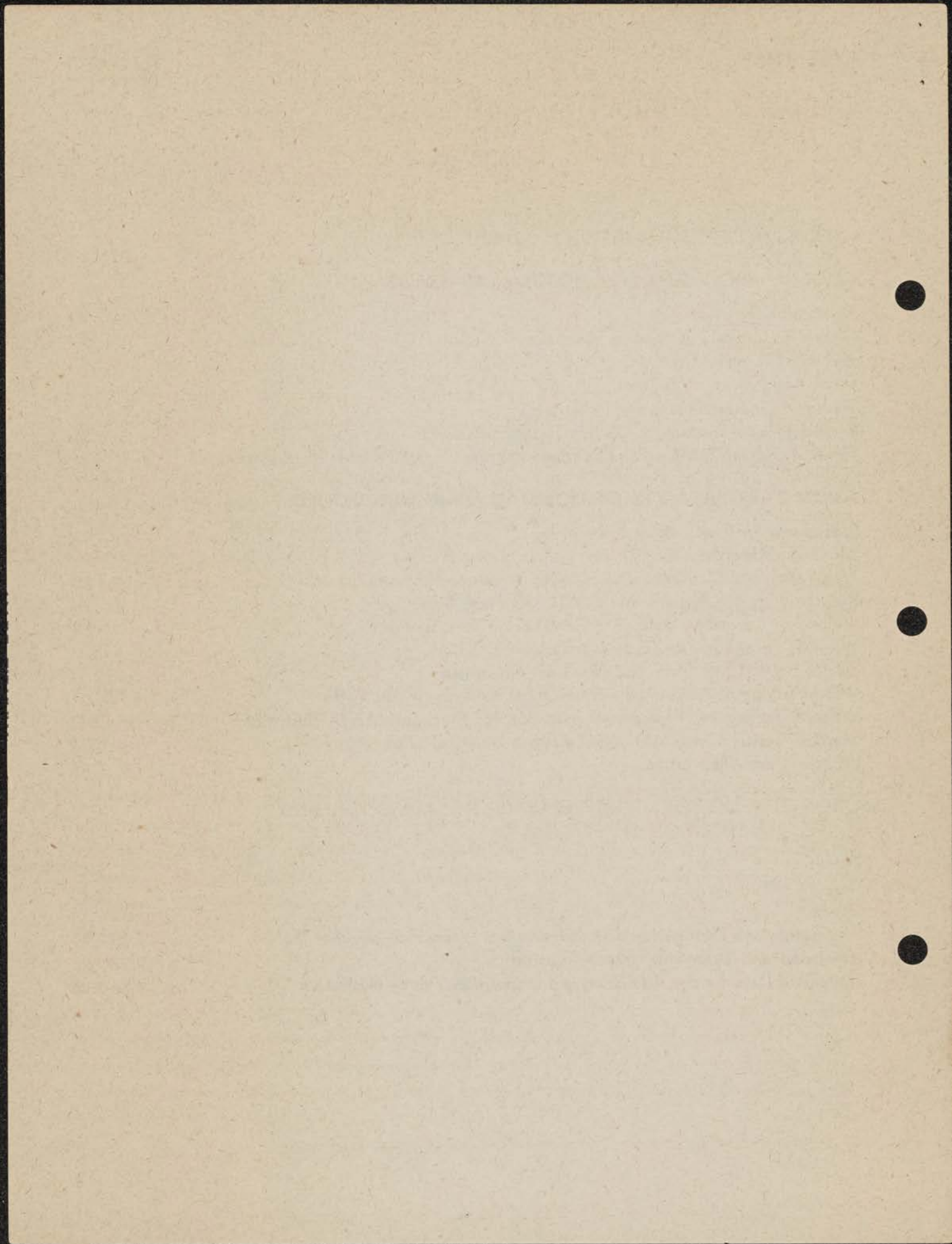
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CHAPTER II HOSPITAL ADMISSIONS

SECTION 1

PROCEDURE FOR HOSPITAL ADMISSIONS

1. RESPONSIBILITY.

a. The Admitting Officer will have charge of the admission to the hospital and the assignment to the proper ward of all patients arriving during regular duty hours. In his absence, his duties will be assumed by his assistant, where one has been designated by the Commanding Officer, or by the Medical Officer of the Day. He will maintain close contact with the Chiefs of the Professional Services to insure that proper assignment of patients to wards is being made.

b. The Admitting Officer will be concerned primarily with professional duties only, such as classification and assignment of patients, while the Registrar will assume responsibility for all administrative functions.

2. CLASSES OF PATIENTS ENTITLED TO ADMISSION. Those persons enumerated in paragraph 6, AR 40-590, and such others as may be authorized from time to time by competent authority will be admitted to the hospital. In the matter of admission of individuals other than those in active military service, the policy of the Commanding Officer will apply.

3. ARRIVAL OF PATIENTS. Immediately upon receipt of information as to the expected arrival of patients by train, the Registrar, or, in his absence, his designated assistant, will arrange for the necessary motor transportation and attendants to meet them. When it is known that patients who are to arrive are suffering from communicable diseases, such separate ambulances as may be required, consistent with good medical policy, will be provided for their transportation. Litter cases, the insane, and prisoners will be met by an adequate number of trained litter bearers, neuropsychiatric attendants, or armed guards, as the case may be. The Commanding Officer, Detachment Medical Department, or the Provost Marshal, or both, depending upon the nature of the patients arriving, will furnish the necessary attendants. When indicated, the Registrar will arrange with the Medical Supply Officer to make the necessary exchange of linen and hospital clothing. The Admitting Officer will make necessary arrangements to effect proper ward assignments without delay upon their arrival at the hospital and will call upon the Chiefs of the Professional Services for such assistance as he may require. The Registrar will provide any additional clerical personnel required for short periods from his office.

4. INITIAL ASSIGNMENT OF PATIENTS.

a. All patients will be admitted through the Admitting Office where the required admission data will be made a matter of record, and assignment to the proper ward effected. In emergency cases, the patient may be taken directly to the ward and the necessary admission data obtained there, but in any case, no patient shall be taken to any ward without specific instructions from the Admitting Officer or, in his absence, his assistant or the Medical Officer of the Day.

b. The Consolidated Ward Morning Report will be used as a guide to assist the Admitting Officer in making proper ward assignments and to obviate interward transfers shortly after admission. The Chiefs of Professional Services will notify the Admitting Officer promptly of changes in the character of cases treated on any ward in order that assignments to such wards may be made correctly at all times. In addition, the Chiefs of the Professional Services will furnish any other necessary information and assistance to the Admitting Officer in the discharge of his duties. Wards will accept without question patients admitted thereto, and any reassignment that may be necessary will be effected as prescribed elsewhere in this manual.

5. TREATMENT AND EXAMINATION OF PATIENTS.

a. The Admitting Officer will normally provide a minimum of medical or surgical treatment. Such treatment will be limited to acute emergencies and will be provided by the Admitting Officer to relieve suffering while awaiting the arrival of the proper ward officer, or to permit the safe transfer of the patient to the ward to which he has been assigned. A report of such treatment will be written on the reverse side of WD MD Form 55A, Revised, and submitted to the ward officer without delay for his information and guidance.

b. On admission of patients other than emergency cases or those enumerated in paragraph 6, below, the Admitting Officer will take such medical history and perform such physical examination as will permit assignment of the patient to the proper ward without delay. Every precaution will be taken to insure the proper handling of patients with contagious diseases, acute medical or surgical emergencies, mental conditions, or those under courts-martial charges or sentence, and prisoners of war.

c. Each patient, other than those on an officer status, or where the procedure is otherwise contraindicated, will be required, following the physical examination, and upon order of the Admitting Officer, to divest himself of his clothing and take a shower bath, following which he will don hospital clothing and be escorted without delay to his proper ward by personnel assigned to the Admitting Office. Where the Admitting Office is not provided with facilities for shower baths, this shall be done promptly at arrival upon the ward where the procedure will be ordered by the ward officer. Every care shall be taken to protect the privacy of male as well as female patients.

6. PROCEDURE ON ADMISSION OF CERTAIN TYPES OF PATIENTS.

a. Patients with Communicable Diseases. If the presence of the condition is known in advance, such patients will not be permitted to leave the ambulance or enter the Admitting Office, but after examination by the Admitting Officer, will be sent directly to the appropriate isolation ward. Should such a patient be admitted inadvertently to the Admitting Office, the medical officer in charge of communicable diseases will be notified and will issue appropriate instructions.

b. Insane Patients. Insane patients will be escorted without delay to the receiving unit of the neuropsychiatric section, accompanied, whenever possible, by a trained neuropsychiatric attendant.

c. Medical or Surgical Emergencies. These will not be removed from the ambulance until so directed by the Admitting Officer in order to avoid unnecessary handling. Such cases will be given prompt attention as soon as they arrive. If practicable, they will be delivered by ambulance directly to their proper ward, the x-ray department, or the operating room, as the case may be. To reduce transporting and handling of such cases to a minimum, the appropriate Chief of Service or his designated representative will hold himself available to offer necessary advice and assistance to the Admitting Officer so that appropriate ward assignment can be made or necessary treatment instituted without delay. The x-ray unit, the operating room, or the ward receiving the patient, as the case may be, will be notified by telephone by the Admitting Officer at the earliest possible moment whenever medical or surgical emergencies are admitted.

d. Prisoners. They will be accompanied by guards, when indicated, to their proper ward. When the nature of the offense is such that it can be accomplished without defeating the ends of military justice, paroles may be accepted from garrison prisoners in order that the giving of medical care may be facilitated and the waste of personnel occasioned by the use of armed guards may be avoided. The Commanding Officer, Detachment of Patients, and the Provost Marshal will be notified by telephone of the admission of prisoners.

e. Prisoners of War. The same procedures, except for the taking of paroles, will apply in the case of prisoners of war admitted as patients. The Provost Marshal will be notified at the earliest possible moment in order that necessary guards and facilities for safekeeping of such individuals may be provided.

7. FUNDS, VALUABLES, CLOTHING, AND BAGGAGE IN POSSESSION OF PATIENTS UPON ADMISSION. Upon admission of a patient to the hospital, the procedure relative to funds, valuables, clothing, and baggage will be followed as prescribed elsewhere. When insane or seriously ill patients or prisoners are admitted, they will be searched, their effects secured, and the proper records made. When the patient is unable or mentally incompetent to sign, the forms will be signed for him, in the presence of a witness, by an individual authorized to do so by the Commanding Officer. The effects will then be stored in the Patients' Baggage Room, or in the Patients' Funds and Valuables Depository, whichever is appropriate.

SECTION 2

PREPARATION OF HOSPITAL ADMISSION RECORDS

8. PROCEDURES FOR PREPARATION OF RECORDS. The mechanical reproduction of records described in this section is authorized for all hospitals having an average admission rate of ten or more per day. Hospitals having fewer than this number of admissions will be authorized the new procedure only after the Service Commander having jurisdiction over the hospital establishes by survey that a definite saving in personnel will result from its use. Hospitals not authorized the mechanical method of reproduction of records will prepare the records outlined in paragraph 9, with the following variations:

a. WD AGO Form 8-33, in duplicate, will be prepared in place of WD MD Form 55A, Revised. The original will be forwarded to the ward with the patient and the duplicate to the Registrar.

b. WD AGO Form 8-24 will be prepared in the necessary number of copies from the duplicate copy of WD AGO Form 8-33.

c. 3 x 5 inch Locator Cards will be prepared by the using agency from data appearing on the Admission and Disposition Sheet.

9. ADMISSION RECORDS. The following records will be prepared in the Admitting Office under the direction of the Registrar who will assume responsibility for their completeness and accuracy. Any additional records are unnecessary and will be neither prepared nor maintained unless specifically authorized elsewhere in this manual.

a. To be prepared for each patient at the time of admission:

- (1) Clinical Record Brief, WD MD Form 55A, Revised, prepared as a stencil and permanent record in one operation. The backing sheet, or permanent record, is forwarded to the ward with the patient. The stencil is used to prepare locator cards, WD AGO Forms 8-24, and other admission records mechanically on a Mimeograph duplicator supplied expressly for this purpose.
- (2) Locator Cards, prepared in as many copies as required and distributed as indicated on pages 2.6 and 2.7.
- (3) WD AGO Form 8-24, prepared in two or three copies, as required, and forwarded to the Office of the Registrar.
- (4) Deposit Slips, to be prepared in two or three copies when funds are deposited, and in one copy when the patient does not desire to make any deposit. The detailed procedure will be described elsewhere in this manual.

- (5) Patient's Clothing Slip, WD AGO Form 8-111, prepared in two copies, showing inventory of clothing stored by patient. Original is forwarded to clothing room with clothing, and duplicate is delivered to patient as his receipt. When clothing is stored on the ward, these slips will be filled out by the nurse.
- (6) Property Tag, WD MD Form 76, prepared for each piece of baggage stored by the patient. One part is tied to the baggage, and the remaining section delivered to the patient as his receipt.

b. To be prepared daily:

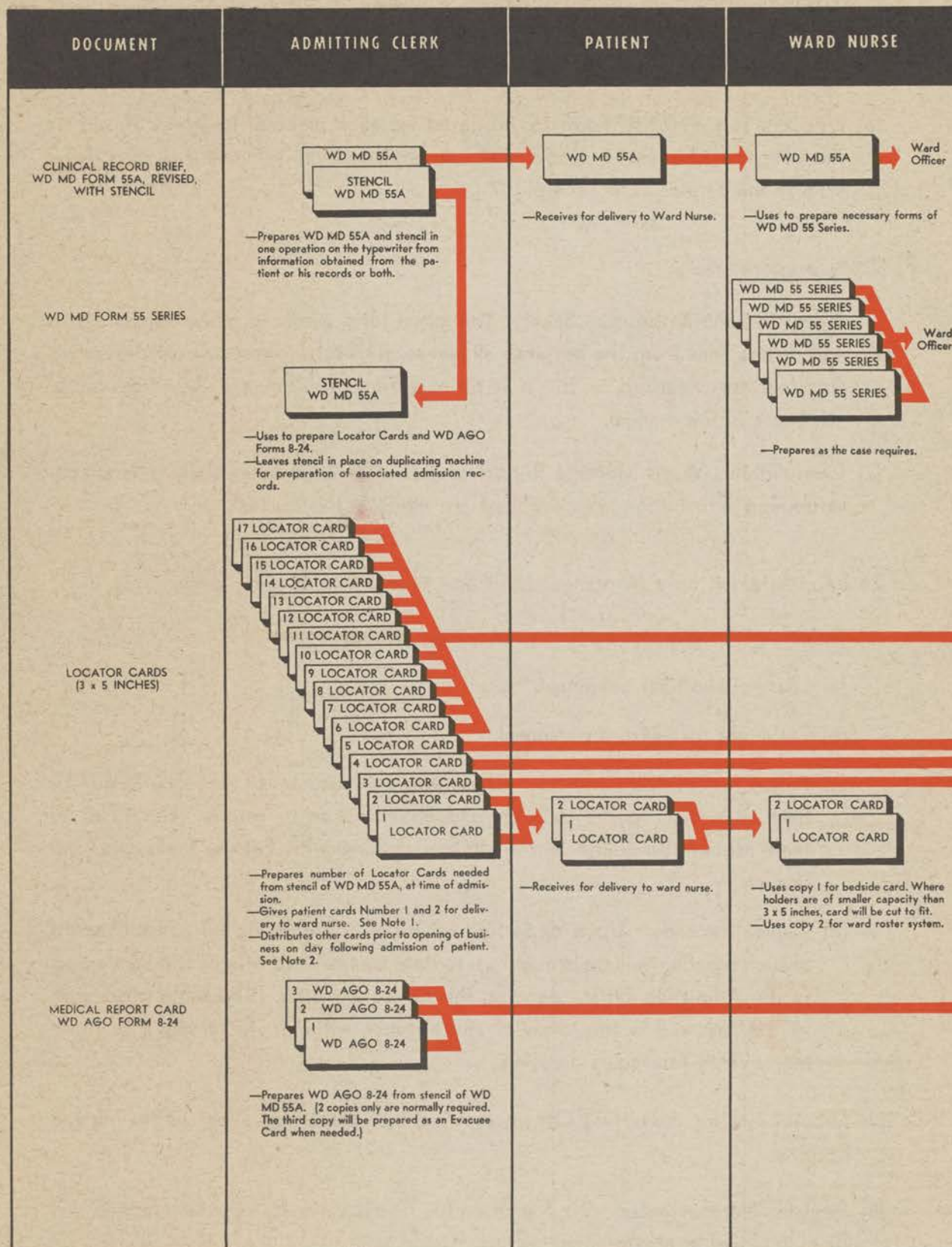
- (1) Admission and Disposition Sheet. This constitutes a record of all admissions to and dispositions from the hospital; all leaves, furloughs, absences, and interward transfers are recorded on it. It is prepared at 2400 hours daily as described elsewhere in this manual.
- (2) Consolidated Ward Morning Report prepared at 2400 hours daily. Its preparation and distribution are described elsewhere in this manual.

c. To be maintained on a permanent basis and brought up to date daily:

- (1) Suspense Files, maintained in the Admitting Office:
 - (a) Leaves for officer personnel.
 - (b) Furloughs for enlisted personnel.
 - (c) Passes for enlisted personnel. These files are made up of Absence Requests, filed according to the date the individual is due to return. Details as to their use will be found in the section dealing with Passes, Furloughs, and Leaves.
 - (d) Clinical records. Upon departure on leave or furlough, the clinical record of such a patient will be brought up to date by the ward officer and forwarded to the Admitting Office pending the patient's return. The same procedure will be followed in the event of any absence without official leave of more than twenty-four hours duration.
- (2) Locator File for Admitting Office, showing the location of every patient in the hospital.
- (3) Register Number Index. 3 x 5 inch cards, filed serially by register number, will be maintained as a permanent record.

1 FEB 1945

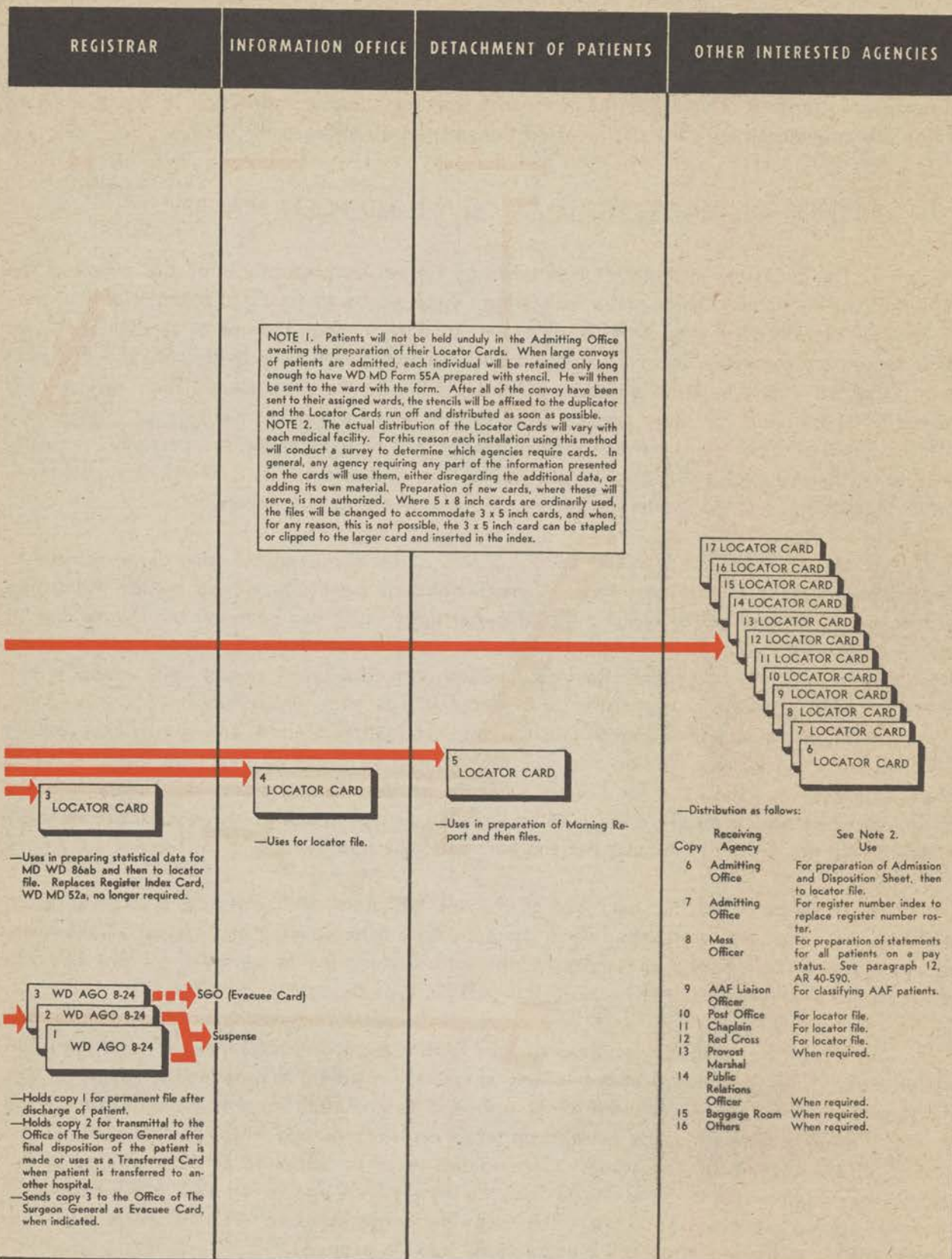
PREPARATION AND DISTRIBUTION OF



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CHAPTER II

HOSPITAL ADMISSION RECORDS



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PREPARATION OF WD MD FORM 55A, REVISED

10. RESPONSIBILITY FOR PREPARATION OF WD MD FORM 55A, REVISED. The preparation of WD MD Form 55A, Revised, is the responsibility of the Registrar. He will take all necessary steps to insure that the personnel working under his direction in the Admitting Office are acquainted with the pertinent sections of AR 40-590 and 40-1025.

11. METHOD OF RECORDING DATA ON WD MD FORM 55A, REVISED.

a. The necessary information is entered by typewriter promptly upon the arrival of the patient at the Admitting Office. The Admitting Office will be so arranged that the patient may be brought directly to the typist who will enter the data without the use of scratch sheets or other temporary records. To avoid delay, additional typists will be provided by the Registrar from his office whenever large numbers of patients are to be processed. Their services will ordinarily be required for short periods only, so that there will be a minimum of interference with the functioning of the Registrar's office. Under such circumstances, the personnel regularly on duty in the Admitting Office will hold themselves available to assist temporary personnel, rather than attempt to do the major portion of the processing themselves.

b. As each patient is called to the typist, all readily available records pertaining to him will be delivered at the same time. If he has already been interviewed by the Admitting Officer, he will present to the typist a slip of paper upon which has been written the number of the ward to which he has been assigned. If he has not yet been interviewed, this space will be left blank on WD MD Form 55A, Revised. In any case, the typist should have available any clinical records, service records, dispensary reference slips, etc., which may have accompanied the patient. Such records will furnish much of the information needed, and the balance will be obtained from the patient himself, who will be required to check all pertinent information to insure its accuracy. The need for accuracy cannot be too strongly stressed. Failure to make entries carefully and accurately will lead to possible errors in identification and will seriously interfere with the proper functioning of the hospital departments.

c. It will be noted that each box on the WD MD Form 55A, Revised, is either lettered or numbered. The form is arranged for a standard typewriter spacing and makes full allowance for the use of stops. Insofar as is feasible, the form is designed to permit the typist to write across its full width with as little break in the continuity of thought as possible.

d. Typewriter stops having been set, the form is aligned in the typewriter and the information entered, using standard abbreviations whenever possible. Whenever the space for any of the entries from 1 to 10 inclusive is not sufficient to complete an entry, such entry will be continued directly beneath space 10, appropriately cross-referenced, with the first continuation marked (a), the second (b), and so on. Care will be taken to complete all data entered in this space to the right of the dividing line so that the material will appear on WD AGO Form 8-24 when the duplicating process is used. The following pages illustrate WD MD Form 55A with correct entries and give instructions on how to fill them in properly.

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CHAPTER II

WD MD FORM 55A, REVISED, COMPLETED

CLINICAL RECORD BRIEF

W. D. M. D. FORM NO. 55A
(REVISED)
1 Sept., 1944

(WHEN AUTHORIZED FOR USE THIS FORM REPLACES W. D., A. G. O. FORM NO. 8-33)

a. HOSPITAL Blake GH				1. LAST NAME, FIRST NAME, MIDDLE INITIAL Doe, John C			
b. WARD 27	c. RELIGION P	d. PREV. ADM. No		2. REGISTRY NO. 34 278	3. ARMY SERIAL NO. 11 067 928	4. GRADE Pvt	
e. NAME AND ADDRESS OF NEAREST RELATIVE Mrs Robert Doe (M) 78 Wellman St Brookline, Mass				5. ORGANIZATION AND ARM OR SERVICE (If AAF personnel, see below)* 27th Inf Div			
f. DIS. D		g. INJ. D	h. B.C. D	i. ADMITTING OFFICER Capt HAP	6. AGE 27	7. RACE W	8. LENGTH OF SERVICE 2 7/12
				9. DATE OF ADMISSION 1 Sep 44			
				10. SOURCE OF ADMISSION Trfd SH Ft Belvoir			
* If AAF, indicate pilot, non-pilot flying personnel, ground personnel, or aviation cadet.							
11. FINAL DIAGNOSIS, ADDITIONAL DIAGNOSIS, OPERATIONS, CHANGE OF STATUS 1020 LD Unk Doe, John C Pvt 27							

Tbc
No Evid of
Alc or Narc

12. LINE OF DUTY	13. DISPOSITION AND DATE	14. SIGNATURE OF WARD SURGEON

1 FEB 1945

ENTRIES ON WD MD FORM 55A, REVISED

a. HOSPITAL Blake GH			1. LAST NAME, FIRST NAME, MIDDLE INITIAL		
b. WARD	c. RELIGION	d. PREV. ADM.	2. REGISTER NO.	3. ARMY SERIAL NO.	4. GRADE

"a. Hospital." Enter the name of the hospital to which the patient is now

being admitted, as Pasadena RH, Camp Roberts SH, Mitchell CH, or Wakeman G&CH.

b. WARD 27	c. RELIGION	d. PREV. ADM.	2. REGISTER NO.	3. ARMY SERIAL NO.	4. GRADE
e. NAME AND ADDRESS OF NEAREST RELATIVE			5. ORGANIZATION AND ARM OR SERVICE (if AAF personnel, see below) ¹⁰		

"b. Ward." Enter the number of the ward to which assignment has been

made. If this is not known at the time the form is prepared, leave the space blank. The stencil need not be put back into the typewriter. The number can be entered with a pencil or stylus directly on the stencil.

b. WARD	c. RELIGION P	d. PREV. ADM.	2. REGISTER NO.	3. ARMY SERIAL NO.	4. GRADE
e. NAME AND ADDRESS OF NEAREST RELATIVE			5. ORGANIZATION AND ARM OR SERVICE (if AAF personnel, see below) ¹⁰		

"c. Religion." Enter the religious preference of the individual, using the initial

"P" for Protestant, "C" for Catholic, "H" for Hebrew, etc., or "N" when none is claimed.

b. WARD	c. RELIGION	d. PREV. ADM. No	2. REGISTER NO.	3. ARMY SERIAL NO.	4. GRADE
e. NAME AND ADDRESS OF NEAREST RELATIVE			5. ORGANIZATION AND ARM OR SERVICE (if AAF personnel, see below) ¹⁰		

"d. Previous Admission." This refers to a previous admission to the hospital

which the patient is now entering. Enter "No" or "Yes" in this space, as the case may be.

e. NAME AND ADDRESS OF NEAREST RELATIVE Mrs Robert Doe (M) 78 Wellman St Brookline, Mass			5. ORGANIZATION AND ARM OR SERVICE (if AAF personnel, see below) ¹⁰		
f. DIS.	inj.	B/C	g. ADMITTING OFFICER	6. AGE	7. RACE
			10. SOURCE OF ADMISSION	8. LENGTH OF SERVICE	9. DATE OF ADMISSION

"e. Name and Address of Nearest Relative." Use the form required by postal

authorities in addressing mail. In addition, indicate the relationship of the individual named by means of an appropriate letter, in parentheses, inserted after the name, e.g.:

(M) Mother (S) Sister (H) Husband (U) Uncle (C) Cousin (Fr) Friend
(F) Father (B) Brother (W) Wife (A) Aunt (N) Niece or Nephew

f. DIS. D	inj.	B/C	g. ADMITTING OFFICER	10. SOURCE OF ADMISSION	
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¹⁰ If AAF, indicate pilot, non-pilot flying personnel, ground personnel, or aviation cadet.

"f. Disease/Injury/Battle Casualty." This refers to the primary cause of

admission to the hospital. Enter the letter "D," "I," or "B/C" in the appropriate box.

f. DIS.	inj.	B/C	g. ADMITTING OFFICER Capt HAP	10. SOURCE OF ADMISSION	
---------	------	-----	----------------------------------	-------------------------	--

¹⁰ If AAF, indicate pilot, non-pilot flying personnel, ground personnel, or aviation cadet.

"g. Admitting Officer." Enter the rank and initials of the officer in charge of

the Admitting Office at the time of admission. No written signature is required.

ENTRIES ON WD MD FORM 55A, REVISED (CONT'D)

a. HOSPITAL			1. LAST NAME, FIRST NAME, MIDDLE INITIAL		
			Doe, John C		
b. WARD	c. RELIGION	d. PREV. ADM.	2. REGISTER NO.	3. ARMY SERIAL NO.	4. GRADE
e. NAME AND ADDRESS OF NEAREST RELATIVE			5. ORGANIZATION AND ARM OR SERVICE (if AAF personnel, see below) ^{1*}		

"1. Last Name, First Name, Middle Initial." Enter the name exactly in this

order. If there is no middle initial, no reference to such lack is required.

b. WARD	c. RELIGION	d. PREV. ADM.	2. REGISTER NO.	3. ARMY SERIAL NO.	4. GRADE
			34 278		
e. NAME AND ADDRESS OF NEAREST RELATIVE			5. ORGANIZATION AND ARM OR SERVICE (if AAF personnel, see below) ^{1*}		

"2. Register Number." This is a consecutive number assigned to each patient admitted.

No reference to previous register numbers is required.

b. WARD	c. RELIGION	d. PREV. ADM.	2. REGISTER NO.	3. ARMY SERIAL NO.	4. GRADE
				11 067 928	
e. NAME AND ADDRESS OF NEAREST RELATIVE			5. ORGANIZATION AND ARM OR SERVICE (if AAF personnel, see below) ^{1*}		

"3. Army Serial Number." It is especially important that the patient's

Army Serial Number be correctly typed. Enter the number thus: 33 372 779 or 0 443 972.

b. WARD	c. RELIGION	d. PREV. ADM.	2. REGISTER NO.	3. ARMY SERIAL NO.	4. GRADE
					Pvt
e. NAME AND ADDRESS OF NEAREST RELATIVE			5. ORGANIZATION AND ARM OR SERVICE (if AAF personnel, see below) ^{1*}		

"4. Grade." Record the patient's grade or rank as of the date of admission,

using authorized abbreviations.

e. NAME AND ADDRESS OF NEAREST RELATIVE			5. ORGANIZATION AND ARM OR SERVICE (if AAF personnel, see below) ^{1*}		
			27th Inf Div		
6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION		

"5. Organization and Arm or Service." Enter the current arm or service followed by the name of the parent organization to which the patient is currently assigned or attached; wherever possible, these two are combined, as in the example. In cases of Women's Army Corps personnel detailed to an arm or service, add the term WAC in parentheses after the designation of the current arm or service. Use authorized abbreviations wherever possible. In the case of AAF personnel, indicate in parentheses after the arm or service whether the individual belongs to ground personnel or to flying personnel; and if in the latter category, indicate the status, i.e., pilot, nonpilot, or aviation cadet. Individuals required to participate frequently and regularly in aerial flights will be considered as flying personnel. The individual concerned will be carefully questioned in every case and, where it is necessary, personnel records will be examined if they are immediately available, to determine current assignment or attachment.

followed by the name of the parent organization to which the patient is currently assigned or attached; wherever possible, these two are combined, as in the example. In cases of Women's Army Corps personnel detailed to an arm or service, add the term WAC in parentheses after the designation of the current arm or service. Use authorized abbreviations wherever possible. In the case of AAF personnel, indicate in parentheses after the arm or service whether the individual belongs to ground personnel or to flying personnel; and if in the latter category, indicate the status, i.e., pilot, nonpilot, or aviation cadet. Individuals required to participate frequently and regularly in aerial flights will be considered as flying personnel. The individual concerned will be carefully questioned in every case and, where it is necessary, personnel records will be examined if they are immediately available, to determine current assignment or attachment.

f. DIS.			g. ADMITTING OFFICER		
6. AGE			7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION
27					
10. SOURCE OF ADMISSION					

"6. Age." Enter the patient's age as of his last birthday. Regardless of

the length of time the patient may be under treatment or observation, his age on the date of initial admission for this consecutive period of hospitalization will be carried until final disposition of the case.

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ENTRIES ON WD MD FORM 55A, REVISED (CONT'D)

				6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION
					W		
f. Dis.	inj.	B/C	g. Admitting Officer	10. SOURCE OF ADMISSION			

"7. Race." The symbols "W," "N," "F," "PR," "CH," "JP," "MX," or "I" will be used for designating White, Negro, Filipino, Puerto Rican, Chinese, Japanese, Mexican, or Indian patients, respectively. The race or nationality of other patients will be written out in full.

will be used for designating White, Negro, Filipino, Puerto Rican, Chinese, Japanese, Mexican, or Indian patients, respectively. The race or nationality of other patients will be written out in full.

				6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION
						2 7/12	
f. Dis.	inj.	B/C	g. Admitting Officer	10. SOURCE OF ADMISSION			

"8. Length of Service." Compute the length of service from the beginning

of the patient's current uninterrupted active service up to, but exclusive of, the day of initial admission. Furloughs commonly granted inductees at the time of induction will not be considered as active service. For members of the National Guard, active service refers to the time since induction into Federal Service. The length of service will be recorded to the last completed month, in years and fractions of years. Thus, 4 years, 5 months, and 24 days of service will be recorded as 4 5/12. If length of service is less than one month, enter the number of days as a fraction of 365. Thus, 21 days of service will be recorded as 21/365. In the event of a change in the patient's grade during his current uninterrupted active service, such as an enlisted person becoming a commissioned officer or vice versa, record the total current uninterrupted active service as stated above, specifying in parentheses the length of service in the current grade. Thus, in the case of a commissioned officer having 3 years, 6 months, and 25 days of total current uninterrupted active service as an officer and an enlisted man, of which 1 year, 2 months, and 15 days have been in current grade as a commissioned officer, the length of service will be recorded as 3 6/12 (1 2/12). Any previous active Army service prior to current active service will be recorded separately in the supplemental space, properly cross-referenced, as described in paragraph 11d. Any previous service in any branch of the armed forces except the Army is not counted here.

				6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION
							1 Sep 44
f. Dis.	inj.	B/C	g. Admitting Officer	10. SOURCE OF ADMISSION			

"9. Date of Admission." This represents the date the patient came under the

care of the medical installation. Use authorized abbreviations and enter in the following order: Day, Month, Year, e.g., 12 Sep 44. Figures will not be used to indicate months.

"10. Source of Admission." Entries in item 10 will be of two basic kinds: direct admissions and admissions by transfer. The medical installation, either hospital or dispensary, where the patient first comes to the attention of a medical officer as "a patient excused from duty," is the only installation which reports him as a direct admission. A patient will be recorded only once as a direct admission during a continuous period of illness. Subsequent admissions to other medical installations during such continuous period of illness will be regarded as admissions by transfer.

				10. SOURCE OF ADMISSION			
				Direct			
* If AAF, indicate pilot, non-pilot flying personnel, ground personnel, or aviation cadet.							

Enter "Direct" when the patient is admitted directly from the command of the

reporting medical installation or from the organizations attached to the command, including those

ENTRIES ON WD MD FORM 55A, REVISED (CONT'D)

attached for medical care only. In the event that this organization is attached but not located on the post of the reporting medical installation, the location will be specified in item 5, Organization.

f. Dis.	INJ.	B/C	g. Admitting Officer	10. SOURCE OF ADMISSION
				Direct - Casual. Prop sta Ft Belvoir, Va.
* If AAF, indicate pilot, non-pilot flying personnel, ground personnel, or aviation cadet.				
11. FINAL DIAGNOSIS, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS				

Enter "Direct-Casual" and specify the name and geographic location of the

patient's station when he is a direct admission but does not belong to an organization which is of the command or attached to the command of the reporting medical installation.

f. Dis.	INJ.	B/C	g. Admitting Officer	10. SOURCE OF ADMISSION
				Direct - Casual. Pass Prop sta Ft Custer, Mich
* If AAF, indicate pilot, non-pilot flying personnel, ground personnel, or aviation cadet.				
11. FINAL DIAGNOSIS, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS				

Patients admitted from leave, furlough, or pass will be recorded as direct ad-

missions or direct-casual, depending on the location of the proper station. State the type of authorized absence.

f. Dis.	INJ.	B/C	g. Admitting Officer	10. SOURCE OF ADMISSION
				Direct - Casual. AWOL Prop sta Ft Jackson, SC
* If AAF, indicate pilot, non-pilot flying personnel, ground personnel, or aviation cadet.				
11. FINAL DIAGNOSIS, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS				

Patients admitted from a status of absent without leave are entered as direct

admissions or direct-casual, depending upon the location of the proper station. State the fact of absence without official leave.

f. Dis.	INJ.	B/C	g. Admitting Officer	10. SOURCE OF ADMISSION
				Trfd, SH Ft Belvoir, Va.
* If AAF, indicate pilot, non-pilot flying personnel, ground personnel, or aviation cadet.				
11. FINAL DIAGNOSIS, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS				

For all cases received by transfer, enter the designation of the medical installation transferring the patient. Formerly, for successive transfers entry had to be made in item 10 of the designation and geo-

graphic location of the medical installation which initially admitted the patient for the current consecutive period of hospitalization and the date of such initial admission. Such entry is no longer required if the information has been entered on the Field Medical Record, WD MD Form 52b, c, or d, or one of the Transferred Cards, WD AGO Form 8-24, received with the patient by the receiving hospital. It is the responsibility of the Registrar to check the records prior to the discharge of the patient to insure that such entry exists on one of these forms. If it is not already present, it will be entered on both The Surgeon General's copy and the hospital file copy of the WD AGO Form 8-24 before the patient is discharged.

f. Dis.	INJ.	B/C	g. Admitting Officer	10. SOURCE OF ADMISSION
				Adm fr sk lv, SH, Ft Geo G Meade, Md.
* If AAF, indicate pilot, non-pilot flying personnel, ground personnel, or aviation cadet.				
11. FINAL DIAGNOSIS, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS				

Patients admitted from sick leave or convalescent furloughs granted by a

medical installation will be regarded as admissions by transfer. Record the fact of leave or furlough

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ENTRIES ON WD MD FORM 55A, REVISED (CONT'D)

together with the name and location of the medical installation which granted it. Patients admitted from sick leave or furlough not granted by a medical installation will be considered as direct admissions.

f. DIS.	INJ.	B/C	g. ADMITTING OFFICER	10. SOURCE OF ADMISSION
				Admitted fr outpatient fr CRO
* If AAF, indicate pilot, non-pilot flying personnel, ground personnel, or aviation cadet.				

A patient changing from an out-patient status, carded for record only, will be

regarded as an admission by transfer provided that he was carded for record only because of his current condition. An admission from an out-patient status not carded for record only will be regarded as a direct admission.

Tbc No Evid of Alc or Narc				c. NAME AND ADDRESS OF NEAREST RELATIVE		5. ORGANIZATION AND ARM OR SI	
						6. AGE 7. RACE 8. LENGTH	
f. DIS.	INJ.	B/C	g. ADMITTING OFFICER	10. SOURCE OF ADMISSION			

Enter the cause of admission on the left side of the box opposite the second line of typing in space "e," in as brief a form as possible. Include statement

as to the patient's sobriety and any indication of the use of narcotics. The entry is required for the use of the investigating officer under the provision of AR 345-415 and 600-550.

* If AAF, indicate pilot, non-pilot flying personnel, ground personnel, or aviation cadet.	
11. FINAL DIAGNOSIS, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS	
1020	
LD Unk	
Doe, John C Pvt 27	

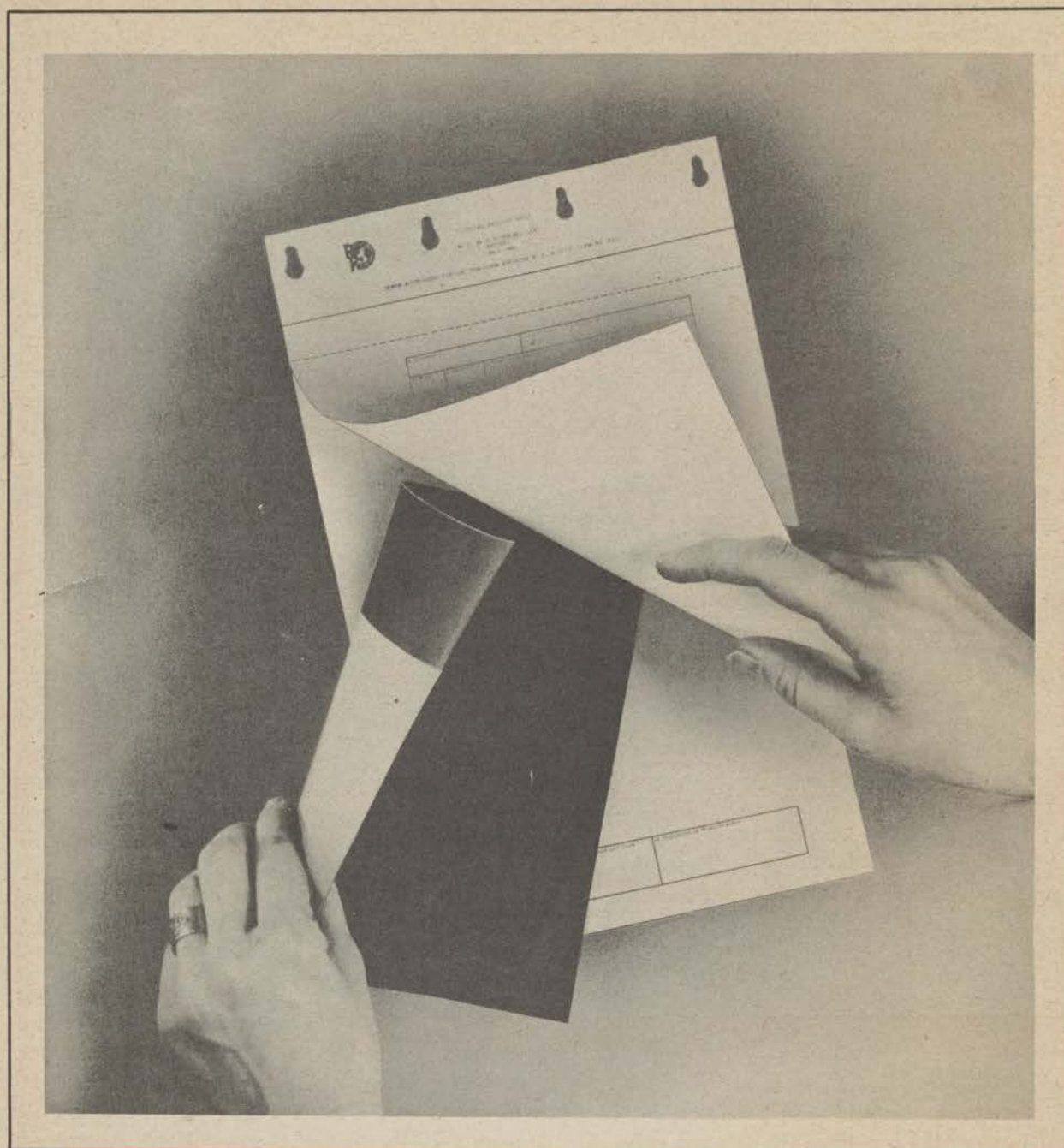
"11. Final Diagnosis, Additional Diagnoses, Operations, Change of Status," "12. Line of Duty," "13. Disposition and Date," "14. Signature of Ward Surgeon." Items 11, 12, 13, and 14 are, as is apparent from their titles, not filled in at the time of admission. They are completed by the Ward Officer at the time of disposition of the patient.

However, for every patient admitted, remarks are entered immediately under

12. LINE OF DUTY	13. DISPOSITION AND DATE	14. SIGNATURE OF WARD SURGEON

16-60778-1 ☆ U. S. GOVERNMENT PRINTING OFFICE : 1944

item 11 as shown in the example. Enter first the exact hour of admission. Directly beneath the hour of admission enter the line of duty status. On the third line enter any pertinent remarks which clarify the status of the patient, that is, whether he is an applicant for the United States Military Academy, an applicant for enlistment, or such miscellaneous remarks which may be required for administrative reasons and which do not appear elsewhere on the form. The name, grade or rank, and age of the patient are repeated directly above the line drawn on the stencil for visible card file systems when they are used. The information outlined in this paragraph and illustrated in the example will not appear on the Clinical Record Brief due to the arrangement of the carbon paper. It is entered here so that in the mimeographing process it can appear on the Locator Cards, which are the only other forms on which it is required.

WD MD FORM 55A, REVISED
PREPARATION FOR TYPING

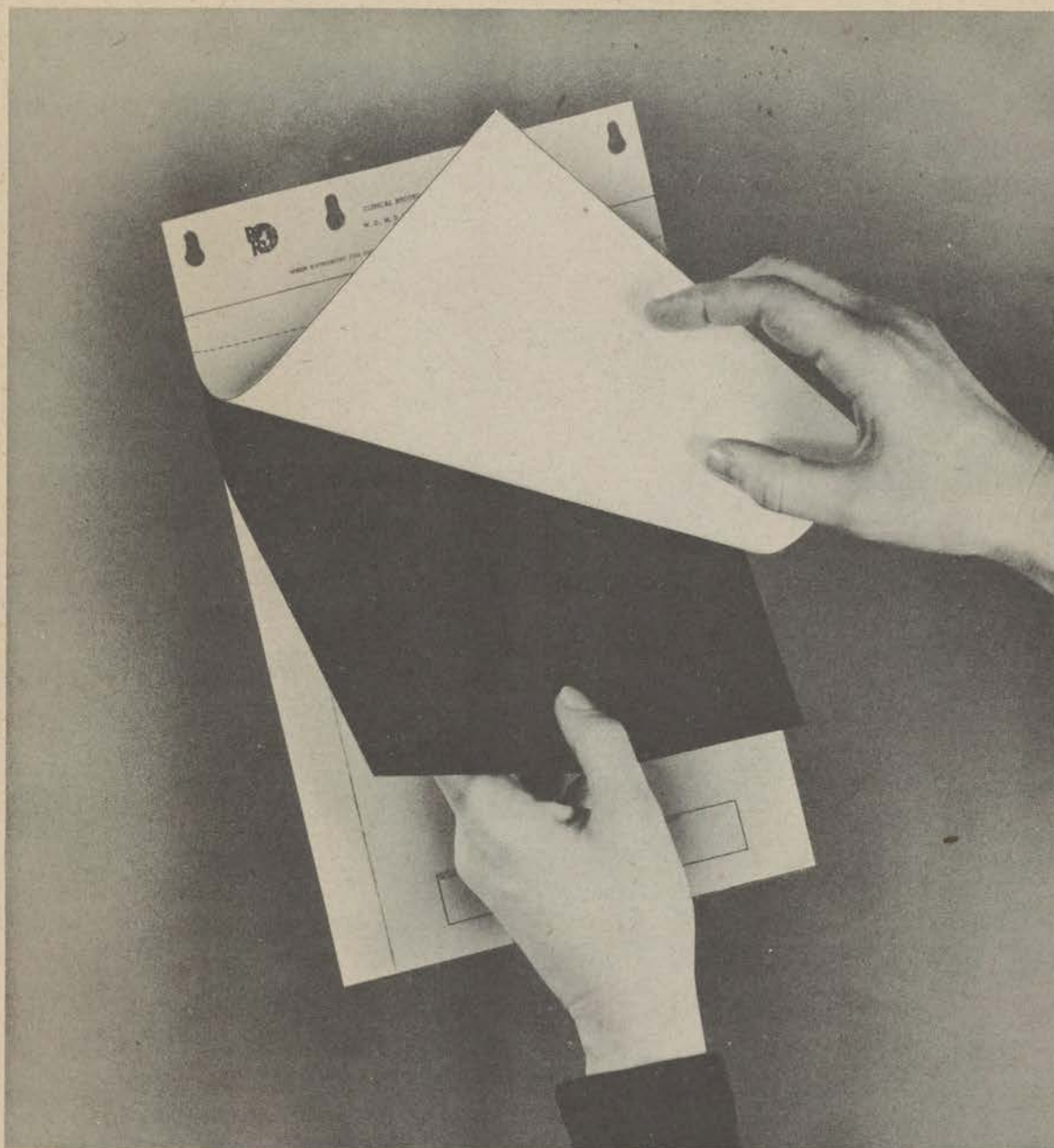
INSTRUCTIONS FOR TYPING PREPARATION

The revised form of WD MD Form 55A, illustrated above, has been designed to expedite the preparation of a patient's admission records. The form consists of two parts, a white stencil and a backing sheet which will be used as the Clinical Record Brief. The material printed on the stencil has been prepared so as to register exactly with the facsimile printed on the backing sheet.

The special carbon paper which is provided with each quire of stencils at the ratio of one carbon to every two stencils, is coated completely on one side and for a distance of only two and one-quarter inches on the other.

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WD MD FORM 55A, REVISED PREPARATION FOR TYPING (CONT'D)



INSTRUCTIONS FOR TYPING PREPARATION (CONT'D)

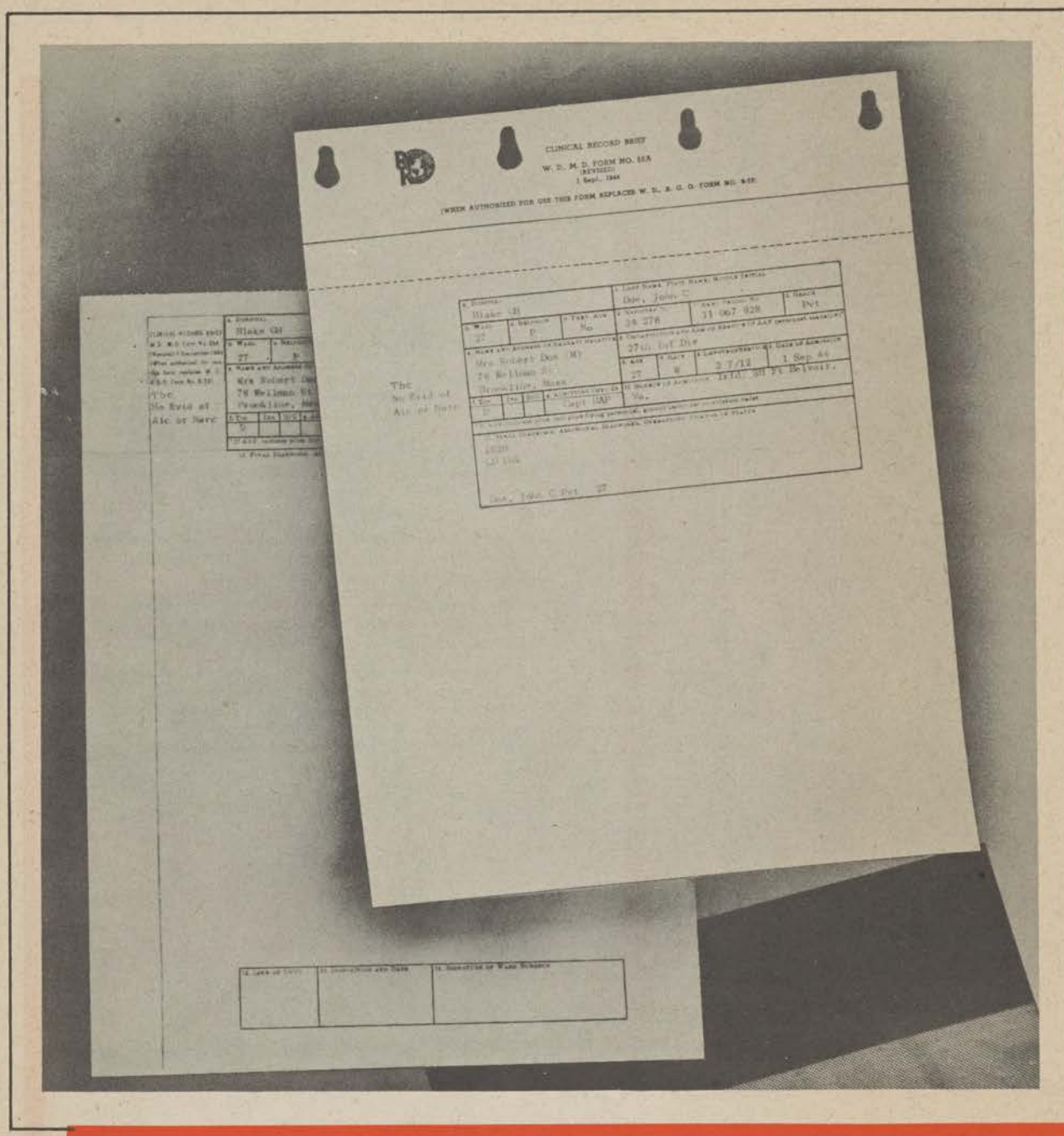
The carbon paper is inserted between the stencil and the backing sheet of WD MD Form 55A, so that the short-coated side is against the backing sheet at the top, as shown in the illustration above.

The stencil assembly with carbon inserted is put into the typewriter and aligned in the usual way. The ribbon indicator is set at "stencil" position and the form is now ready for the completion of the entries. Best results are obtained when the entries are typed approximately 1/32nd of an inch above the line.

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CHAPTER II

WD MD FORM 55A, REVISED PREPARATION FOR MIMEOGRAPHING



INSTRUCTIONS FOR MIMEOGRAPH PREPARATION

The entries on the stencil having been completed, the stencil assembly is removed from the typewriter. The backing sheet or Clinical Record Brief is folded back at the line of perforation and detached. The stub must be left attached to the stencil for ready placement on the drum of the Model 90 Mimeograph Duplicator. The carbon paper after being used for two stencils will be thrown away.

The addition of other forms to the stencil assembly for preparation by means of carbon impressions is neither required nor desired, and will not be accomplished unless prior approval is granted by the Office of The Surgeon General.

MEDICAL REPORT CARD, WD AGO FORM 8-24; LOCATOR CARD

MEDICAL REPORT CARD, WD AGO FORM 8-24
(Formerly known as the Register Card or "52" Card)

1. LAST NAME, FIRST NAME, MIDDLE INITIAL				DO NOT USE CODE BOXES		
Doe, John C				A1	A2	A3
2. REGISTER NO.	3. ARMY SERIAL NO.	4. GRADE		B1	B2	B3
34 278	11 067 928	Pvt				
5. ORGANIZATION AND ARM OR SERVICE (If AAF personnel, see below)*				C1	C2	
27th Inf Div						
6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION	D1	D2	D3
27	W	2 7/12	1 Sep 44			
10. SOURCE OF ADMISSION				E1	E2	E3
Trfd, SH Ft Belvoir, Va.						
* If AAF, indicate pilot, non-pilot flying pers., ground pers., or svn. cadet				F		
11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS				G		
				H		
				I		
				J		
				K		
				L		
				M		
				N		
				O		
				P		
				Q1	Q2	
				R		
12. LINE OF DUTY				S		
13. DISPOSITION				T		
14. DATE OF DISPOSITION				U		
15. DAYS LOST →		TOTAL	HOSPITAL	V1	V2	
			QUARTERS			
16. NAME AND LOCATION OF REPORTING INSTALLATION				W1	W2	
17. SIGNATURE						
				W. D. A. G. O. FORM NO. 8-24 1 July 1944		
(This form supersedes W. D. M. D. Form No. 52, which will not be used after receipt of this revision.)				16-48864-1 ☆ gpo		

INSTRUCTIONS FOR REPRODUCTION

The Medical Report Cards, WD AGO Forms 8-24, and Locator Cards together with associated forms which are described elsewhere in this manual, are prepared mechanically by means of the stencil assembly of WD MD Form 55A, Revised, and a Model 90 Mimeograph duplicator furnished exclusively for this purpose. Detailed instructions as to its adjustment and use are supplied with each machine.

The required number of Medical Report Cards is prepared by feeding blank cards into the machine using the right hand feed guide.

The required number of 3 x 5 inch Locator Cards is prepared by feeding the blank cards into the machine using the left hand feed guide.

The forms to be used should be arranged in stacks of the proper number and in the proper order to facilitate their reproduction. A short period of time should be allowed after reproduction to let the ink dry. Then the cards may be sorted for distribution.

LOCATOR CARD

Blake GH	Doe, John C				
27	P	No	34 278	11 067 928	Pvt
Mrs Robert Doe (M)			27th Inf Div		
78 Wellman St					
Brookline, Mass			27	W	2 7/12 1 Sep 44
			Trfd, SH Ft Belvoir,		
D	Capt HAP		Va.		
1020					
LD Unk					
Doe, John C Pvt 27					

SECTION 3

PROCEDURE FOR PREPARING THE ADMISSION AND DISPOSITION SHEET

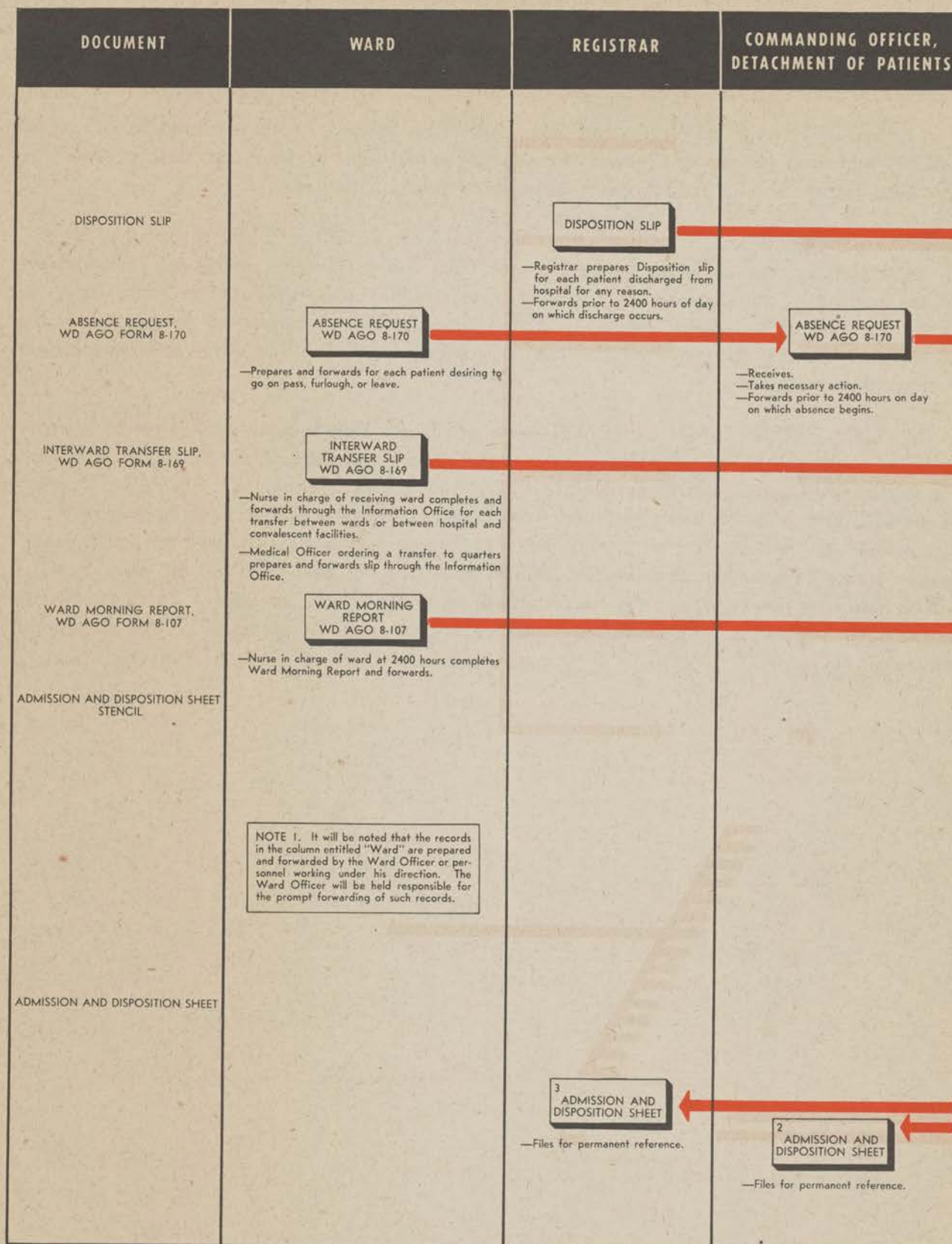
12. DEFINITION. The Admission and Disposition Sheet is a consolidated report of all patients admitted to and discharged from the hospital, quarters, and convalescent facilities, interward transfers, and corrections or changes of previous entries.

13. RESPONSIBILITY. Although the Admission and Disposition Sheet is prepared by personnel on duty in the Admitting Office between 0001 and 0700 hours of the day following the 24 hour period to be covered, the Registrar is responsible for its preparation. His signature, or the signature of an individual delegated that responsibility, will appear at the bottom of the last page. He will also see that the proper number of copies is printed and that proper distribution is made.

14. CONTENTS. Entries on the Admission and Disposition Sheet will be grouped in order by (a) admissions, (b) change of status in, (c) dispositions, (d) change of status out, (e) interward transfers, and (f) corrections of entries previously made. The arrangement of data is shown on pages 2.22 and 2.23. Patients returned from overseas whose names appear as admissions or dispositions will be indicated with an asterisk (*). Except for corrections, only information pertaining to the 24 hour period ending at 2400 hours will be entered. The use of "as of" entries will be held to a minimum, and the Registrar will undertake at regular intervals a study of such entries with a view towards fixing the responsibility for their appearance on the sheet and eliminating them.

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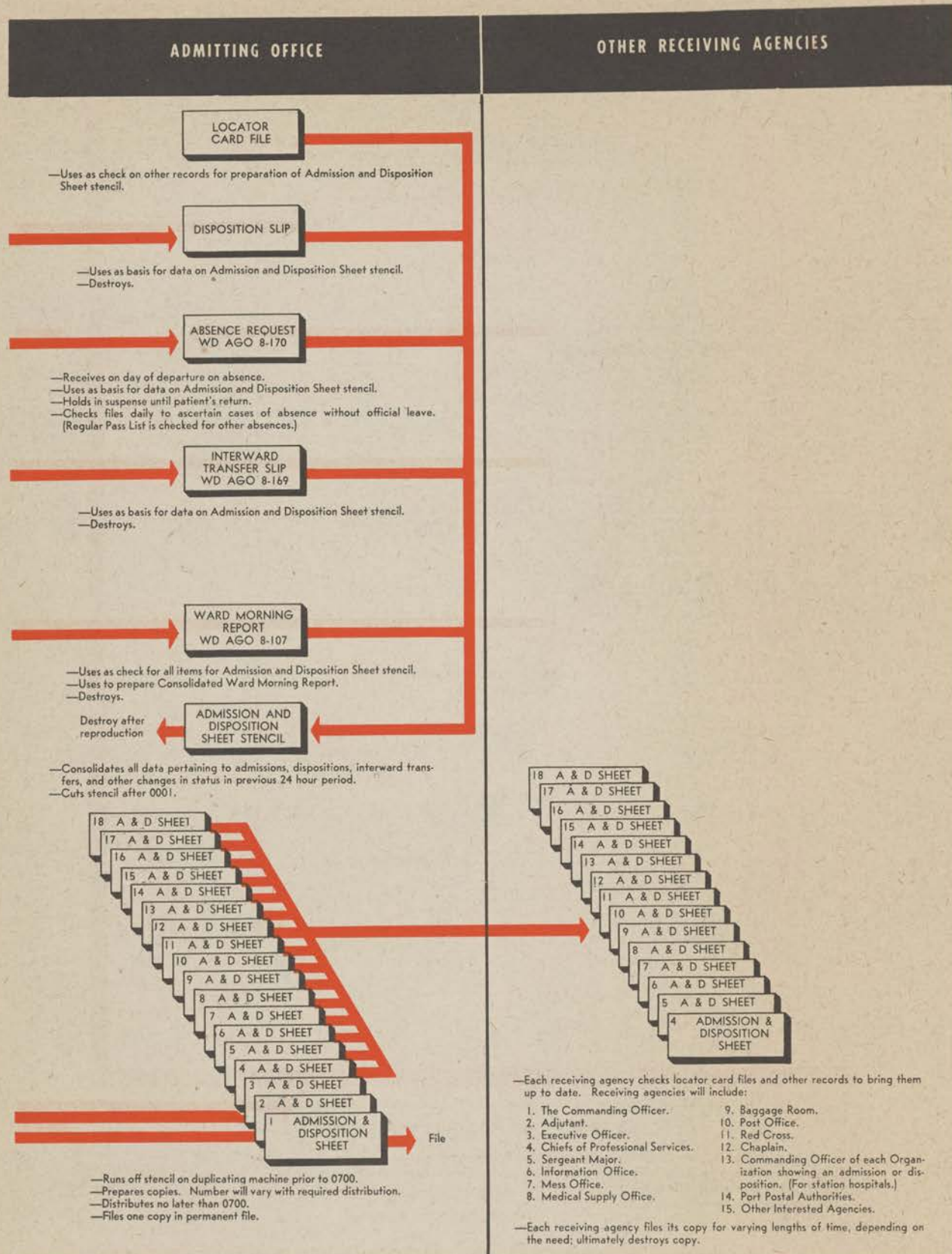
PREPARATION AND DISTRIBUTION OF



1 FEB 1945

TM 8-262
CHAPTER II

ADMISSION AND DISPOSITION SHEET



1 FEB 1945

ADMISSION AND DISPOSITION SHEET

BLANK GENERAL HOSPITAL FORT CORWIN, VIRGINIA ADMISSION AND DISPOSITION SHEET

15 November 1944

ADMISSIONS

Trfd

Fort Miller SH

REGISTER NUMBER	NAME	SSN	RANK	ORGANIZATION	TIME	LD	15	14
14633	Connelly, Robert C	33 613 739	Sgt	COB 80 Sig Ser	0830	LD	15	
14631	Dann, Wallace D	34 961 677	Cpl	Hq 4802 SCSU Inf	0830	LD	14	

GROUP AD-
MISSIONS FROM
SAME SOURCE

Halloran GH

*14621	Todd, George R	0 737 895	Capt	Inf	0945	LD	17	
*14623	Rodgers, Francis J.	32 302 885	S/Sgt	Inf Unasgd	1030	LD	14	

HOUR OF AD-
MISSION OR
DISCHARGE

DIRECT

Fr Cmd

14630	Jacobs, Albert C	31 785 620	Sgt	Hq Co XVth Corps Eng	1415	LD	22	
14628	Ashton, Ray E	17 147 003	Cpl	Btry A, 650th FA Bn	1700	NLD	21	

LINE OF DUTY
STATUS FOR
MORNING RE-
PORT PUR-
POSES

Cas

14625	Harvey, Paul L	31 409 452	Pvt	Co C 81st CML Bn Eng	1600	LD	23	
Proper Station: Camp Cramer, Texas (Garrison Prisoner)								

Others

14622	Jones, James R		Civ Empl	Quartermaster (Off)				
-------	----------------	--	----------	---------------------	--	--	--	--

CHANGE OF STATUS IN

Fr Sk Lv

Parnell, Paul L	0 1 705 386	1st Lt	DC	Unasgd	2300	15		
-----------------	-------------	--------	----	--------	------	----	--	--

Fr Conv Fur

Johnson, Harold W	34 036 641	Cpl	Co A 586th CAC(AA)	2115	21			
Lofton, Guy C	33 938 847	Pfc	Co C 1287th Engr Bn	2200	22			

WARD NUMBER

Fr AWOL

Koontz, Wilfred L	38 229 376	Pvt	Hq 3rd Bn 85th Inf Regt	2330	23			
-------------------	------------	-----	-------------------------	------	----	--	--	--

Fr Abs Sk

Cooper, James E	34 847 563	Cpl	Btry A 600th FA Bn	1400	22			
-----------------	------------	-----	--------------------	------	----	--	--	--

DISPOSITIONS

Dy

Bruce, Kerwin M	39 157 744	Sgt	4037th QM TRK Co	211113	0915	LD	20	
Howard, Henry J	31 386 246	Cpl	Co B 79th Cml Bn	111114	0915	NLD	22	

PHYSICAL PRO-
FILE SERIAL
ON ALL DIS-
CHARGES TO
DUTY

INSTRUCTIONS FOR PREPARATION

Use same order of entries each day. Arrange similar changes in groups wherever possible. Do not repeat as single entries those which can be grouped under one heading. Arrange similar items in columns. Use of name and location of organizations permits ready distribution of sheet to all interested agencies, and locates all morning report data in one place.

ADMISSION AND DISPOSITION SHEET (CONT'D)

<u>Trfd to Crile GH</u>							
Goodwin, Thomas C	37 737 092	Tec 5	Co A 85th Inf	111323 1015	LD	27	
			Regt				
*Giles, Stephen R	33 930 287	Pfc	Inf Unasgd	211321 1015	LD	27	
<u>CDD</u>							
*Shaffer, Daniel W	19 013 217	S/Sgt	Inf Unasgd-22 Brown St				
			Brooklyn, N Y		LD	32	
Fulton, William L	33 342 332	Sgt	CAC Unasgd-1427 Main St				
			Hamilton, Ky		LD	30	
<u>Others</u>							
Wilson, Thomas C	Civ Dep	T/Sgt	John C Wilson, MD, Blank GH				26
<u>CHANGE OF STATUS OUT</u>							
<u>Sk Lv</u>							
Taylor, James I	0 372 241	Capt	Inf Unasgd	15 days 0930			15
<u>An Lv</u>							
Roberts, George W	0 293 406	Maj	Unasgd	7 days 0900			15
<u>Fur</u>							
Francis, Wesley C	19 169 731	S/Sgt	AC Unasgd	21 days 1000			22
Neal, Frank A	34 952 384	Cpl	MP Det 1230th SCSU	15 days 1100			27
<u>AWOL</u>							
Irwin, James F	33 123 201	Pfc	Hq 1227th SCSU	0800			16
<u>Abs Sk, Schick GH</u>							
Reddy, Joseph R	34 842 699	Cpl	Inf Unasgd	As of 13 Nov			21
<u>INTERWARD TRANSFERS</u>							
Bibbin, Joseph C	18 to 26		Haney, Morris R	35 to 10			
Gaddy, Otis	22 to 15		Cheeseman, James I	21 to 18			
<u>MISCELLANEOUS</u>							
As of 12 Nov	Koslaff, Clarence N		1240th SCSU Ft Dix, N J, to MP Unasgd				
" " 15 Nov	Creshaw, Edward J		1260th SCSU Ft Dix, N J, to DEML Unasgd				
<u>CORRECTIONS</u>							
A & D Sheet as of 12 Nov	- Willis, Paul E		15 084 509 should read 15 804 459				
" " " " 14 Nov	- Hodges, James		Pfc should read Pvt				

FOR MORNING
REPORT PUR-
POSES.CHANGE IN
STATUS, AS
FOR CDD,
FOR MORNING
REPORT PUR-
POSES.INCLUDES
CORRECTIONS
IN NAMES,
SERIAL NUM-
BERS, ETC.

R. C. Williams
R. C. Williams
Captain, MAC
Registrar

1 FEB 1945

SOURCES OF DATA FOR THE ADMISSION AND DISPOSITION SHEET

LOCATOR CARD Source of data for all admissions

Blake GH	Doe, John C
27 P No	34 278 11 067 928 Pvt
Mrs Robert Doe (M)	27th Inf Div
78 Wellman St	27 W 2 7/12 1 Sep 44
Brookline, Mass	Tr, SH Fort
D	Capt HAP Belvoir, Va.
1020	
LD Unk	
Doe, John C Pvt	27

DISPOSITION SLIP Source of data for all dispositions

BLANK GENERAL HOSPITAL
PORT CORWIN, VIRGINIA

DISPOSITION SLIP

TO: Chief of Medical Service

WARD 17 DATE 20 November 44

NAME Pettib, Jerome A
(Surname) (Christian Name)

Tec 5 One Unassigned
(Rank) (Co.) (Organization)

Patient recommended for:

☒ Discharge ☐ Transfer ☐ Furlough
☐ Leave

Remarks _____

Profile 21113 W.D.
Ward Officer

ABSENCE REQUEST Source of data for all authorized absences other than regular passes

TENTATIVE W.D., A.G.O. FORM NO. 8-170 1 July 1944		NAME (Last, First, Mid. Init.), ASN, GRADE <u>O'Connor, Raymond P</u> <u>12 045 184</u> <u>Pvt</u>		WARD <u>18</u>	DATE <u>1 Nov</u>
TO: (Check one) ☐ ADJUTANT (for Officer Patients) ☒ C.O., DET. W.D. (for Enlisted Duty Personnel) ☐ C.O., DET. P.T.S. (for Enlisted Patients)		TYPE OF ABSENCE REQUESTED (Check one) OFFICER PATIENTS ALL ENLISTED PERSONNEL SICK LEAVE ANNUAL LEAVE SPECIAL PASS FURLOUGH ☒			
LENGTH OF TIME REQUESTED FROM (DATE & HOUR) TO (DATE & HOUR) <u>0800 2 Nov</u> <u>2400 16 Nov</u>		TO VISIT (Street, R.F.D., City, State) <u>1500 Grand Concourse</u> <u>Bront, New York</u>			
DO YOU HAVE SUFFICIENT FUNDS TO MAKE THE JOURNEY? (Check) ☒ YES ☐ NO		REASON FOR REQUEST <u>Convalescence</u>			
SIGNATURE OF APPLICANT <u>Raymond P O'Connor</u>		APPROVED: *SIGNATURE OR STAMP OF APPROVING AUTHORITY <u>Elmer Wilson Capt, MC</u> <u>Frank Smith, 1st Lt, MAC</u>			
IF DISAPPROVED, REASON FOR ACTION AND SIGNATURE WILL BE ENTERED IN THIS SPACE					
INSTRUCTIONS: Prepare one copy and forward to proper office as far in advance of effective date as possible. If approved, pass, furlough, or special order will be returned to ward. Form will then be forwarded to A&D office for their information. *TYPED NAME AND GRADE NOT REQUIRED					

TO: C.O., Detachment of Patients

DATE 20 Nov 44

Office Chief Medical Service
Approved Disapproved
W.D. W.D.
(Health) Ch. W.D. Service

DATE 21 Nov 44

TO: Admitting Office:

Disposition: 1222nd RR Station
Camp Upton, NY

Hour of Departure: 1000

Proper Station: Unassigned
W.D.

W.D.
C.O., Detach. of Patients

1 FEB 1945

TM 8-262
CHAPTER IISOURCES OF DATA FOR THE
ADMISSION AND DISPOSITION SHEET (CONT'D)REGULAR PASS LIST
Source of data for authorized absences on pass

TENTATIVE W.D., A.G.O., FORM NO. 8-171 1 JULY 1944					EFFECTIVE DATE OF PASSES	
REGULAR PASS LIST					RO	15 Nov 1944
LAST NAME, FIRST NAME, M.I.	GRADE	ASN	FROM (HOUR ONLY)	TO (DATE & HOUR)	DESTINATION	
Phillips, Henry R	Pvt	12 403 021	0800	0800 18 Nov	Buffalo NY	
McQuinn, Frank C	Pvt	32 078 124	0800	0800 18 Nov	Albany NY	
James, James	Tec 5	20 634 982	0800	0800 18 Nov	New York City	
Bergner, Thomas R	Sgt	15 128 832	0800	0800 18 Nov	New York City	

APPROVAL RECOMMENDED: *Ensign Jones, Capt App* WARD OFFICER
Ensign Mac COMMANDING OFFICER DETACHMENT OF PATIENTS

INSTRUCTIONS
 Forward to Commanding Officer Detachment of Patients prior to time designated by Commanding Officer. Use separate lists for passes effective on different days. Approved passes will be returned to the ward on effective day.

INTERWARD TRANSFER SLIP
Source of data for all transfers between wards or between hospital and quarters or convalescent or reconditioning facilities

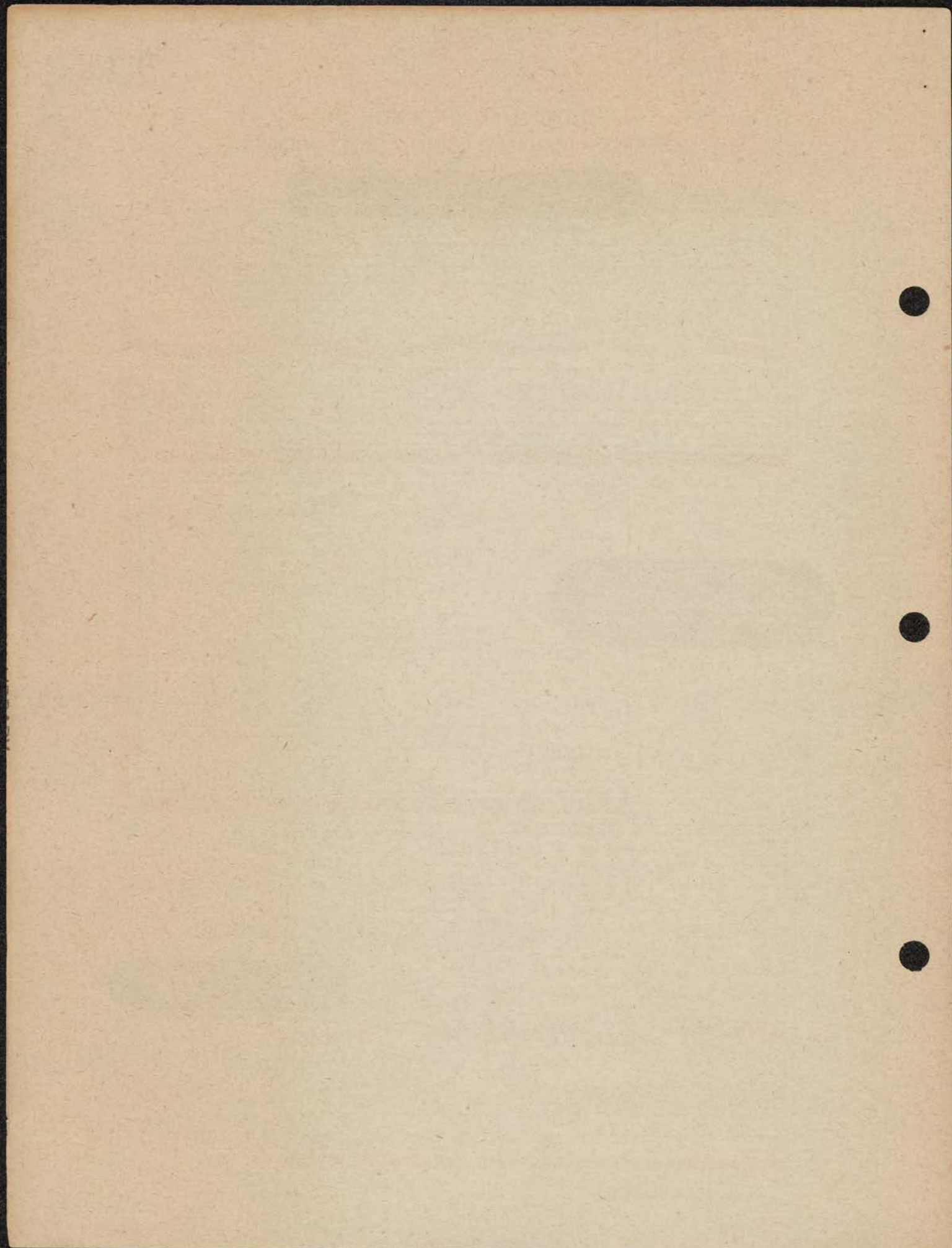
TENTATIVE W.D., A.G.O., FORM NO. 8-169 1 JULY 1944					INTERWARD TRANSFER SLIP	
LAST NAME	FIRST NAME	MIDDLE INITIAL	ARMY SERIAL NUMBER	GRADE		
Cannon	John	H	38 129 060	Pvt		
REMARKS (IF NECESSARY)					TRANSFERRING WARD	RECEIVING WARD
					36	18
					DATE 17 Nov	
					SIGNATURE OR STAMP OF TRANSFERRING AUTHORITY (TYPED NAME AND GRADE NOT REQUIRED)	
					P C Hughes, Capt MC	
					TRANSFER COMPLETED	
REMARKS (IF NECESSARY)					DATE	
					1500	17 Nov 44
					SIGNATURE OR STAMP OF PERSONNEL ON RECEIVING WARD (TYPED NAME AND GRADE NOT REQUIRED)	
					J A Ross - 2nd Lt ADC	
INSTRUCTIONS						
1. Transferring authority has one copy only prepared at time of transfer. 2. Interward transfer slip will accompany patient and clinical records to new ward. 3. Forward slip to Information Office immediately after transfer is completed. 4. Required concurrences will normally be obtained by telephone and will be held to a minimum.						

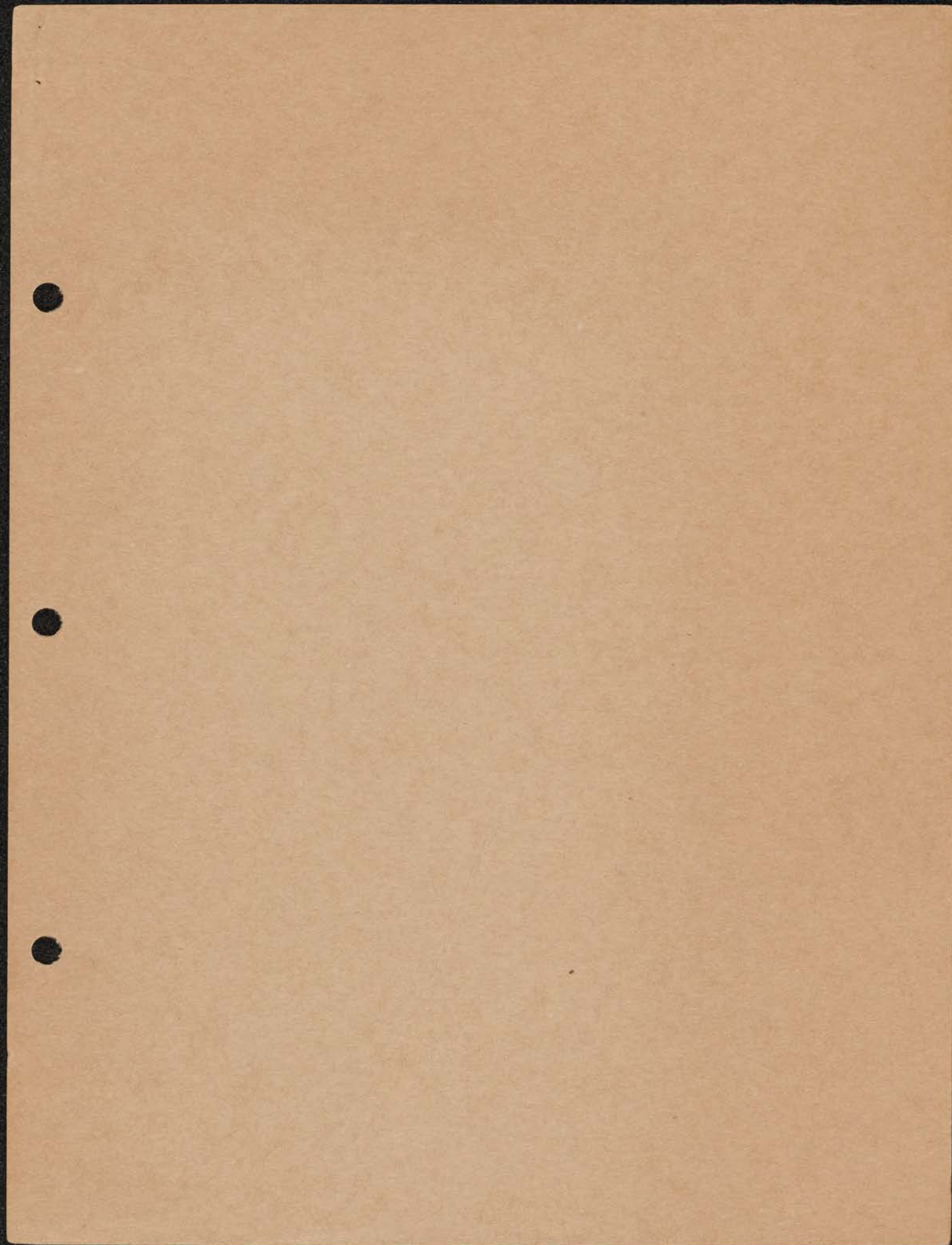
WARD MORNING REPORT

Forward one copy daily to office compiling A & D Sheet at 2400 hours

DATE	WARD NO.	BEDS SET UP	PATIENTS PREVIOUS REPORT	TOTAL GAIN OF PATIENTS	TOTAL LOSS OF PATIENTS	PATIENTS REMAINING	VACANT BEDS					
16 Nov 44	15	33	27	3	0	30	3					
LIST EVERY PATIENT GAINED OR LOST BY THIS WARD DURING 24 HOUR PERIOD ENDING 2400 HOURS ABOVE DATE												
LAST NAME, FIRST NAME, MIDDLE INITIAL (Print correctly)		ARMY SERIAL NO.	ADMISSIONS				DISPOSITIONS					
			NEW ADMS	RET. FROM FTL-LOUGH	RET. FROM LEAVE	RET. FROM AWOL	INTER-WARD TRF. FROM	DISCH. FR. HOSP.	PER. LOUGH	LEAVE	AWOL	INTER-WARD TRF. TO
1. Todd, George R		0 737 896	✓									
2. Jones, James L		Civilian	✓									
3. Bixton, Thomas C		0 164 482		✓								
TOTALS			2	1								
			TOTAL GAIN				TOTAL LOSS					
			3				0					
W.D., A.G.O. FORM NO. 8-107 15 October 1944 This form supersedes W.D., A.G.O. Form No. 8-107, dated 18 July 1944, which may not be used upon receipt of this revision.			SIGNATURE PC Carter, 2nd Lt, ADC									

WARD MORNING REPORT
Check for all sources of data





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