

**MEDICAL HISTORY ON RELEASE FROM HM FORCES**

**NOTES**

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

**PART 1 – TO THE CIVILIAN GENERAL PRACTITIONER**

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

**ROYAL NAVY/ROYAL MARINES**

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

**ARMY**

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

**ROYAL AIR FORCE**

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

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

**PART 2 – TO BE COMPLETED BY THE INDIVIDUAL**

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

\*Delete as applicable

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

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

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

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

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

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

Urinalysis:  Allergies:

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

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

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

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

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

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

**Details of current medication:**

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

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

Name of President of the Medical Board/Unit Medical Officer	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>