

**Georgia State Defense Force
MEDICAL PROFILE ASSESSMENT FORM**

**FORM
600-63A**

WARNING: The information contained on this Form is Classified as MEDICAL CONFIDENTIAL. Inappropriate disclosure to unauthorized persons in or outside GSDF can result in disciplinary action up to and including court martial.

_____	_____	_____
Individual's Last name	First name	Middle name
_____	_____	_____
Date of birth	Current age	SSN #
_____	_____	_____
		Today's date

GENERAL:

GSDF training and missions often require significant physical exertion and possible emotional duress. In order to avoid assigning troops to unsuitable tasks, current medical status information must be collected. Complete the following information fully, and return this completed form to your designated commander for review. **The Medical Officer's estimate as certified on the first page of this form and cosigned by the unit commander, will be considered the official level of duty classification for the above named individual unless or until superseded by a more current, written re-certification.**

GSDF soldiers are obliged to use reasonable judgement and avoid injuring themselves during training or while carrying out operational or other assignments. Soldiers are also obliged to disclose significant health risks or factors in order to give GSDF commanders sufficient information to make informed decisions regarding their assignments.

DEFINITIONS:

Restricted duty: Restricted duty limits the individual to duty assignments where physical or situational stress factors are likely to be appropriate to his or her capabilities and where the individual will have the opportunity to stand down or fall out for rest if necessary without affecting the overall mission.

Unrestricted duty: Unrestricted duty presumes that the individual will likely be physically and emotionally able to perform the tasks inherent in GSDF METL assignments without risk to his or her health, or wellbeing based on factors known to commander, medical officer, and the individual at the time of this certification.

YOUR ESTIMATE OF YOUR PROPER DUTY CLASSIFICATION

(check one)

Restricted duty **Unrestricted duty**

YOUR SIGNATURE _____ RANK _____ DATE _____

(Proceed to next page)

GSDF MEDICAL OFFICER'S ESTIMATE OF THIS INDIVIDUAL'S PROPER DUTY CLASSIFICATION

(check one)

Restricted duty **Unrestricted duty**

Reviewing Medical Officer's Comments _____

_____	_____	_____	_____
Reviewing Medical Officer's Signature	Rank	Date	Unit or Organization

Commander's Comments: _____

_____	_____	_____	_____
Commander's Signature	Rank	Date	Unit or Organization

