

MEMBER LOD Initiation Form**Privacy Act Statement**

AUTHORITY: 10 U.S.C. § 8013

PURPOSE: To provide medical condition information and the circumstances surrounding the medical condition for a duty status determination. The determination may be used in assignment, evaluation, compensation, separation and retirement processes.

ROUTINE USES: The determination is kept permanently as part of your master personnel record. Disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act. In addition, pursuant to 5 U.S.C. 552a(b)(3), this record may be disclosed outside of DoD to the Department of Veterans Affairs and to dependents and survivors for benefit eligibility determinations. DoD Blanket Routine Uses apply.

DISCLOSURE: Mandatory. Positive identification is required for accountability and compensatory benefits.

DETERMINATION OF QUALIFIED DUTY**(Completed by Member)**

1. MEMBER'S NAME (Last, First Middle Initial)	2. RANK/ GRADE	3. ID (Last 4 SSN or DoD ID)	4. DATE OF BIRTH
5. MEMBER CONTACT INFORMATION Phone: Email:		6. DOCUMENTS REQUIRED TO INITIATE LOD DETERMINATION <input type="checkbox"/> Copy of Orders when injury, illness and/or disease incurred or aggravated	
7. MEMBER'S STATEMENT: a. Problem or Condition or Diagnosis: b. How did it happen? c. Where did it happen? d. Was this the first time you experienced this condition? Yes <input type="checkbox"/> No <input type="checkbox"/> (If not, answer the next question) e. When was the first time you experienced this condition? f. What actions have you taken (e.g., treatment) if any, for the condition?			
8. MEMBER CERTIFICATION By signing this form, member understands that he/she may be personally responsible for costs of any treatment if the final determination finds that the condition(s) is not in line of duty, regardless whether delivered in a military medical treatment facility or purchased from civilian providers/institutions. Member understands that it is his/her responsibility to comply with all Air Force policies and applicable TRICARE program procedures. Member certifies that all information provided is true, accurate, and complete. Federal funds are involved in this program and any false claims, statements, comments, or concealment of a material fact may be subject to fine and imprisonment under applicable Federal and State laws.			
8a. SIGNATURE		8b. DATE	