

MEDICAL STATEMENT ON RELEASE – RESERVE FORCE

| | | | |
|----------------|------|-----------|----------|
| Service Number | Rank | Last Name | Initials |
| | | | |

I, the above named, have not * suffered any injury, disease or illness attributable to military service in the Cadet Instructors Cadre (CIC) from _____
(Enrolment date)
to the present.

| | | | |
|----------------|-----------|-----------|-------------|
| Street Address | City/Town | Province | Postal Code |
| | | | |
| Unit | Date | Signature | |
| | | | |

* If you have suffered any injury, disease or illness attributable to your military service in the CIC, **delete** the word “**not**” and **initial** immediately above the deletion, and complete the following information:

| | |
|-------------------------------------|----------|
| Nature of injury/disease/illness | |
| Date(s) | Location |
| | |
| Name of doctor and/or place treated | |
| | |

Note:

A medical examination is required for those members whose statement is affirmative.

This form shall be reproduced locally.