

### Medical Statement on Re-Employment on Class "B" Reserve Service

Service Number	Rank	Surname	Initials	Date of Birth
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I, the above named, have/have not \*, to the best of my knowledge, suffered or been diagnosed with what a reasonable person would view as a serious injury, disease or illness since my last period of Reserve Service which ended \_\_\_\_\_.

I, the above named, have/have not \* been hospitalized since my last period of Reserve Service.

Corps/Squadron/Unit of Employment	Signature	Date
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\* If you have suffered a significant injury, been diagnosed with a disease or illness or have been hospitalized since your last period of Reserve Service, **delete** the words "**have not**" where applicable and **initial** immediately above the deletion, and complete the following information:

Nature of injury/disease/illness	
Date(s)	Location of Hospitalization
Name of doctor and/or specialist	

**Notes:**

1. A medical examination is required for those members whose statement indicates hospitalization for serious injury or illness.
2. Pregnancy and corrective laser eye surgery are examples of conditions that shall be reported as they may necessitate employment restrictions.
3. Hospitalization for minor illness, childhood disease, or operations such as dental surgery and tonsillectomy are not considered serious.
4. This form shall be reproduced locally.