**NEW YORK STATE**

**STATE ACTIVE DUTY**

**LINE OF DUTY (LOD) CHECKLIST**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SSN LAST 4: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ NOTICE OF EMERGENCY TREATMENT (NET) (1,2)

\_\_\_\_ STATEMENT OF UNDERSTANDING OF CIVILIAN HEALTH CARE (1,2)

\_\_\_\_ STATEMENT OF MEDICAL EXAMINATION AND DUTY STATUS (OCT 2012) (1,2)

\_\_\_\_ COMMANDER SWORN STATEMENT (OCT 2012)

\_\_\_\_ ALL MEDICAL DOCUMENTATION/TREATMENT REPORTS TO INCLUDE: OPERATIVE REPORTS,

 HOSPITAL DISCHARGE SUMMARY, LAB REPORTS, EMERGENCY ROOM REPORTS (1,2)

\_\_\_\_ SERVICE MEMBER’S STATEMENT (OCT 2012) (1,2)

\_\_\_\_ MEDICAL RELEASE STATEMENT (1,2)

\_\_\_\_ INITIAL MEDICAL REVIEW – ANNUAL MEDICAL CERTIFICATE (DA FORM 7349) (NYG FORM 88) FROM

 PERSONNEL FILE, IF FILE COPY UNAVAILABLE PROVIDE CURRENT (1,2)

\_\_\_\_ SAD ORDERS (1,2)

\_\_\_\_ PROGRESS NOTES FROM MEDICAL PROVIDER (1,2)

\_\_\_\_ MEMORANDUM APPOINTING INVESTIGATING OFFICER (1)

\_\_\_\_ REPORT OF INVESTIGATION LINE OF DUTY AND MISCONDUCT STATUS (DD FORM 261) (1)

\_\_\_\_ POLICE REPORT/VEHICLE ACCIDENT REPORT (1)

\_\_\_\_ FOLLOW-UP CARE REQUEST FORM – AS NECESSARY (1,2)

1. FORMAL LOD (2) INFORMAL LOD

**THIS CHECKLIST MUST BE COMPLETED AND SENT TO STATE HUMAN RESOURCES MANAGEMENT ALONG WITH THE LOD PACKAGE.**

**IF YOU HAVE ANY QUESTIONS PLEASE CONTACT:**

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