

APPENDIX E

REQUEST FOR CHANGE IN MEDICAL HISTORY,
MARTIAL STATUS, EDUCATION
INDIANA GUARD RESERVE

NAME: _____ . RANK: _____ . SSN: _____

ORGANIZATION: _____ . UNIT CODE: _____ .

ATTACH PROOF OF CHANGES

A. CHANGE IN MEDICAL HISTORY:

Personal Physician:

_____	_____	_____
(Name)	(Location)	(Area Code + Phone Number)

Hospital:

_____	_____	_____
(Name)	(Location)	(Area Code + Phone Number)

Medical Condition:

Medications:

Allergies:

Past Medical Treatment:

B. CHANGE IN MARITAL STATUS:

Single Married Separated Widow/Widower Divorced Effective Date: _____

C. CHANGE IN CIVILIAN EDUCATION: _____

Change Request forwarded to Brigade _____
(Date) (Unit Commander)

Change Request forwarded to HQ, IGR _____
(Date) (Brigade Commander)