

Field medical card / [War Office].

Contributors

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Army Form W3118.
R.A.F. Form 3118.
Naval Form M 204.

FIELD MEDICAL CARD.

No. _____ Rank _____
Name _____
Unit _____

Battle Casualty. Accidentally Wounded. " Sick."
(Strike out description which does not apply).

Diagnosis of Unit M.O.—

Date seen by him—

No. of Field Ambulance—

Date of admission—

Field Ambulance diagnosis—

C.C.S. or M.C.S. diagnosis (if altered from above)—

General or other Hospital diagnosis (alterations or additions)—

Additional Notes by Unit M.O. and Field Ambulance.

<u>Morphia</u> — Dose. Time and date given—	<u>A.T. Serum</u> — Dose and date given—
Date of Wound or onset of illness	Religion—

Disease*	Microscopic Diagnosis*				Malaria Treatment							
	B.T.	M.T.	Q.	Clin.	Days	1	2	3	4	5	6	7
Malaria					Ateb. grms							
Dysent'ry	B.Ex.	Ehyst.	Indef. Ex.		Quin. grs.							

NOTES.

* Strike out where inapplicable.

Date of Admission to C.C.S., M.C.S. or General or other Hospital and designation of medical unit to which admitted must be recorded hereunder immediately on admission. Brief clinical notes should be added later, dated and signed by the M.O.

This F.M. Card must not be destroyed. It must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.