

How to Submit Documents

You can submit the medical documents through your chain of command via fax, email, or mail.

You Can Submit Documents to:

Unit

Battalion Medical Readiness NCO

Brigade Medical Liaison

State Surgeon's Office

Preventative Measures for Overall Good Health

- Exercise Regularly
- Healthy Diet
- Healthy Weight Control
- Practicing Proper Lifting and Carrying Techniques
- Smoking Cessation

Website Link to Low Cost Clinics

NeedyMeds

http://www.needymeds.org/free_clinics.taf

State Surgeon's Office Website

Includes:

- Staff Contact Information
- Forms and Regulations
- Brochures

<http://www.calguard.ca.gov/GI/Pages/SSO.aspx>



CA ARNG State Surgeon's Office

9800 Goethe Road (Box 31)

Sacramento, CA 95826-9101

Fax: 916.854.4200

SSO Email: ng.ca.caarng.mbx.sso@mail.mil



Abnormal EKG



California Army National Guard
State Surgeon's Office



Abnormal EKG

You have recently had an EKG. The results of that test were abnormal. You will need to see your medical provider for further evaluation, diagnosis and treatment.

Medically Non Deployable Status

You have been placed in a Medically Non Deployable (MND) Status as a result of your **Abnormal EKG**. You will need to submit appropriate medical documentation through the proper chain of command to clear your medical flag.



What the State Surgeon's Office Initially Needs from your Medical Provider:

- Diagnosis (what is your medical condition)
- Results of Reports including:
 - Repeat EKG
 - Any diagnostic tests deemed relevant by your doctor
- Prognosis (what your doctor thinks your likely outcome will be)
- Treatment Plan (dietary changes, lifestyle changes, medications, etc.)
- Comment on Functional Activity Limitations (permanent or temporary, with duration)
 - What physical activities you can and cannot do (e.g. running, jumping, and lifting)

For your Medical Provider:

This patient is an Army National Guard Soldier who recently had an **Abnormal EKG**. Please evaluate the patient and provide diagnosis to include diagnostic findings, prognosis and treatment plan, including medications, if prescribed. Please address the patient's limitations on the attached sheet, and comment on whether these limitations are permanent or temporary. For temporary conditions, please estimate the duration of the limitation(s). Thank you.

Acceptable Medical Documents:

- Completed Standard Form 513 (SF 513)
- Office Visit/Provider Notes
- Results of any X-ray/Imaging Studies
- Results of any Diagnostic tests