

MIR ENCLOSURE FORM 03
Medical Information

THIS IS PART OF A LIMITED USE NAVAL AIRCRAFT MISHAP INVESTIGATION REPORT.
 LIMITED DISTRIBUTION AND SPECIAL HANDLING REQUIRED IN ACCORDANCE WITH OPNAVINST 3750.6.

I. GENERAL

_____ On Flight Status _____ Injury Classification _____ Days in Quarters
 _____ Days Hospitalized _____ Days Medically Grounded _____ Duration of Unconsciousness

II. INJURIES INCURRED DURING MISHAP (Use additional sheets if necessary)

			ICD CODE	Specific Injury Classification
1.	Body Part			
	Diagnosis			
	Specific Cause			
2.	Body Part			
	Diagnosis			
	Specific Cause			
3.	Body Part			
	Diagnosis			
	Specific Cause			
4.	Body Part			
	Diagnosis			
	Specific Cause			
5.	Body Part			
	Diagnosis			
	Specific Cause			

III. LAB TESTS

	Date Drawn (D-M-Y)	Elapsed Time	Lab Use	Tissue Used	Results	Lab Normal Range	Significant Factor
Carbon Monoxide							
Alcohol							
Brain Lactic Acid (Fatal)							
Drug Screen							
Hgb/Hct							
Other:							
Other:							

Urinalysis: SP. GR. _____ Dipstick _____ Microscopic _____ WNL? _____
 Other _____ Elapsed Time Taken After Mishap _____

IV. X-RAY RESULTS: Check if performed. WNL? _____ (Enclose Results if pertinent)
 Comments _____

V. PRE-EXISTING DISEASES AND DISEASES/DEFECTS PRESENT AT THE TIME OF THE MISHAP

Diagnosis	Method of Discovery				Waivers (as applicable)	
	Annual Physical	Sick Call	Autopsy	Other	Authority	Date

VI. SMOKER Yes No _____ #packs/day

VII. AUTOPSY

Conducted By/In Presence Of: _____ AFIP Pathologist _____ Civilian Pathologist
 _____ Flight Surgeon _____ Other Military Pathologist _____ Other

Name _____
 Duty/Title _____
 Date of mishap _____
 Reporting custodian _____

Mishap severity _____
 Mishap category _____
 Aircraft model _____
 BUNO _____

INSTRUCTIONS FOR COMPLETION OF MIR ENCLOSURE FORM 03

Medical Information

Submission criteria: Submit this form for each person who was injured or otherwise had a relevant medical finding.

I. GENERAL:

Flight Status: Check if on flight orders regardless of actual participation in mishap. Otherwise leave blank.

Injury classification in accordance with Chapter 4 of OPNAVINST 3750.6.

Include total days medically grounded including day of mishap but not day of return to flight status.

II. INJURIES INCURRED DURING MISHAP:

List injuries in decreasing order of severity. In fatal cases, list primary cause of death first. Use standard medical terminology for body parts and diagnosis, and insert ICD code which most nearly describes injury in column provided. Indicate the estimated injury severity of each injury as if no other injury were present, using OPNAVINST 3750.6. For "cause", briefly and specifically describe the mechanism of injury, e.g., "Hyperflexion, due to ejection." Indicate external factors which affected mechanism of injury only if those factors can be established with a reasonable degree of confidence, and describe means for establishing that confidence, i.e., "paint from seat found on helmet", "aircrew statement", "rescuer's statement", etc. In the event more than five injuries were sustained, list the remaining injuries on additional sheets. List all injuries (little things are important). Do not simply state "injuries multiple extreme" for fatalities.

EXAMPLE:

		ICD Code	Specific Injury Classification
1.	Body Part	805.2	Lost work day - major
	Diagnosis		
	Cause		
2.	Body Part		

III. LAB TESTS:

Retain aliquot of frozen serum and urine at least 90 days for future use/verification.

"Elapsed Time" - indicate time in hours and minutes from time of mishap to time specimen obtained.

For all abnormal lab values, provide an explanation. State whether results were significant or not to the mishap in remarks section on page 3.

IV. X-RAY RESULTS:

Spinal x-rays are required following all ejection/bailouts, crashes or as clinically indicated. Attach copy of x-ray reports to this form.

V. PREEXISTING DISEASES/DEFECTS:

List all known preexisting diseases/defects and diseases/defects present at time of mishap. Include all defects listed in BLOCK 74 OF S.F. 88. such as defects of vision, hearing, etc.

VI. SELF-EXPLANATORY

VII. AUTOPSY:

Check as many boxes as are applicable.

Don't submit the MIR without the results of all toxicology, pathology and other studies. However, do not delay submitting the MIR because you want to enclose the formal reports of those studies that you already know the results of. Summarize the results in the MIR and forward the formal reports when you get them.

NOTE: WNL = Within Normal Limits

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VIII. Injury Profile

Mark or draw injuries where applicable.

IX. Comments/Remarks

Name _____
Duty/Title _____
Date of Mishap _____
Reporting custodian _____

Mishap severity _____
Mishap category _____
Aircraft model _____
BUNO _____

INSTRUCTIONS FOR COMPLETION OF MIR ENCLOSURE FORM 03 (cont'd)
Medical Information

VIII. INJURY PROFILE:

Supplement with photographs where possible. Attach additional sheets of paper, as required. Send photos only to Naval Safety Center.

From external examination, specify exact location of the injury, abrasion, amputation, burn and degree, contusion, discoloration, hemorrhage, etc., on the included diagram.

From skeletal examination, specify exact location and type of fracture or dislocation on included diagram.

IX. COMMENTS/REMARKS:

May be used for listing additional injuries, laboratory values, or any other information considered germane to the investigation.

DO NOT WRITE HERE