

# Midshipman Medical Claim Documents Checklist

MIDN Name: \_\_\_\_\_ Unit: \_\_\_\_\_

Last 4 SSN: \_\_\_\_\_ Date: \_\_\_\_\_

Mark each box for a completed, enclosed document to submit as a claim:

1a	DOL Form CA-1 (Injury)	- or -	requires MIDN signature
1b	DOL Form CA-2 (Illness)		
2	DOL Form CA-16 (Page 1 Completed by Unit, signed by MIDN; Page 2 Completed, signed by Treating Physician)		requires MIDN signature requires Physician signature
3	DD FORM 0261 REPORT OF INVESTIGATION - LINE OF DUTY AND MISCONDUCT STATUS		
4	UNIT LTRHD MEMO - Midshipman Medical Claim Statement (Completed by Unit Senior Leader)		
5	DD Form 2870 - Authorization For Disclosure Of Medical Or Dental Information (signed by MIDN)		requires MIDN signature
6	MEMO - Authorization for OWCP/DOL Info release (signed by MIDN)		requires MIDN signature
7	DD Form 689 - Individual Sick Slip (signed by Unit XO & Unit Medical Ofc) OPTIONAL		
8	ANY/ALL related/supporting medical documents		

Please review all documents for accuracy.

**Point of Contact:**

Kristin Gulling  
DOD HRA & DOL Liaison  
[Kristin.E.Gulling.civ@mail.mil](mailto:Kristin.E.Gulling.civ@mail.mil)  
703-409-8771

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name

## UNIT USE

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name

Notes:

SUBMITTED TO DOL BY: \_\_\_\_\_ Date: \_\_\_\_\_  
CLAIM NUMBER \_\_\_\_\_ Received: \_\_\_\_\_

COPY TO NROTC UNIT: \_\_\_\_\_