



U.S. ARMY GARRISON HAWAII

Installation Management Command | We are the Army's Home

MEDICAL DISABILITY ORDERS COVER SHEET

(BLDG 750, ROOM 200)

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Medical Disability Orders Info Sheet

Rank/Full Name: _____ SSN: _____
Unit: _____ Contact Number: _____
Address After Separation: _____

Nearest Relative (**NOT SPOUSE**) Name & Address: _____

Command Sponsored Dep. Names:	Relationship:	Date Of Birth:
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____

1st SGT First & Last Name: _____
Commander First & Last Name: _____

SECTION BELOW TO BE FILLED OUT BY TRANSITION COUNSELOR

THC: Yes/ No	RET/SEV Pay: Yes/ NO	1 Year HOS: Yes/ No
SPD Code: _____	NRR: _____	NLT Date: _____
AVAIL Date: _____	Retirement / Separation Date: _____	
Report Date: _____	Time: _____	
Prior Service: _____	7 Day Cut: _____	
Re-Enlistments: _____	DA 31 REC'D: _____	
Deployments: _____	CSB Redux: Yes/ No Years: _____	