

MILPERSMAN 1301-010

TRANSFER OF AN OFFICER FOR MEDICAL TREATMENT

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Governing Directives	SECNAVINST 5720.42E OPNAVINST 5510.1H OPNAVINST 5350.4B
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Reference	Report Control Symbol BUPERS 1301-13, Officer Hospitalization Report Report Control Symbol BUPERS 1302-5, Officer Availability Report
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1. **Policy.** Officers transferred to a hospital or medical facility for treatment shall not be detached from the permanent duty station (PDS) except under orders from Chief of Naval Personnel (CHNAVPERS).
2. **Commanding Officer's Responsibility.** Upon hospitalization of an officer permanently under his or her command, and when any of the situations listed below occurs, the commanding officer (CO) shall promptly submit a Report Control Symbol (RCS) BUPERS 1301-13 to Navy Personnel Command (NAVPERSCOM) (officer detailer or PERS-83). The CO shall also send an information copy of the report to the hospital or medical facility concerned. The situations are as follows:
 - a. The officer hospitalized is in receipt of permanent change of station (PCS) orders (discharge, release from active duty, resignation, or retirement).
 - b. The probable duration of hospitalization (inpatient care) will exceed 10 days.
 - c. The officer's ship will depart the immediate area of hospitalization.

d. The hospitalization of the officer creates a need or probable need for replacement.

e. Any other circumstances under which the CO considers such notification advisable (i.e., when an officer in receipt of PCS orders is being treated on an outpatient basis and cannot execute the orders as written).

3. **Commanding Officer of Medical Activity Responsibility.** The CO with medical responsibility shall

a. promptly submit an initial RCS BUPERS 1301-13 to NAVPERSCOM (officer detailer or PERS-83) with an information copy sent to the member's CO, upon hospitalization of an officer who is

(1) executing PCS or temporary additional duty (TEMADD) orders, whether in a leave travel, proceed time, or awaiting transportation status, or while en route to or returning from a TEMADD station, or

(2) en route to a first duty station under PCS orders to duty in excess of 30 days (in the case of a Naval Reserve officer).

b. submit a follow-up progress report to NAVPERSCOM (officer detailer or PERS-83), with an information copy to the member's command, in the event

(1) the diagnosis, prognosis, or length of hospitalization vary from that initially reported to CHNAVPERS, or

(2) an officer is on the sick list continuously for 6 months, regardless of any change of station which may have occurred. Progress reports shall continue to be submitted at the expiration of each 6-month period until the officer is reported available for assignment under this article.

4. **Officer Hospitalization Report**

a. RCS BUPERS 1301-13 consists of an initial notification and follow-up report, as required. **The initial notification shall include the following:**

Subj: OFFICER HOSPITALIZATION REPORT (REPORT CONTROL SYMBOL
BUPERS 1301-13)

1. Grade, full name, SSN/designator.
2. Duty assignment within the PDS or other status at time of hospitalization.
3. CHNAVPERS Order Number, date, and type of order, if the officer is in receipt of PCS orders.
4. Complete name and location of hospital or medical facility at which the officer is hospitalized and date transferred to or received by that activity.
5. Nature of illness or injury. Report by diagnosis code as listed in the International Classification of Diseases, Adapted, if available; otherwise, use non-medical phraseology and in general terms describe the reason for treatment. If, in some instances (such as mental ailment or emotional instability, or for some other reason), the report includes information requiring protection because of statutory requirements or because it is in the public interest, the report shall be marked "For Official Use Only" per SECNAVINST 5720.42E. Should the report include information which requires protection in the interest of national defense, it shall be classified per OPNAVINST 5510.1H.
6. Source for determining the prognosis and estimated length of treatment, i.e., based on information obtained from the hospital or medical facility, or based on a local medical officer's opinion.
7. An estimate of the probable duration of treatment which should be based on a medical officer's opinion, if possible.
8. Commanding officers losing the services of an officer shall include a definite recommendation regarding detachment of the officer from the permanent ship or station. The recommendation shall include a statement that the officer's duties can or cannot be temporarily assigned to or assumed by other available personnel, and, if not, a brief statement that a relief is required by a specific date.

b. **A follow-up progress report shall include the following:**

Subj: OFFICER HOSPITALIZATION PROGRESS REPORT (REPORT CONTROL SYMBOL BUPERS 1301-13)

1. Grade, full name, SSN/designator.
2. Diagnosis, prognosis, expected length of hospitalization.
3. Any modification of information submitted in the initial notification.
4. Information not available at the time of initial notification.

5. **Detachment**. After receipt of all pertinent information and when deemed appropriate by CHNAVPERS, PCS orders will be issued by NAVPERSCOM (officer detailer or PERS-83) detaching the officer from the PDS and directing the member to continue treatment. Upon receipt of detachment orders, commands shall make appropriate personnel diary entries according to instructions for the Manpower Personnel and Training Information System (MAPTIS).

6. **Temporary Additional Duty (TEMADD) Orders**

a. TEMADD orders issued under this article shall be issued to the officer for round-trip travel to the nearest Armed Forces hospital or medical facility. Generally, all TEMADD orders should include accounting data (whether any travel is required). Cost of travel performed under such orders shall be chargeable to the TEMADD funds allocated to the activity to which the officer is permanently attached.

b. Request for accounting data from the type commander should be submitted when it is known, or a possibility exists, that travel cost to the government will be involved and/or treatment is not urgent and the command is not in receipt of appropriate funds.

c. Such requests shall

(1) identify the member (grade, full name, SSN/designator).

(2) identify the medical facility concerned.

(3) state the effective date and estimated duration of the treatment.

(4) state the medical diagnosis.

d. The command, which issued TEMADD orders for treatment, shall be informed of any order modification which might effect unanticipated additional charges to the appropriation date cited. No per diem is allowed while an officer is under treatment as a bed-patient or an inpatient in a hospital.

e. All TEMADD orders shall contain the following paragraph:

"Upon discharge from treatment, if found fit for full duty (if on sea duty) or, fit for full duty or limited duty (if on shore duty), and unless otherwise indicated or directed by Chief of Naval Personnel, you will return to this command and resume your regular duties."

7. **TEMADD Orders Without Accounting Data.** In emergency cases where it is impractical to request appropriate accounting data to be included in the TEMADD orders for treatment at the nearest Armed Forces hospital or medical facility from the type commander due to the urgency of the situation, COs shall issue TEMADD orders without accounting data for treatment to officers under their command. Upon receipt of accounting data, appropriate modification shall be issued promptly.

8. **TEMADD Orders for Evacuation**

a. When an officer with family members or household goods is to be evacuated to one of the 48 contiguous United States or the District of Columbia for treatment or further treatment, except under OPNAVINST 5350.4B, a report shall be made as soon as practical to NAVPERSCOM (officer detailer or PERS-83) requesting PCS orders.

b. Such request shall

(1) identify the member (grade, full name, SSN/designator).

(2) furnish the Armed Services Medical Regulating Office (ASMRO) cite number.

(3) state the medical facility being evacuated to, and the date of evacuation.

c. Overseas Naval medical facilities may issue TEMADD orders for evacuation (not to include detachment from PDS) for officer patients without family members or household goods to one of the 48 contiguous United States or the District of Columbia (D.C.) for further treatment. Evacuation of patients to one of the 48 contiguous United States or D.C. shall be effected under the evacuation policy for the overseas area concerned.

d. All patients evacuated from overseas shall be integrated into the Aeromedical Evacuation System and reported to the ASMRO. The TEMADD orders for evacuation shall direct to proceed to one of the 48 contiguous United States or D.C. to report to the CO of the medical debarkation facility (surface or air) serving the port of entry for further transfer to such armed services hospital or medical facility as ASMRO may designate. Travel under TEMADD orders for evacuation is chargeable to the activity's appropriation which provides TEMADD travel funds to the officer's PDS.

9. **Copy of TEMADD Orders.** One copy of the TEMADD orders for treatment or field evacuation shall be forwarded to NAVPERSCOM (officer detailee or PERS-83) upon completion of the round-trip or upon arrival at a final medical facility.

10. **Upon Completion of Treatment: Officers Who Have Not Been Detached From Their PDS**

a. Upon completion of treatment, an officer who has not been detached from their PDS aboard a ship or other afloat activity and who is found physically fit for limited duty only, or whose ship or afloat activity is deployed, shall be assigned by the medical facility to either

(1) TEMADD in a local ship or afloat shore activity, provided the officer's services can be utilized profitably, and such ship or afloat activity is expected to remain in the immediate vicinity until instructions or PCS orders can be issued by CHNAVPERS; or

(2) TEMADD at the nearest local activity where the officer's services can be utilized.

b. The medical facility shall modify the original TEMADD orders for treatment to direct the further TEMADD assignment. The medical facility shall promptly notify the TEMADD order issuing command and NAVPERSCOM (officer detailer or PERS-83) of the location of the further TEMADD assignment.

11. Upon Completion of Treatment: Officers Previously Detached From Their PDS

a. Upon completion of treatment, an officer previously detached from their PDS under orders from CHNAVPERS shall be assigned by the medical facility to either

(1) TEMDU at a local ship or afloat activity, provided the officer's services can be utilized profitably and such ship or afloat activity is expected to remain in the immediate vicinity until instruction or PCS orders can be issued by CHNAVPERS, or

(2) TEMDU at the nearest activity where the officer's services can be utilized.

b. The medical facility shall endorse the PCS orders issued by CHNAVPERS detaching the officer from their last PDS to direct the further TEMDU assignment. A copy of such endorsement shall be promptly forwarded to NAVPERSCOM (officer detailer or PERS-83) for use in connection with accounting control.

12. Upon Completion of Treatment: Officers Who Are Available for Assignment. Upon completion of treatment, officers in the following categories shall be reported to NAVPERSCOM (officer detailer or PERS-83) as available for assignment:

a. Officers detached from their PDS under orders from CHNAVPERS.

b. Officers whose ships or afloat activities are deployed.

c. Officers found physically fit for limited duty only and not previously detached from the PDS aboard their ships or other afloat activities.

13. **Officer Availability Report**

a. The report of an officer available for assignment is assigned reference (e). This report shall be submitted by the CO of the hospital or medical facility if the officer is an inpatient, or by the local CO having temporary cognizance (TEMADD or TEMDU) over the officer.

b. The officer shall submit in proper letter or message format the following:

Subj: OFFICER AVAILABILITY REPORT (REPORT CONTROL SYMBOL
BUPERS 1302-5)

(Upon completion of full duty status, officers shall be reported to NAVPERSCOM (officer detailer or PERS-83) as available for assignment.)

1. Grade, full name, SSN/Designator.
2. A specific statement that the medical board report is being submitted.
3. A statement concerning physical fitness for full duty.
4. The disposition of the officer and number of days leave desired.
5. The results of a flight physical examination, if the officer is a naval aviator, indicating physical and psychological fitness for duty involving actual control of aircraft, and a recommendation for assignment to a service group.