

Army Form W.3210.
(Pad of 100 in duplicate)
DUPLICATE

Date

Serial No.

Army No.

Rank

Name

Unit

Age

Service

Religion

BATTLE CASUALTY/BATTLE ACCIDENT/ACCIDENTAL INJURY/SICK*

From (Medical Unit)

Diagnosis

*For Definitions of these terms see the pamphlet "Unit Guide to Documentation in a Theatre of War Overseas, 44."

6942. Wt.36958/1765. 6650 pds. 11/43. Wy.L.P. Gp. 656.