MEMORANDUM FOR The Adjutant General, ATTN: State Human Resources

Management 330 Old Niskayuna Road Latham, New York 12110-3514

SUBJECT: Notice of Emergency Medical Treatment (NET)

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Mi

1. Grade: \_\_\_\_\_\_\_\_\_\_
2. SSN last 4: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Name/Grade of person authorizing care: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Location incident occurred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Date of occurrence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Date of sick call (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. State Active Duty (SAD) (Circle One): YES or NO

If “YES,” Date of orders: from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Provide a detailed explanation of illness, injury or disease. Include any events

 leading up to and/or surrounding the incident occurrence:

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11. Name and complete address of facility administering care:

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THE LINE OF DUTY INVESTIGATION ON STATE ACTIVE DUTY MUST BE COMPLETED AND FORWARDED THE DATE OF THE OCCURRENCE OF THE INJURY, ILLNESS OR DISEASE. COMMANDERS ARE REMINDED THAT ALL ENTITLEMENTS ARE BASED ON THE LINE OF DUTY INVESTIGATION. FOLLOW-UP HEALTH CARE, PAYMENT OF MEDICAL BILLS AND INCAPACITATION ALL DEPEND ON AN IN LINE OF DUTY DETERMINATION.