

LOD PACKAGE CHECKLIST

Member's Name: _____ SSAN: _____

Member Contact Info: Phone: _____ E-Mail: _____

Organization and Base: _____ Duty Phone: _____

Detachment Program Manager: _____ Duty Phone: _____

BIMAA: _____ Phone: _____ E-Mail: _____

Medical Records Maintained at: _____ Injury or Illness (circle one)

PACKAGE REQUIREMENTS

Required Documents	Completed Date	Incomplete Reason	Suspense
AFRC IMT 348 Informal Line of Duty Determination. Must be completed by Medical Officer and then must be signed by member's unit commander.			
AF Form 422 or AF Form 469 (all current and prior for this LOD)			
Copies of ALL (civilian and military) medical documentation pertaining to this medical issue			
Copies of Orders (AF 938), AF Form 40a, or DD Form 214 (verifies duty status at time of issue)			
Personnel Briefing signed by member and verified by BIMAA			
Medical Briefing signed by member and verified by BIMAA			
DD Form 2870 Release of Medical documentation			

All documentation must be provided prior to submitting the package to your BIMAA. Please ensure you annotate this checklist and provide along with the required documentation. If you have questions, please contact your BIMAA.