

<p><b>ROSTER OF SERIOUSLY ILL/VERY SERIOUSLY ILL</b>  <i>(To be prepared by Patient Affairs from information furnished by Inpatient Unit Officers)</i></p>	<p>DATE</p>
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IN-PATIENT UNIT A	NAME <i>(Last, First, Middle Initial)</i> B	RELIGIOUS PRE-FERENCE C	GRADE D	DOD ID E	DATE REPORTED F	CONDITION			REMARKS J
						IM-PROVED G	WORSE H	UN-CHANGED I	