



CASUALTY CARD
NO: 29




NAME _____
SSN _____
GRADE _____ MOS/SSI _____
UNIT _____
 SIMULATED CONSTRUCTIVE
 LITTER WALKING
 INJURY DISEASE
DIAGNOSIS _____




INSTRUCTIONS ON REVERSE

Headquarters, Department of the Army,
GTA 8-11-14

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GTA 8-11-14

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