



**PALAU RED CROSS SOCIETY**  
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**DOCTOR'S INTERPRETIVE STATEMENT**

\_\_\_\_\_  
Name of Patient

\_\_\_\_\_  
Relationship to Service Member

\_\_\_\_\_  
Diagnosis

\_\_\_\_\_  
Onset and duration of illness

\_\_\_\_\_  
Nature of care required, including length of hospitalization

\_\_\_\_\_  
Condition

\_\_\_\_\_  
Prognosis

\_\_\_\_\_  
Life Expectancy

\_\_\_\_\_  
Doctor's statement as to the need for the service member's presence

\_\_\_\_\_  
Doctor's Name

\_\_\_\_\_  
Telephone Number

Point of Contact:

\_\_\_\_\_  
Name of family representative & relationship to Military member

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number