

Name <i>(Last, First, MI)</i>			Rank or grade	Social security number
Status <input type="checkbox"/> Mil <input type="checkbox"/> Ret <input type="checkbox"/> Dep <input type="checkbox"/> Civ (If "Civ", <input type="checkbox"/> GS <input type="checkbox"/> WG <input type="checkbox"/> NAF)		MOS/Job series no.	Job title	
Organization and station		Supervisor's name		Phone no.
Bldg no.	Duty phone	E-mail address	Home phone	Date of birth
In case of emergency, notify: <i>(Name, phone number, and relationship.)</i>				
Chronic illnesses <input type="checkbox"/> None		Medications, including over-the-counter and herbals <input type="checkbox"/> None		
1.				
2.				
3.				
Allergies to medications		Other allergies		
Name of private medical doctor		Phone no.	Impairments	
Potential occupational exposures:				
Safety equipment:				

**MEDDAC (Ft Meade) Form 229, 1 Jul 02**

Previous edition may be used until exhausted.

Occupational Health File Card

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