

**MEDICAL RECORD -- SUPPLEMENTAL MEDICAL DATA**

For use of this form, see AR 40-400; the proponent agency is the Office of the Surgeon General.

REPORT TITLE

**DEPLOYMENT HEALTH REGISTRATION DATA FORM (PERSIAN GULF WAR)**

OTSG APPROVED (Date)

**Section I - Family Member's Data**

**(Complete this section only if you are a family member of the individual who was deployed overseas.)**

1. Name (Last, First, Middle)	2. Relationship to sponsor	3. Social security number
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**Section II - Sponsor's Data**

4. Name (Last, First, Middle)	5. Grade	6. Social security number
7. Branch of service <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Coast	8. MOS/NEC	9. Job title
10. Current unit	11. Duty section	
12. Location(s) assigned to in the Gulf	13. Unit(s) assigned to in the Gulf	

**Section III - Data Concerning the Person Completing this Form**

14. Date of birth	15. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	16. Home phone (include area code)	17. Work phone (include area code)
18. Street address		19. City, State, Zip code	

(Continue on reverse)

PREPARED BY (Signature & Title)	DEPARTMENT/SERVICE/CLINIC Preventive Medicine	DATE
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PATIENT'S IDENTIFICATION (For typed or written entries give: Name--last, first, middle; grade; date; hospital or medical facility)

- HISTORY/PHYSICAL
- OTHER EXAMINATION OR EVALUATION
- DIAGNOSTIC STUDIES
- TREATMENT
- FLOW CHART
- OTHER (Specify)