

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

OTSG APPROVED (Date)

ALLERGY/IMMUNIZATION FORM FOR THE SOLDIER READINESS PROGRAM (SRP)

PART I -- QUESTIONNAIRE (To be completed by the soldier (patient) undergoing the SRP)

1. Patient's name (Last, First, Middle Initial)	2. Social security number	3. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	4. Date		
5. Questions			Yes	No	Don't know
a. Are you sick today?					
b. Do you have a fever today?					
c. Are you allergic to any of the following? <input type="checkbox"/> Eggs <input type="checkbox"/> Thimerosal <input type="checkbox"/> Neomycin <input type="checkbox"/> Gelatin <input type="checkbox"/> Rubber/latex					
d. Are you allergic to any drugs? If so, what?					
e. Are you allergic to anything not listed above in questions c and d? If so, what?					
f. Have you ever had an adverse reaction to any vaccine in the past?					
g. Do you use a blood thinner, such as Coumadin?					
h. Do you have a bleeding problem?					
i. Do you have a chronic illness? If so, what?					
j. Do you, or does any person who lives with you or acts as a care-giver in your home, have cancer, leukemia, AIDS, a transplantation, or any other immune system problem?					
k. During the past 3 months, have you or any person who lives with you taken cortisone, prednisone or other steroid, taken anti-cancer drugs, or had x-rays or other radiology treatments?					
l. Within the past year, have you received a transfusion of blood or plasma or been given a medicine called immune (gamma) globulin?					
m. Did you participate in the Persian Gulf War?					
n. If your answer to question m is "Yes," have you registered with the Persian Gulf War Veterans Hotline (1-800-796-9699)?					
The following questions pertain to female soldiers only.					
o. Are you pregnant or suspect that you may be pregnant?					
p. When did your last menstrual period begin? Date:					
q. Is there a chance that you could become pregnant within the next three months?					
Patient's signature					

PART II -- VACCINE INFORMATION STATEMENTS PROVIDED TO SOLDIER (PATIENT)

Subject	Number	Source	Updated
Hepatitis A (Hep A)		CDC	25 Aug 98
Hepatitis B (Hep B)		CDC	9 Aug 00
Measles, Mumps, Rubella		CDC	16 Dec 98
Polio, Injection		CDC	1 Jan 00
Tetanus-Diphtheria (Td only VIS June 1994)		CDC	15 Aug 97
Varicella (Chickenpox)		CDC	16 Dec 98
Anthrax		CDC	6 Nov 00

(Continue on reverse)

PREPARED BY (Signature & Title)

DEPARTMENT/SERVICE/CLINIC

DATE

Allergy/Immunization Clinic, Kimbrough Ambulatory Care Center

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)

