

MEDICAL RECORD -- SUPPLEMENTAL MEDICAL DATA

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

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| REPORT TITLE LYME DISEASE RISK ASSESSMENT AND MEDICAL PLAN | OTSG APPROVED (Date) |
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Part I - Subjective/Objective

1. ___ year-old male female requesting lyme vaccine. Is individual less than 15 or older than 70 years? Yes No
2. Patient works, resides and/or recreates in a high risk area. Yes No
3. Does the patient anticipate or currently experience frequent or prolonged exposure to tick-infested habitats? Yes No If yes, in what capacity does long exposure to tick-infested habitats occur? _____
4. Does the patient use personal protection (e.g., insect repellent, appropriate clothing, etc) against ticks? Yes No If no, why not? _____
5. Does patient have a history of chronic lyme disease, prior lyme arthritis, or lyme neurologic disease? Yes No (Circle diagnosis that applies.)
6. Does the patient have a history of other unexplained joint pains? Yes No If yes, please explain: _____
7. Does the patient have any of the following autoimmune diseases? Yes No If yes, indicate all that apply.
 Diabetes Rheumatoid arthritis Multiple sclerosis Hemolytic anemia Glomerulonephritis Myasthenia gravis Thyroiditis
 Reiter's syndrome Graves Disease Lupus Erythematosis
8. Is there any possibility that the patient could be pregnant? Yes No If not, state why: _____
9. Is the patient a nursing mother? Yes No If yes, explain: _____
10. Does the patient have a febrile illness? Yes No If yes, explain: _____
11. Is the patient currently receiving immunosuppressive or anticoagulant therapy? Yes No If yes, explain: _____
12. Has the patient ever had any vaccine-related adverse reactions or a latex allergy? Yes No If yes, explain: _____

Part II - Assessment by Provider

13. Patient is High risk Moderate risk Low risk

(Continue on reverse)

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| PREPARED BY (Signature & Title) | DEPARTMENT/SERVICE/CLINIC | DATE |
|---------------------------------|---------------------------|------|

PATIENT'S IDENTIFICATION (For typed or written entries give: Name--last, first, middle; grade; date; hospital or medical facility)

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| <input type="checkbox"/> HISTORY/PHYSICAL | <input type="checkbox"/> FLOW CHART |
| <input type="checkbox"/> OTHER EXAMINATION OR EVALUATION | <input type="checkbox"/> OTHER (Specify) |
| <input type="checkbox"/> DIAGNOSTIC STUDIES | |
| <input type="checkbox"/> TREATMENT | |

Part III - Plan and Interventions

14. Provided patient a copy of the Fort Meade MEDDAC's Information Sheet for Lyme Disease and advised. Yes No
15. Discussed contraindications for the vaccine (i.e., chronic lyme disease, prior lyme arthritis, prior lyme associated neurologic disease, pregnancy, less than 15 or older than 70 years, history of autoimmune disease). Discussed vaccine efficacy of approximately 80% after the initial 3-shot series and a strong possibility that yearly boosters will be required. Yes No
16. Discussed known potential adverse reactions to the lyme vaccine, including the following: local pain, tenderness, redness and swelling at injection site usually resolving in less than one week, joint tenderness and stiffness, fatigue, rash, headache, fever less than 102.2 F, rare risk for a potentially life threatening allergic reaction, rarely may cause chronic arthritis in certain types of patients with a genetic marker known as HLA-DR4. Yes No
17. Advised an appropriate follow up for adverse reactions. Yes No
18. Advised that individuals are not covered by the National Injury Compensation Program if thought to be injured by this vaccine. Yes No
19. Reviewed signs and symptoms of lyme disease to include the following: "bull's-eye" rash, lymph node swelling, neck stiffness, generalized fatigue, headaches, migrating joint or muscle aches, and fever. Yes No
20. Advised to follow up with primary care provider if signs or symptoms of lyme disease occur. (Early diagnosis and treatment may prevent symptoms of arthritis, muscle pain, heart disease, and brain and nerve disorders that are severe and disabling.) Yes No
21. Provided information on personal protection measures and advised to ensure these are implemented when in a high risk environment, even if patient is to receive the vaccine. Yes No
22. Patient understands the above guidance and understands the benefit versus risk in relation to a decision for or against lyme disease vaccine. Yes No
23. Referred to Immunization Clinic for scheduling/receipt of first dose of lyme vaccine. Advised to follow up with Immunization Clinic for lyme vaccine dose No. 2 (one month after initial) and No. 3 (one year after initial). Yes No

ORDER:

- 1. LYMERix 30mcg/0.5ml IM first dose ASAP. Yes No
- 2. LYMERix 30mcg/0.5ml IM 1 month after initial dose. Yes No
- 3. LYMERix 30mcg/0.5ml IM 12 months after initial dose. Yes No

Part IV - Authentication

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| Patient's printed name: | Patient's Signature: | Date: |
| | | |
| Provider's printed name: | Provider's Signature: | Date: |
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