(See DD Form 2005 for Privacy Act Statement)

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

AEROALLERGEN/INHALANT SKIN TESTS

OTSG APPROVED *(Date)*

Test performed by	Controls: Prick: ID:
Comments	Notes: 1. Results recorded as maximum diameters of wheal x flare (mm). 2. Annotation with "+P" indicates presence of any pseudopod(s).

Controls

	Negative - Glycerin (ID-HSA)		50% x		0.03% x
	Positive - Histamine		1.0 x		0.1mg/ml x

Trees

1	Ash, White (Flaxinus)		x		x
2	Birch mix (Betula)		x		x
3	Beech (Fagus		x		x
4	Cedar, Mountain (Juniperus)		x		x
5	Cottonwood, Common (Populus)		x		x
6	Elm, American (Ulmas)		x		x
7	Maple mix (Acer)		x		x
8	Mesquite (Prosopis)		x		x
9	Mulberry mix (Morus)		x		x
10	Oak mix (Quercus)		x		x
11	Pecan (Carya)		x		x
12	Sycamore, American (Plantanus)		x		x
13	Walnut, Black (Jugians)		x		x

Grasses

14	Bahia (Paspalum)		x		x
15	Bermuda (Cynodon)		10,000 x		100bau/ml x
16	Bluegrass, Kentucky (Poa)		10,000 x		100bau/ml x
17	Johnson (Sorghum)		x		x
18	Rye, Perennial (Lolium)		10,000 x		100bau/ml x
19	Timothy (Phleum)		10,000 x		100bau/ml x

Environmentals

20	Cat hair		10,000 x		100bau/ml x
21	Cockroach mix		x		x
22	Dog dander		x		x
25	Mite mix		3,000 x		100au/ml x

Weeds

26	Dock-Sorrel mix (Rumex)		x		x
27	Kochia (Kochia)		x		x
28	Lambs Quarter (Chenopodium)		x		x
29	Marshelder mix (Iva)		x		x
30	Pigweed-Careless mix (Ambrosia)		x		x
31	Plantain, English (Plantago)		x		x
32	Ragweed mix (Ambrosia)		x		x
33	Ragweed, West (Ambrosia)		x		x
34	Russian Thistle (Salsola)		x		x
35	Sage, Mugwort (Artemiesia)		x		x
36	Wingscale (Atriplex)		x		x

Molds

37	Alternaria tenuis		x		x
38	Aspergillus fumigatus		x		x
39	Cladosporium mix		x		x
40	Culvularia specifera		x		x
41	Epicoccum nigrum		x		x
42	Helminthosporium iter		x		x
43	Mucor racemosus		x		x
44	Penicillium notatum		x		x

Other

45	Box elder		x		x
46			x		x
47			x		x
48			x		x
49			x		x
50			x		x

(Continue on reverse)

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)*

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