MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE

PRIVACY ACT STATEMENT: This information is subject to the Privacy Act of 1974 (5 U.S.C. Section 552a). This information may be provide to appropriate Government agencies when relevant to civil, criminal or regulatory investigations or prosecutions. The Social Security Number, authorized by Public Law 93-579 Section 7 (b) and Executive Order 9397, is used as a unique Identifier to distinguish between employees with the same names an birth dates and to ensure that each individual's record in the system is complete and accurate and the information is properly attributed

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

Student Extern - Immunizations

Influenza (seasonal)

#1 ☐☐-☐☐-☐☐

Hepatitis B – Three doses; at least the first dose of the series is required prior to the student externship
OR lab report proving immunity

#1 ☐☐-☐☐-☐☐ #2 ☐☐-☐☐-☐☐ #3 ☐☐-☐☐-☐☐

Positive Hepatitis B antibody serology test date: _____________ **Please attach lab report.**

Twinrix (Hepatitis A/B combination) – Three doses; at least the first dose of the series is required prior to the student externship (Twinrix is **not required** if the independent Hepatitis A series and Hepatitis B series have been given.)

#1 ☐☐-☐☐-☐☐ #2 ☐☐-☐☐-☐☐ #3 ☐☐-☐☐-☐☐

Measles, Mumps, Rubella (MMR) – Required: two doses
OR lab reports proving immunity

#1 ☐☐-☐☐-☐☐ (After one year of age) #2 ☐☐-☐☐-☐☐ (at least 1 month after first dose)

Date of MMR serology: _____________ **Please attach lab report.** Circle immunity status below

Measles titer: immune / not immune **Mumps titer:** immune / not immune **Rubella titer:** immune / not immune

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPARTMENT/SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SOCIAL SECURITY/ID NUMBER	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name – last, first, middle; ID NUMBER or Social Security Number; Gender; Date of Birth; Rank/Grade.)*		REGISTER NUMBER	WARD NUMBER

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 11/20/10)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

PREVIOUS EDITION IS NOT USABLE

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE

PRIVACY ACT STATEMENT: This information is subject to the Privacy Act of 1974 (5 U.S.C. Section 552a). This information may be provide to appropriate Government agencies when relevant to civil, criminal or regulatory investigations or prosecutions. The Social Security Number, authorized by Public Law 93-579 Section 7 (b) and Executive Order 9397, is used as a unique Identifier to distinguish between employees with the same names an birth dates and to ensure that each individual's record in the system is complete and accurate and the information is properly attributed

Polio – Required: one dose IPV within one year prior to the student externship (Adult dose required for INTERNATIONAL TRAVEL)

☐☐-☐☐-☐☐

Please document childhood series:

#1 ☐☐-☐☐-☐☐ #2 ☐☐-☐☐-☐☐ #3 ☐☐-☐☐-☐☐

#4 ☐☐-☐☐-☐☐ #5 ☐☐-☐☐-☐☐ #6 ☐☐-☐☐-☐☐

Tetanus, Diphtheria, Pertussis – Required: one dose Tdap

Tdap ☐☐-☐☐-☐☐

Please document childhood series:

#1 ☐☐-☐☐-☐☐ #2 ☐☐-☐☐-☐☐ #3 ☐☐-☐☐-☐☐

#4 ☐☐-☐☐-☐☐ #5 ☐☐-☐☐-☐☐ #6 ☐☐-☐☐-☐☐

Varicella (Chickenpox) – Required: two doses OR lab report proving immunity

#1 ☐☐-☐☐-☐☐ (After one year of age) #2 ☐☐-☐☐-☐☐ (at least 1 month after first dose)

History of Chickenpox? YES / NO Date of Varicella serology: _____________ **Please attach lab report.**

Circle immunity status for **Varicella titer**: Immune / not immune

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPARTMENT/SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SOCIAL SECURITY/ID NUMBER	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name – last, first, middle; ID NUMBER or Social Security Number; Gender; Date of Birth; Rank/Grade.)*		REGISTER NUMBER	WARD NUMBER

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 11/20/10)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

PREVIOUS EDITION IS NOT USABLE

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE

PRIVACY ACT STATEMENT: This information is subject to the Privacy Act of 1974 (5 U.S.C. Section 552a). This information may be provide to appropriate Government agencies when relevant to civil, criminal or regulatory investigations or prosecutions. The Social Security Number, authorized by Public Law 93-579 Section 7 (b) and Executive Order 9397, is used as a unique Identifier to distinguish between employees with the same names an birth dates and to ensure that each individual's record in the system is complete and accurate and the information is properly attributed

Tuberculin Skin Test – Circle vaccine type**: TST or Quantiferon Test**

#1 ☐☐-☐☐-☐☐ #2 ☐☐-☐☐-☐☐

Skin Test Results ________ **mm** **Skin Test Results** ________ **mm**
Blood Test Results _______ **Blood Test Results** _______

If Reactive, was chest X-RAY obtained? YES NO (circle one) If yes, Date of X-RAY __________

Please provide X-Ray report.

Date, type and duration of prophylactic therapy, if applicable: ______________________________

____

HEALTH CARE PROVIDER INFORMATION

Signature: ____________________ **Date:** __________

Name (print or use stamp): ____________________

Mailing Address: ____________________

City, ST, ZIP: ____________________

Phone: ____________________ **Fax:** ____________________

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPARTMENT/SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SOCIAL SECURITY/ID NUMBER	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name – last, first, middle; ID NUMBER or Social Security Number; Gender; Date of Birth; Rank/Grade.)*	REGISTER NUMBER	WARD NUMBER

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 11/20/10)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE

PRIVACY ACT STATEMENT: This information is subject to the Privacy Act of 1974 (5 U.S.C. Section 552a). This information may be provide to appropriate Government agencies when relevant to civil, criminal or regulatory investigations or prosecutions. The Social Security Number, authorized by Public Law 93-579 Section 7 (b) and Executive Order 9397, is used as a unique Identifier to distinguish between employees with the same names an birth dates and to ensure that each individual's record in the system is complete and accurate and the information is properly attributed

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPARTMENT/SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SOCIAL SECURITY/ID NUMBER	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name – last, first, middle; ID NUMBER or Social Security Number; Gender; Date of Birth; Rank/Grade.)*	REGISTER NUMBER	WARD NUMBER

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 11/20/10)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

PREVIOUS EDITION IS NOT USABLE

AUTHORIZED FOR LOCAL REPRODUCTION