



64 APS

PATIENT IDENTIFICATION

✓

HEALTH RECORD  OUTPATIENT	Specify Service & Grade for Military & Retired Military Member	
	MILITARY <u>USAFR / SSG</u>	<input checked="" type="checkbox"/>
	RETIRED MILITARY _____	<input type="checkbox"/>
	NONMILITARY _____	<input type="checkbox"/>

	SENSITIVE DUTIES PROGRAM (SDP)
	FOOD HANDLER

RECEIVED

NOV 18 2002

RMC ST. LOUIS  
MAIL CLERK #18

RECORDS MAINTAINED AT  
459 AEROSPACE MEDICINE SQ  
3757 OREGON CIRCLE  
ANDREWS AFB MD 20762-4814

1984
1985
1986
1987
1988
1989
1990
1991
1992
1993
1994
1995
1996
1997
1998



## ADULT PREVENTIVE AND CHRONIC CARE FLOWSHEET

## 8. OCCUPATIONAL HISTORY/RISK

a. PRP ☐ YES ☐ NO

b. FLYING STATUS ☐ YES ☐ NO

## 9. IMMUNIZATIONS (Enter numeric class in sub block)

(1) IMMUNIZATION	(2) DATE (DDMMYYYY)	(1) IMMUNIZATION	(2) DATE (DDMMYYYY)	(1) IMMUNIZATION	(2) DATE (DDMMYYYY)	(1) IMMUNIZATION	(2) DATE (DDMMYYYY)
a. HEP A #1		f. MMR #1		j. TD (q 10 yrs) (ast)			
b. HEP A #2		g. MMR #2		k. TD (Due)			
c. HEP B #1		h. PNEUMOCOCCUS		l. YELLOW FEVER (ast)			
d. HEP B #2		i. POLIO OPV = 0 IPV = 1		m. YELLOW FEVER (Due)			
e. HEP B #3							
n. TYPHOID (Enter numeric class in sub block) ORAL = 0 TYPHUM Vi = 1, TYPHOID USP = 2		(1) DATE	(2) DATE	(3) DATE	(4) DATE	(5) DATE	(6) DATE
o. ANTHRAX	(1) INITIAL DATE	(2) 2 WEEK DATE	(3) 4 WEEK DATE	(4) 6 MONTH DATE	(5) 12 MONTH DATE	(6) 18 MONTH DATE	
p. PPD (Enter mm and date)	(1)(a) mm	(2)(a) mm	(3)(a) mm	(4)(a) mm	(5)(a) mm	(6)(a) mm	(7)(a) mm
	(b) DATE	(b) DATE	(b) DATE	(b) DATE	(b) DATE	(b) DATE	(b) DATE
q. INFLUENZA	(1) DATE	(2) DATE	(3) DATE	(4) DATE	(5) DATE	(6) DATE	(7) DATE
r. VARICELLA	(1) DATE	(2) DATE	u. JAPANESE B ENCEPHALITIS	(1) DATE	(2) DATE	(3) DATE	(4) DATE
s. MENINGO	(1) DATE	(2) DATE	v. OTHER (Specify)	(1) DATE	(2) DATE	(3) DATE	
t. ADENO	(1) DATE	(2) DATE	w. OTHER (Specify)	(1) DATE	(2) DATE	(3) DATE	

## 10. READINESS

\* (Glucose-6-phosphate dehydrogenase)

a. DNA	DATE: NOV 97	b. BLOOD TYPE	DATE:	RESULT: Apos	c. G6PD*	DATE:	RESULT: WNL	d. SICKLE CELL	DATE: Jul 87	RESULT: Pos
e. PERMANENT PROFILE CHANGE	(1) DATE JAN 97	(2) P: 1	(3) U: 1	(4) L: 1	(5) H: 1	(6) E: 1	(7) S: 1			
f. GLASSES/GAS MASK Rx:	(1) DATE	(2) DATE	(3) DATE	(4) DATE	(5) DATE	(6) DATE				
g. DENTAL EXAM (Enter numeric class in sub block)	(1) DATE	(2) DATE	(3) DATE	(4) DATE	(5) DATE	(6) DATE				
h. HIV TESTING	(1) DATE MAY 96	(2) DATE	(3) DATE	(4) DATE	(5) DATE	(6) DATE				
i. FITNESS (In sub block enter P=Pass, F=Fail, W=Waiver)	(1) DATE	(2) DATE	(3) DATE	(4) DATE	(5) DATE	(6) DATE				
Physical Exam	(1) DATE MAY 96	(2) DATE	(3) DATE	(4) DATE	(5) DATE	(6) DATE				
	(1) DATE	(2) DATE	(3) DATE	(4) DATE	(5) DATE	(6) DATE				

## 11. PRE/POST DEPLOYMENT HISTORY

a. LOCATION						
(1) PREDEPLOYMENT	(a) DATE	(b) DATE	(c) DATE	(d) DATE	(e) DATE	(f) DATE
(2) POSTDEPLOYMENT	(a) DATE	(b) DATE	(c) DATE	(d) DATE	(e) DATE	(f) DATE
b. LOCATION						
(1) PREDEPLOYMENT	(a) DATE	(b) DATE	(c) DATE	(d) DATE	(e) DATE	(f) DATE
(2) POSTDEPLOYMENT	(a) DATE	(b) DATE	(c) DATE	(d) DATE	(e) DATE	(f) DATE
c. CHART AUDIT						

# ADULT PREVENTIVE AND CHRONIC CARE FLOWSHEET

**FAMILY HISTORY** (M = Mother, F = Father, S = Sibling, MGM = Maternal Grandmother, MGF = Maternal Grandfather, PGM = Paternal Grandmother, PGF = Paternal Grandfather)

CANCER (Specify)

CARDIOVASCULAR DISEASE (Specify)

DIABETES (Specify)

MENTAL ILLNESS/CHEMICAL DEPENDENCY (Specify)

**SCREENING EXAMS** (\* = Actual Result, \*\* = Tricare Benefit, N = Normal, X = Abnormal, E = Done Elsewhere, R = Refused, A = Not Indicated) (● = Next Due)

a. TEST	b. FREQUENCY	c. YEAR d. AGE							
CLINICAL DISEASE PREV EVAL/PHA (HEAR)	ANNUAL								
WEIGHT	ANNUAL FOR ACTIVE DUTY								
HEIGHT	ANNUAL FOR ACTIVE DUTY								
BLOOD PRESSURE	ONCE q 2 YRS FOR BP < 130/85, ANNUAL IF GREATER								
CHOLESTEROL**	q 5 YRS FOR AGE ≥ 18 q YR IF PREV ABN								
HEARING	CLINICIAN'S DISCRETION								
SKIN EXAM (Cancer)	ANNUAL IF AT RISK								
ORAL/DENTAL**	ANNUAL								
EYE/VISION**	ROUTINE ACUITY WITH PERIODIC ASSESSMENT DIABETES ANNUALLY GLAUCOMA CHECK: Blacks q 3-5 yrs age 20-39 All q 2-4 yrs age 40-64								
BREAST EXAM	ANNUAL: ≥ 40 YRS								
MAMMOGRAM**	BASELINE @40, q 2 YRS 40-50, ANNUALLY >50								
PAP (** (Digital Rectal Exam))	BASELINE: AGE 18 OR ONSET OF SEXUAL ACTIVITY AFTER 3 NL ANNUAL EXAMS, PERFORM q 1-3 YEARS								
FECAL OCCULT BLOOD	ANNUAL: ≥ 50 YRS								
SIGMOID	EVERY 3-5 YRS: ≥ 50 YRS								
COLONOSCOPY**	HIGH RISK q 5 YRS: ≥ 40 YRS								
TESTICULAR**	HIGH RISK ANNUAL 13-39 YRS								
PROSTATE** (** (Digital Rectal Exam))	WITH D.E. ≥ 40 YRS (Presently recommended annually)								
RUBELLA SCREEN (Females)	ONCE BETWEEN AGES 12-18 YRS (Unless prev vaccinated)								
OCCUPATIONAL SCREENING EXAMS	APPROPRIATE TO EXPOSURES								