

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
JUL 21 1993	3rd Medical Center/SGPM Elmendorf AFB, AK 99506-3700
	INPROCESSING FOR HOSPITAL EMPLOYEE HEALTH PROGRAM
	Duty section: <u>ANESTHESIOLOGY</u> Office symbol: <u>MGM5A</u>
	Job title: <u>SENIOR NURSE</u> AFSC: <u>9746</u> Duty phone: <u>2-3459</u>
	The status of medical screening requirements is as follows:
	IPPD
	(Personnel must have IPPD within the last 12 months.) <u>21 JUL 93</u>
	- Date of last IPPD: <u>16 AUG 87</u> Results: Pos <u>(Neg)</u>
	- If previously positive, what is the date isoniazid therapy was completed or date of last negative chest x-ray?
	RUBELLA
	- BMTS date after 1979? yes/no/na (consider nonsusceptible if "yes")
	- Titer date: Results: Pos/Neg
	- Immunization date: <u>8 JAN 85</u>
	RUBEOLA
	- BMTS date after 1979? yes/no/na (consider nonsusceptible if "yes")
	- Titer date: Results: Pos/Neg
	- Immunization date: <u>8 JAN 85</u>
	CHICKENPOX
	- History of illness: <u>(Yes)</u> No/Unknown (consider nonsusceptible if "yes")
	- Titer date: Results: Pos/Neg
	INFLUENZA
	(Flu shots are given October - April. If personnel are inprocessing May - September, no flu shot is needed.)
	Date received: <u>OCT 92</u>

REQUESTED

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS MAINTAINED AT:			
PATIENT'S NAME (Last, First, Middle Initial)	<u>BOSTEK CHESTER C</u>		SEX <u>M</u>
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	
<u>SELF</u>	<u>AD</u>	<u>LTCOL</u>	
SPONSOR'S NAME	ORGANIZATION		
	<u>3 med GP</u>		
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	
<u>AF</u>	<u>20/573-68-7773</u>	<u>5 MAR 47</u>	