

APPENDIX E to COMDTINST 12792.3A

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE: SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION

FOOD SERVICE PERSONNEL

Vitals:

S: *Personal History Of:*

- Allergies:** Yes / No Major illness or injury?
 Yes / No Hospitalization or surgery?
 Yes / No Cancer?
 Yes / No Back injury?
- Meds:** Yes / No Do you drink 6 or more drinks per week (beer, wine, liquor)?
 Yes / No Have you ever smoked?
 Yes / No Do you currently smoke (packs/day) _____
 Yes / No Heart disease, high blood pressure, or stroke?
 Yes / No Any reproductive health concerns?
 Yes / No Skin disease?
- Labs:** Yes / No Hepatitis or jaundice?
 Yes / No Tuberculosis?
 Yes / No Infectious disease?
 Yes / No Chronic abdominal pain, vomiting, other GI symptoms?

O: General: _____ NAD Abnormal

Skin: Normal Rash Erosion/Ulcer

_____ Pigmentation Eczema Other (Describe)

Other:

A:

P: _____ Baseline Examination
Does the employee need a fitness for duty examination? If yes, refer the
employee to the Human Resource Office.

**NAME
 FMP/SSN
 DOB**

**SEX
 RANK
 PHONE
 E-1**