

TUBERCULIN TEST	CHEST X-RAY	ANTISMALLPOX	BLOOD TEST OR COUNT	LABORATORY TESTS	GENERAL PHYSICAL	OTHER
EMPLOYEE'S NAME <i>(Last, first, middle initial)</i>			ADDRESS <i>(Number, Street, City, State, and ZIP code)</i>			HOME PHONE
SOCIAL SECURITY NO.		DATE OF BIRTH	SEX	MARITAL STATUS	POSITION TITLE	
DEPARTMENT, SERVICE AND/OR DIVISION			ROOM NO.	EXTENSION	SUPERVISOR'S NAME	SUPERVISOR'S EXTENSION
PHYSICIAN'S NAME <i>(Last, first, middle initial)</i>			PHYSICIAN'S ADDRESS <i>(Number, Street, City, State and ZIP code)</i>			OFFICE PHONE
DRUG SENSITIVITIES						

DATE	TIME		HISTORY, FINDINGS, DIAGNOSIS, EXAMINATION OR TEST REQUIRED	TREATMENT, HEALTH, GUIDANCE OR EXAMINATION AND TEST RESULTS	EXAMINED OR TREATED BY
	IN	OUT			

**PRIVACY ACT NOTICE:** Section 7901 of Title 5, United States Code, is the basic legal authority for providing occupation health services to Federal employees. Office of Management and Budget Circular A-72 provides for the maintenance and control of employee health records. Provision of this information is voluntary. However, the VA needs this information to develop and maintain an efficient employee health program, to assist employees in case they suffer a medical emergency at work, and to develop statistical medical reports for the Office of Personnel Management.

