MEDICAL RECORD			SEROLOGY RECORD										
			_	SEC	TION I - HI	STORY O	F PRESE	ENT INFECTION	ON				
SOURCE OF REFERRAL							INCIDENT TO				TO		
	VOLUNTARY			PHYSICAL INSPECTION			HOSPITALIZATION				PRENATAL		
	CONTACT REPOR		BLOOD TRANSFUSION			PREMARITAL				OTHER (1 7/		
		ES	<u> </u>			DIAGNOSTIC CRITERIA (EI				inter results of tests)			
ONSE	ET SYMPTOMS	TREATME	FREATMENT DIAGNOSIS ESTABLISHED			DARKFIELD S.T.			S.T.S.	Г.S.			
DIAGNOSIS (Include stage and diagnosis No.)							SPINAL FLUID (If indicated)						
							OTHER (Li	ist)					
CLINICAL DATA (Include chief complaint, physical findings - eye, cardiovascular and nervous system, even in early syphilis)					lar	STD CONTACT FORM SERIAL NUMBERS					IUMBERS		
anu n	ervous system, eve	n in early sypnilis)											
RECO	OMMENDED TREA	TMENT					RECOMME	COMMENDED FOLLOW-UP					
SIGN	SIGNATURE OF PHYSICIAN NAME OF F							PHYSICIAN DATE					
INDIC THE INFO	CATED ABOVE; TREATMENT AN	THE NATURE OF ND PROLONGED QUIRED BY LAW	THIS D	ISEASI	E HAS BEEN	N EXPLAIN	IED TO M	E; I UNDERSTA	AND THAT	MY CC	OPERA	ISMITTED DISEASE AS TION IS NECESSARY IN DISCLOSURE OF THIS	
31014	ATORE OF TAILE	11										DATE.	
	I	SECTION II -	HISTOR	RY OF	PAST SEX	UALLY T	RANSMI	TTED INFECT	IONS OR	TREA	TMENT	S	
DATE		DISEASE (Give stage)	RAL SI				TREATMENT upe, amount and dates)			EATING AGENCY		PLACE (Institution and City)	
1			YES	NO									
-													
2													
3													
					SEC	TION III -	TREATM	MENT					
NO.			TREATM	IENT				DATE STARTE	D DA	ATE EN	DED	SIGNATURE OF PHYSICIAN	
1													
2													
3													
RELA	TIONSHIP TO SPC	SPO				NSOR'S NAME FIRST				MI	SPONSOR'S ID NUMBER 		
DEPA	ART./SERVICE	HOSPITAL OR MEDICAL FACI				CILITY RECORDS MAI			MAINTA	INED AT			
PATIE	ENT'S IDENTIFICAT	FION: (For typed or N			e: Name - last,			REGISTER NO	<u> </u>).			WARD NO.	

SEROLOGY RECORD Medical Record

				SE	CTION IV - LAB			MARY			
DATE RESULTS			SOURCE OF SPECIMEN				RATORY	NAME OF CONFIRMING OFFICER			
1	271.2	REGULTS		SSSTACE OF SECTIVIETY			LABORATORT		TO THE ST SOME INVINTED OF FIGURE		
2											
				NONSPEC	IFIC TREPONEN	/IAL TE	ESTS (VDF	RL, RPR, ART)	1		
DATE		TYPE RESUL titer			LABORATORY	DATE		TYPE	RESULT (Include titer value)	LABORATORY	
1						4					
2						5					
3						6					
		1	SPE	CIFIC TRE	PONEMAL TEST	S (FT	A - ABS, M	HA-TP, TPHA,	TPI)	•	
	DATE			TEST TYPE			RESULTS				
1											
2											
SPINAL FLUID EXAMINATIONS											
DATE		CELLS		TOTAL NONSPI		ECIFIC A	AND/OR SPE	LABORATORY WHERE DONE			
1											
2											
			'	SE	CTION V - EVAL	UATIC	N OF THE	RAPY			
DATE		FACILITY WHERE EVALUATED		RESULT SATISFACTORY UNSATIS		FACTORY**		DATE OF RETREATMEN	IT PHYSICI	AN'S SIGNATURE	
1											
2											
3											
	sfactory result ca				dings. plete data on Spinal F	Fluid, Oth	ner (Specify)	I			
		REASON FOR	R INCOMPLETE	FOLLOW-UP	PATIENT'S HOME ADDRESS ON SEPARATION						
DATE F		PLACE		STREET ADDRESS							
TYPE OF SEPARATION		N		AUTHORITY FOR DISCHARGE		CITY			STAT	E ZIP CODE	
CIVII	LIAN HEALTH D	EPARTMENT	TO WHICH CAS	 BE RESUME W	REINFECTION (Give date new record was opened)						
REM	ARKS (Include s	significant postti	reatment clinica	l findings)							
SECTION VI - MEDICAL OFFICER CLOSING THIS RECORD											
NAM	E (Typed or prin	ted)	•	SIGNATURE	ICER	STATION STATION			DATE		
	SECTIO	NI VII MED	NCAL OFF	CED CENDU	NC ARSTRACT	TO D	DADTME	IT OF VETER	AND AFFAIRS ON	DISCHARGE	
NAM	E (Typed or prin		NOAL OFFIC	SIGNATURE	NG ABSTRACT	וט טב		TION	ANS AFFAIRS ON	DATE	
	. 21	,									