

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION <i>(Sign each entry)</i>
	<u>Sickle Cell Trait and G6PD deficiency Overprint</u>
	S Patient will be attending OTS at Maxwell AFB, AL, on _____
	O Sickle Cell <input type="radio"/> normal <input type="radio"/> trait
	G6PD <input type="radio"/> normal <input type="radio"/> deficient
	A As above
	P Patient was educated about Sickle Cell and G6PD status
	Take this form to OTS in-processing. RTC PRN
	An entry was entered into ALTHA concerning this condition

	(Provider's Signature)
	I have been told about my Sickle Cell and G6PD status. If I have Sickle Cell Trait or G6PD Deficiency it is mandatory that I attend the first available briefing once I arrive at OTS. Having Sickle Cell Trait or G6PD Deficiency means that I may have a physical reaction when severely stressed or dehydrated. It is my responsibility to maintain good hydration. I agree to inform training or medical staff immediately should I begin to experience any unusual symptoms.

	Patient Signature

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

RECORDS MAINTAINED AT:	Maxwell AFB, AL		
PATIENT'S NAME <i>(Last, First, Middle initial)</i>		SEX <i>(Male/Female)</i>	
RELATIONSHIP TO SPONSOR:	STATUS <i>(AD/Reserve/Guard)</i>	RANK/GRADE	
SELF			
SPONSOR'S NAME		ORGANIZATION <i>(Sq/Fit)</i>	
SELF			
DEPARTMENT/SERVICE	IDENTIFICATION NO/SSN.	DATE OF BIRTH	
USAF	20/		

