



MEDICAL CERTIFICATE

1. DATE	2. TIME AM PM	3. AGE	4. SEX <input type="checkbox"/> M <input type="checkbox"/> F	5. ON ARRIVAL PATIENT WAS: <input type="checkbox"/> AMBULATORY <input type="checkbox"/> STRETCHER <input type="checkbox"/> WHEELCHAIR			6. PHONE NUMBER ()	7. HOMELESS <input type="checkbox"/> YES <input type="checkbox"/> NO
8A. ALLERGIES			8B. WEIGHT	8C. TEMPERATURE	8D. PULSE	8E. RESPIRATION	8F. B/P	8G. DUE TO INJURY <input type="checkbox"/> NO <input type="checkbox"/> YES

9. CURRENT MEDICATIONS

10. TRIAGE

11. SIGNATURE

12. HISTORY AND PHYSICAL

13. DIAGNOSTIC IMPRESSIONS

14. PLAN

15A. ATTENDING OF RECORD 15B. EXMINER'S SIGNATURE

SECTION II - FOR PATIENT

1. DISPOSITION / CLINIC APPOINTMENT	2. AFTER CARE SHEET GIVEN <input type="checkbox"/> YES <input type="checkbox"/> NO	3. FOLLOWUP - ACTIVITY - LIMITATIONS
4. CONDITION <input type="checkbox"/> IMPROVED <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNCHANGED	5. DATE / TIME OF DISCHARGE	6. SIGNATURE TO INDICATE INSTRUCTIONS GIVEN

IMPRINT PATIENT DATA CARD

7. PATIENT INSTRUCTIONS

I CERTIFY THAT I RECEIVED AND UNDERSTAND THESE INSTRUCTIONS 8. PATIENT'S SIGNATURE

SECTION II - FOR PATIENT

1. DISPOSITION / CLINIC APPOINTMENT	2. AFTER CARE SHEET GIVEN <input type="checkbox"/> YES <input type="checkbox"/> NO	3. FOLLOWUP - ACTIVITY - LIMITATIONS	
4. CONDITION <input type="checkbox"/> IMPROVED <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNCHANGED	5. DATE / TIME OF DISCHARGE	6. SIGNATURE TO INDICATE INSTRUCTIONS GIVEN	
IMPRINT PATIENT DATA CARD	7. PATIENT INSTRUCTIONS		
	I CERTIFY THAT I RECEIVED AND UNDERSTAND THESE INSTRUCTIONS	8. PATIENT'S SIGNATURE	

VA FORM
MAR 1992

10-10M

PAGE 3

PATIENTS COPY