

MASS INFLUX DETAINEE HEALTH RECORD CARD

(Adapted from WHO)

PATIENT NO.

DATE OF CAMP ARRIVAL

SITE

FAMILY NAME

GIVEN NAMES

DATE OF BIRTH (MONTH/DAY/YEAR)

SEX Male
 Female

ALLERGIES

CXR NORMAL ABNORMAL

CONSENT SIGNED

MENTAL HEALTH SCREENING

HEIGHT

WEIGHT

BP

PULSE

T

MEDICAL PROBLEMS

1

2

3

4

5

6

7

8

9

10

PREGNANT (IF FEMALE) YES NO

TETANUS (DATE)

PPD PLANT

PPD READ

CURRENT MEDICATIONS

1

2

NOTES

PAST MEDICAL HISTORY (LIST SIGNIFICANT POSITIVES ONLY)

PHYSICAL EXAM NORMAL ABNORMAL (LIST)

REVIEW OF SYSTEMS:

C
O
M
M
E
N
T
S