

HEALTH DATA			CASE NUMBER	
For use of this form see AR 608-18; the proponent agency is OACSIM.				
DATA REQUIRED BY THE PRIVACY ACT OF 1974				
AUTHORITY: 5 U.S.C. 301, Department Regulations; 10 U.S.C. 3013, Secretary of the Army; 42 U.S.C. 10606 et seq.; Victims' Rights as implemented by the Department of Defense Instruction 1030.2, Victim and Witness Assistance Program; DoD Directive 6400.1, Family Advocacy Program (FAP); Army Regulation 608-18, The Family Advocacy Program; and E.O. 9397 (SSN)				
PRINCIPAL PURPOSE: To provide essential background information to develop a service plan for each child and family involved in emergency placement.				
ROUTINE USES: To federal, state, or local government agencies when it is deemed appropriate to use civilian resources in counseling and treating individuals of families involved in child abuse or neglect or spouse abuse; or when appropriate or necessary to refer a case to civilian authorities for civil or criminal law enforcement; or when a state, county, or municipal child protective service agency inquires about a prior record of substantiated abuse for the purpose of investigating a suspected case of abuse. Information may be disclosed to departments and agencies of the Executive Branch of government in performance of their official duties relating to coordination of family advocacy programs, medical care and research concerning child abuse and neglect, and spouse abuse.				
DISCLOSURE: Voluntary. However, failure to provide the requested information may delay the provision of the appropriate services to the individual.				
NAME OF CHILD <i>(Last, First, Middle)</i>			BIRTHDATE	DATE COMPLETED
CHRONIC ILLNESS AND DISABILITIES				
IMMUNIZATIONS			COMMUNICABLE AND CHILDHOOD DISEASES	
TYPE	DATE	WHERE GIVEN	TYPE	DATE
SMALL POX			MEASLES	
BOOSTER			MUMPS	
DPT 1ST			CHICKEN POX	
DPT 2ND			OTHER	
DPT 3RD				
SALK 1ST				
SALK 2ND				
SALK 3RD				
BCG				
OTHER			WEAR GLASSES <input type="checkbox"/> YES <input type="checkbox"/> NO	
SPECIAL TESTS	DATE	RESULT	WHERE GIVEN	
PATCH TEST				
PATCH TEST				
PPD				
PPD				
SCHICK				
STS				
OTHER				
OPERATIONS AND HOSPITALIZATION				
DATE	PLACE	NATURE OF ILLNESS		