HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
	BRIG CONFINEMENT PHYSICAL
1.	Clinic; [ ] Branch Clinic,NAS JAX [ ] Cecil Field [ ] Mayport
	[ ] ER,NAVHOSP [ ] Other
2.	TEMP: PULSE: RESP: B/P:
	ALLERGIES:
	CURRENT MEDICATIONS:
3.	Confinee is / is not undergoing treatment of any medical condition;
	(Specifiy)
4.	Confinee does / does not have any evidence of recent trauma:
	(Specify if any contusions, abrasions, lacerations, unusual scars,
	or needle marks.)
5.	Confinee does / does not request treatment of any medical condition:
	(If yes, describe)
	(Signature of Confinee)
	(Signature of Corpsman
	OVER

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

RECORDS MAINTAINED AT: ▶		
PATIENT'S NAME *(Last, First, Middle initial)*		**SEX**
RELATIONSHIP TO SPONSOR SAME	**STATUS**	**RANK/GRADE**
SPONSOR'S NAME SAME		**ORGANIZATION**
DEPART./SERVICE	**SSN/IDENTIFICATION NO.**	**DATE OF BIRTH**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
	MEDICAL OFFICER MUST COMPLETE THE FOLLOWING:
6.	Confinee has / has no evidence of communicable and/or infectious disease.
7.	Confinee is: (Check One)
	[ ] a. Not Suicidal
	[ ] b. Suicidal. (Psychiatric consult is required before confinement
	[ ] c. Likely to exhibit suicidal gestures. Suicidal precautions
	must be taken.
8.	Confinee does / does not require inpatient detoxification for drugs or alcohc
	(Confinees who are intoxicated may not be placed in the brig.)
9.	Confinee is / is not fit for confinement.
10.	Limitations to duty (If Applicable):
11.	Prescriptions given or follow-up recemmended (If Applicable):
	MEDICAL OFFICER