

**Occupational Medical Service
National Institutes of Health
Clinical Record**

FACE SHEET

Today's Date

Employee's Name <i>(last, first, initial)</i>	Social Security No.	Birthdate	<input type="checkbox"/> Male <input type="checkbox"/> Female
Employer <i>(NIH Institute/Center/Contract Company)</i>	Bldg. and Room No.	Office Phone	
Employee's Job Title	Supervisor's Name	Supv. Office Phone	
Date of Hire	Years at NIH	Years in Current Position	
Home Address <i>(Street No., City, State, Zipcode)</i>		Physician's Name	
Home Phone:		Physician's Office Phone	

Significant Medical History

Yes No

Food/Animal Allergy, specify: _____

Drug Allergy/Sensitivity, specify: _____

Yes	No	Current Medical Problems	Current Medications
<input type="checkbox"/>	<input type="checkbox"/>	Asthma _____	
<input type="checkbox"/>	<input type="checkbox"/>	Cardiac Disease _____	
<input type="checkbox"/>	<input type="checkbox"/>	Hypertension _____	
<input type="checkbox"/>	<input type="checkbox"/>	Deafness _____	
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes _____	
<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy _____	
<input type="checkbox"/>	<input type="checkbox"/>	Ulcer Disease _____	
<input type="checkbox"/>	<input type="checkbox"/>	Other _____	

Major Operations and/or Serious Injuries and Dates

OMS Privacy Act Notification Statement

Collection of your personal health information by the Occupational Medical Service (OMS) is authorized under 42 U.S.C. 241, 248. There are two principal uses for this information. First, it is used to provide you with work-related and emergency medical care. Secondly, information OMS collects is used to enhance the safety of your work environment. Should you report an occupational injury or illness to OMS, please be aware that OMS shares the circumstances of all occupational accidents with NIH safety specialists, supervisors, and the Office of Workers

Compensation in the Department of Labor. If required by law, OMS will also disclose personal information. A more detailed description of the OMS privacy policy will be made available to you upon request. Furnishing this personal health information is voluntary, however, failure to provide the information requested may prevent us from providing you with work-related and emergency medical care or processing a Worker's Compensation claim for you.

Employee Signature *(acknowledging review of statement)*