HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

CADET SELF CARE CLINIC/ OVER-THE-COUNTER DRUG PROGRAM

Welcome to the cadet self care clinic. To help reduce your bothersome symptoms as rapidly as possible and allow you to get on with your busy schedule, you may choose to obtain the over-the-counter medicines listed below immediately, without having to see a provider. Cadets are encouraged to schedule an acute or routine appointment for **any** health concerns, or seek care at the hospital ER for emergencies, or for urgent care when the clinic is closed. You can save yourself time and improve the provider's availability to all cadets by using this free service.

***NOTE: If you feel like you need to be evaluated by a health care provider today, DO NOT FILL OUT THIS FORM**. Instead, please report to the front desk for assistance. You can also learn more about your illness and how to take care of your self by reviewing the posters and handouts in the self care area.

1. Are you currently on active flying or jump status? **YES/ NO**
2. Do you take any medicines on a daily or as needed basis? **YES/NO** Please list:_____
3. Are you allergic to ANY medications? **YES/NO** Please list: _____
4. Are you experiencing any pain right now? **YES/NO** Please rate your pain: (least) 0 1 2 3 4 5 6 7 8 9 10 (worst)

** After answering 1-4, please circle the medication/s you need and hand the form into the **PHARMACY** for approval.

You may select/circle up to four (4) items from the list below that you would like to receive: (some items not always available)

Acetaminophen (Tylenol) *for pain, headaches, or fever*
Ibuprofen (Motrin) *for pain, headaches, or fever*
Cepacol throat lozenges **OR Chloraseptic** *throat spray for throat pain*
+Robitussin DM *to suppress cough/loosen phlegm and thin sinus/lung secretions*
+Chlorpheniramine (CTM) *for sneezing,runny nose, or itchy/watery eyes* **OR Loratadine** (Claritin) *for non-drowsy relief of seasonal allergies*
+Afrin Nasal Spray **OR pseudophedrine** (Sudafed) *for nose/sinus congestion/pressure*
Saline nasal spray *for nose congestion*
+Loperamide (Imodium) *for acute diarrhea*
Maalox for upset stomach **OR Pepto Bismol** *for upset stomach, indigestion, or diarrhea*
Witch hazel (tucks pads) *for the relief of itchy/painful hemorrhoids* **Docusate** *sodium (Colace) as stool softener for constipation*
Bacitracin ointment *for minor cuts and abrasions*
Hydrocortisone cream *for the relief of minor skin itching/inflammation not related to an infection*
Miconazole (Monistat) *for vaginal yeast infections*
Multivitamin *to supplement suboptimal dietary vitamin intake*
Sunscreen lotion *to prevent UV damage to skin/decrease skin cancer risk* **Sunscreen lip balm** *to decrease skin cancer risk*

(+ Temporarily disqualifying for flying duties (DNIF) until problem has resolved and medicine has been stopped with no side effects)
To avoid adverse reactions, **DO NOT** take any other over-the-counter medicines in addition to the ones you receive today.
If you symptoms are not improving in the next 48 to 72 hours, or if your condition worsens, please contact the cadet clinic at **333-5180** for further evaluation.
THANK YOU for taking the time to learn more about caring for yourself and improving your health! .

***Cadet Signature:** _____ (Certifies that above are for personal use only & I understand the medication DNIF policy if flying)

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

PHARMACIST REVIEW

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

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
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