FOR OFFICIAL USE ONLY (when filled in)

HEAT/COLD CASE

HEAT/COLD CASE

FROM:
DATE_____

TO
Navy Environmental Health Center
NEHC-OEM Directorate
2510 Walmer Avenue
Norfolk, VA 23513-2617

NAME

SSN

GRADE	RATE	RACE	SEX	AGE

BIRTHPLACE

DATE AND TIME OF EXAMINATION

UNIT TO WHICH ATTACHED

DATE REPORTED TO PRESENT STATION

PRESENT ILLNESS (Onset Date and Time)

WBGT

DIAGNOSIS (check one)
- ☐ HEAT CRAMPS
- ☐ HEAT EXHAUSTION
- ☐ HEAT STROKE
- ☐ DEHYDRATION
- ☐ CHILBLAIN
- ☐ FROSTBITE
- ☐ HYPOTHERMIA

TIME ON ACTIVE DUTY (Months)

DESCRIBE BRIEFLY WHAT PATIENT WAS DOING AT TIME OF INJURY. INCLUDE DESCRIPTION OF CLOTHING

NOTE:
(1) ALL HEAT-STRESS INJURIES SHOULD HAVE RECTAL TEMPERATURES.
(2) ALL HEAT-STRESS INJURIES WITH RECTAL TEMPERATURES GREATER THAN 104°F SHOULD HAVE SERUM SGOT DRAWN 24 HOURS AFTER THE INJURY

LAB FINDINGS

SYMPTOMS (Check all applicable)
- ☐ UNCONSCIOUSNESS
- ☐ DIZZY
- ☐ CONFUSED
- ☐ NUMBNESS
- ☐ VISUAL DISTURBANCES (Specify)
- ☐ WEAK
- ☐ NAUSEA (Specify)
- ☐ CRAMPS
- ☐ VOMITING
- ☐ OTHER
- ☐ PALE
- ☐ IV REQUIRED
- ☐ DRY
- ☐ RASH
- ☐ RED
- ☐ OTHER
- ☐ WET
- ☐ NORMAL

TEMP (R) | RESP.

PULSE

HEIGHT

WEIGHT

HOURS OF SLEEP (Last 24 Hours)

LAST MEAL (Date and time)

AMOUNT ☐ LIGHT ☐ MODERATE ☐ HEAVY

BLOOD PRESSURE

SYSTOLIC_____ DIASTOLIC_____

AMOUNT OF WATER IN QTS. (Last 12 Hours)

SWEATING (Check one)
☐ EXCESS ☐ MODERATE ☐ NONE ☐ SLIGHT

LAST HISTORY OF HEAT/COLD ILLNESS (Specify type)

DATE (MONTH AND DAY) DIAGNOSIS NONE

RECENT ILLNESS OR IMMUNIZATION

DATE DIAGNOSIS NONE

DISPOSITION PRESENT ILLNESS

☐ CLINIC ☐ HOSPITAL (Admitted)

☐ BINNACLE LIST/SIQ (NUMBER OF DAYS)

☐ LIGHT DUTY (NUMBER OF DAYS)

REMARKS (Initial treatment, long-term treatment potential, extent of injury, remission)

SIGNATURE

PREPARED

SUBMITTED
COMMANDING OFFICER

NAVMED 6500/1 (REV.5-99)
S/N0105-LF-015-080

Reset

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