## **CONTINUE ON BACK WHEN NECESSARY**

👀 Departr	nent of Vet	terans Af	ffairs		MEDIC	AL CERTIF	ICATE	
1. DATE	2. TIME AM PM	3. AGE	4. SEX	5. ON ARRIVAL P. AMBULATO		WHEELCHAIR	6. PHONE NUMBE	7. HOMELESS NO
8A. ALLERGIES		I	8B. WEIGHT	8C. TEMPERATU	RE 8D. PULSE	8E. RESPIRATION		DUE TO INJURY  NO YES
9. CURRENT	MEDICATIO	NS						
10. TRIAGE								
						11. SIGNA	TURE	
12. HISTORY	AND PHYSI	ICAL						
13. DIAGNOS	TIC IMPRES	SIONS						
14. PLAN								
454 ATTENDING	05 050000				(-D - EVA	21011471125		
15A. ATTENDING	OF RECORD				15B. EXMINER'S	SIGNATURE		
1. DISPOSITION	/ CLINIC ADDOIN	ITMENIT	Ta AETER CAS		- FOR PATIEI	<b>NT</b> ACTIVITY - LIMITATI	IONS	
4. CONDITION	CLINIC AFFOIN	ITIVIENT	Z. AFTER CAR	□ NO	OF DISCHARGE		IONS INDICATE INSTRU	ICTIONS CIVEN
☐ IMPROVED	_		UNCHANGED			6. SIGNATURE TO	INDICATE INSTRU	CHONS GIVEN
IMF	PRINT PATIENT	DATA CAR	D	7. PATIENT IN	STRUCTIONS			
				I_CERTIFY	THAT I RECE	EIVED AND 8. P.	ATIENT'S SIGNATU	RE
				UNDERSTA	THAT I RECE ND THESE INS	TRUCTIONS		

		VITAL 6										
TIME	TEMP	VITAL S PULSE	RESP	B/P	TIME		ORDERS		MD SIGNATURE	TIME	NURSE SIGNATURE	EFFECTIVENESS
CONTIN	UATION	FROM FR	RONT / PR	ROGRES	S NOTE						•	•
STUDIES REQUESTED			RESULTS									
				1								

SECTION II - FOR PATIENT							
1. DISPOSITION / CLINIC APPOIN	NTMENT 2. AFTER CARE  YES	E SHEET GIVEN 3. FOLLOWUP - ACTIVITY - LIMITATIONS					
4. CONDITION  IMPROVED SATIS	ISFACTORY UNCHANGED	5. DATE / TIME OF DISCHARGE 6. SIGNATURE TO INDICATE INSTRUCTIONS GIVEN					
IMPRINT PATIENT	T DATA CARD	7. PATIENT INSTRUCTIONS					
		I CERTIFY THAT I RECEIVED AND UNDERSTAND THESE INSTRUCTIONS  8. PATIENT'S SIGNATURE					
		VA FORM MAR 1992 10-10M					

PAGE 3 PATIENTS COPY