NSN 7540-00-834-4176

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

SEC 1 **TO BE COMPLETED BY CFL:**

Command:		CFL/POC:	
Today's Date:	Reason for Referral:	☐ Positive Risk Screening	☐ PHA
		☐ Age>=50 yrs & no PRT in last year	☐ Injury/illness

SEC 2 **TO BE COMPLETED BY AMDR:**

Member Cleared ☐ Yes ☐ No **If Yes, go to section 5.**	Waiver Granted ☐ Yes ☐ No	Waiver Exp. Date	

SEC 3 **Check Waived Events:**

3A

BCA ☐	Medical Specialist Signature	Department Head/OIC Signature

List reason(s) for BCA Waiver. Must be IAW OPNAVINST 6110.1. *Inability to exercise is not a valid reason for a BCA waiver.*

3B PRT Events

Sit-reach	☐	Run/Walk	☐
Curl-ups	☐	Fitness Enhancement Program	☐
Push-up	☐	Command Physical Training	☐

SEC 4 Medical personnel shall provide guidance on the types of execrises an individual on limited duty or with medical waivers may perform.
Which of the following activities is this memeber medically cleared to participate in?

Activity	Cleared to Participate?	Recommended time
- Running/jogging	☐ Yes	
- Treadmill	☐ Yes	
- Elliptical Trainer	☐ Yes	
- Stationary bike	☐ Yes	
- Rowing machine	☐ Yes	
- Stair stepper	☐ Yes	
- Aerobics High Impact	☐ Yes	
- Low Impace	☐ Yes	
- Swiming	☐ Yes	
- Brisk walking	☐ Yes	
- Strength training	☐ Yes	
- Flexibility training	☐ Yes	
- Nutrition/Diet	☐ Yes	
Other		

SEC 5

Date:		AMDR Name/Signature	

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