

MEDICAL RECORD**ALLERGY IMMUNOTHERAPY RECORD**
For use of this form, see AR 40-66; the proponent agency is the TSG.**SINGLE EXTRACT**

START ALLERGY SHOT DATE

RE-EVALUATION DUE

PRESCRIPTION NUMBER

EXTRACT CONTENT

HISTORY OF SYSTEMIC SHOT REACTIONS? YES**ON BETA BLOCKERS? YES NO**

DATE (YYYYMMDD)	TIME	VIAL #	STRENGTH (pnu/ml, wt/vol, AU/ml)	SCHEDULE A, B, C, D, E, F	DOSE (ml)	ARM	REACTIONS OR SPECIAL INSTRUCTIONS	TECH INITIALS

PATIENT'S IDENTIFICATION
(For typed or written entries give Name--last, first, middle, SSN; DOB; sex; treating facility)

NURSING PERSONNEL INITIALS

NAME	INITIALS	NAME	INITIALS