

# Agent Orange Worksheet

<b>Name</b>		<b>SSN</b>	
<b>Demographics</b>			
Last Name		First Name	Middle Name
Social Security Number		Date of Birth (mm/dd/yyyy)	
Address			
City		State	Zip Code Plus 4
County			
Sex <i>F = Female M = Male</i>		Marital Status <i>1 = Married 2 = Divorced 3 = Separated 4 = Widowed 5 = Single, Never Married</i>	
<b>Race</b>			
Enter all races that apply below. One entry per row.			
<i>1 = American Indian or Alaskan Native 2 = Asian 3 = Black or African American 4 = Native Hawaiian or other Pacific Islander</i>		<i>5 = White 6 = Declined to answer 7 = Unknown by patient</i>	<i>1 = Observer 2 = Proxy 3 = Self-identification 4 = Unknown</i>
<b>Race Code</b>		<b>Collection Method</b>	
<b>Ethnicity</b>			
Enter all ethnicities that apply. One entry per row.			
<i>1 = Hispanic or Latino 2 = Not Hispanic or Latino</i>		<i>3 = Declined to answer 4 = Unknown by patient</i>	<i>1 = Observer 2 = Proxy 3 = Self-identification 4 = Unknown</i>
<b>Ethnicity Code</b>		<b>Collection Method</b>	
<b>Periods of Service</b>			
Enter all periods of service that apply. One entry per row.			
<i>1 = Army    2 = Air Force    3 = Navy    4 = Marines    5 = Coast Guard    6 = Other</i>			
<b>Branch of Service</b>	<b>Start Date</b> <i>(mm/dd/yyyy)</i>	<b>End Date</b> <i>(mm/dd/yyyy)</i>	<b>Remarks</b>

# Agent Orange Worksheet

<b>Name</b>		<b>SSN</b>					
<b>General</b>							
Facility Number		Facility Suffix			Date of Exam		
Examiner Name			Examiner Title				
Examiner Signature			Private Physician? <i>Y = Yes; N = No</i>				
Remarks							
<b>Military</b>							
Current Status		<i>1 = Inpatient 2 = Outpatient 3 = Incarcerated</i>		<i>4 = Active Duty (Inpatient) 5 = Active Duty (Outpatient)</i>			
Branch of Service		<i>1 = Army 2 = Air Force 3 = Navy</i>		<i>4 = Marines 5 = Coast Guard 6 = Other</i>			
Does veteran have military service in Vietnam, Korea, or other locations where Agent Orange or other herbicides were tested, transported, or sprayed for military purposes?				<i>1 = Vietnam 2 = Korea (1968 or 1969) 3 = Both 4 = Neither (Other Locations)</i>			
If other location, describe:							
Did veteran serve in any of the following? <i>Y = Yes; N = No; U = Unknown</i>		I Corps	II Corps	III Corps	IV Corps	Sea Duty	Other
If other, describe:							
List military units in which veteran served. Specify complete unabbreviated title (Company, Battalion)							

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Exposure Periods			
<b>Location</b> <small>1 = Vietnam                      4 = Other</small> <small>2 = Korea</small>	<b>Location Description</b>	<b>Start Date</b>	<b>End Date</b>

Exposures	
<small>1 = Definitely Yes; 2 = Not Sure; 3 = Definitely No</small>	
Veteran was involved in handling or spraying Agent Orange.	
Veteran was not directly sprayed but was in a recently sprayed area.	
Veteran was exposed to herbicides other than Agent Orange.	
Veteran was directly sprayed with Agent Orange.	
Veteran ate food or drink that could have been sprayed with Agent Orange.	

Self Assessment	
<small>1 = Very Good; 2 = Good; 3 = Fair; 4 = Poor; 5 = Very Poor</small>	
Which best describes veteran's health?	

Birth Data	
How many children does veteran have?	
How many children were born before veteran's military service in the Republic of Vietnam?	
How many of the children born before the veteran's military service in the Republic of Vietnam showed evidence of spina bifida?	
State maternal age at conception.	
How many of the children born before the veteran's military service in the Republic of Vietnam showed evidence of other birth defects?	
State maternal age at conception.	
How many children were born during or after veteran's military service in the Republic of Vietnam?	
How many of the children born during or after veteran's military service in the Republic of Vietnam showed evidence of spina bifida?	
State maternal age at conception.	
How many of the children born during or after veteran's military service in the Republic of Vietnam showed evidence of other birth defects?	
State maternal age at conception.	



