Agent Orange	Worksheet							P	age 1
Name					SSN				
Demographics									
Last Name		First N	ame			Mido	dle Name		
Social Security Number Date o				Date of	Birth <i>(mr</i>	m/dd/y	ууу)		
Address									
City					State		Zip Code	Plus 4	
County									
Sex	F = Fema	ale	Marita	Status	1 = Marı	ried	4 = Wido	owed	1
	M = Male	-	ivialita	Status	2 = Divo 3 = Sepa	rced		le, Never Married	
Race									
Enter all races that a							01	0.0.16 i.d	
1 = American Indian or Ala 2 = Asian 3 = Black or African Ameri 4 = Native Hawaiian or oth	ican		ned to ans own by pat				Observer Proxy	3 = Self-identifi 4 = Unknown	cation
Race Code						Co	llection Meth	hod	
Ethnicity									
Enter all ethnicities th 1 = Hispanic or Latino		ntry per rov				1 =	Observer	3 = Self-identifi	cation
2 = Not Hispanic or Latino		known by pa				2 =	Proxy	4 = Unknown	ballon
Ethnicity Code						Co	llection Meth	hod	
Periods of Service	·	<b>•</b> • •							
Enter all periods of s 1 = Army 2 = Air For		One entry 4 = Marine	y per rov	V. = Coast Gua	rd 6	i = Oth	or		
Branch of Service	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyy	) _	emarks	10 0	) = 0 <i>m</i>	er		
Branch of Octvice	(11111/00/9999)	(IIIII) ddi yyy		emarko					
	ı I								

Agent Orange Worksheet							Page 2
Name			SSN				
General			·				
Facility Number	Facility Suffix			Date of	Exam		
Examiner Name		Exam	iner Title	1			
Examiner Signature			e Physicia s; N = No	an?			
Remarks							
Military							
Current Status			1 = Inpatie 2 = Outpa 3 = Incarc	tient		uty (Inpatien uty (Outpatie	
Branch of Service			1 = Army 2 = Air Foi 3 = Navy		4 = Marines 5 = Coast G 6 = Other	uard	
Does veteran have military service in Vie Agent Orange or other herbicides were t military purposes?				r :	1 = Vietnam 2 = Korea (19 3 = Both 4 = Neither (0		ns)
If other location, describe:							
Did veteran serve in any of the following Y = Yes; N = No; U = Unknown	?	Corps	II Corps	III Corps	IV Corps	Sea Duty	Other
If other, describe: List military units in which veteran served	d. Specify compl	ete una	bbreviate	d title (Cc	ompany, Ba	attalion)	
	a. Opeony compr						

Page	3
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Name	SSN						
Exposure Periods							
Location							
1 = Vietnam $4 = Other$	Location Description		Start Date	End Date			
2 = Korea	Location Description		Start Date				
Exposures	-						
1 = Definitely Yes; 2 = Not Sure; 3							
Veteran was involved in han	dling or spraying Agent Orange.						
Veteran was not directly spr	ayed but was in a recently sprayed a	<u>теа</u>					
		04.					
Veteran was exposed to her	bicides other than Agent Orange.						
Veteran was directly sprayed	d with Agent Orange.						
Veteran ate food or drink tha	at could have been sprayed with Ager	nt Orange					
	a could have been splayed with Age	it orange.					
Self Assessment							
1 = Very Good; 2 = Good; 3 = Fai	r; 4 = Poor; 5 = Very Poor						
Which best describes vetera	in's health?						
Birth Data							
How many children does ver	teran have?						
-							
How many children were bo	rn before veteran's military service in	the Republic of	of Vietnam?				
How many of the children bo	orn before the veteran's military service	o in the Denu	blic of Vietnan	a showed			
evidence of spina bifida?	Sin belore the veteral s military service			I SHOWED			
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.							

Agent Orange Worksheet		Pa	ige 4
Name		SSN	•
Consultations			
<ul> <li>1 = No workup, no consultation done.</li> <li>2 = Workup/consultation done. Has symptoms/diagnosis undetermined.</li> <li>3 = Workup/consultation done. Diagnosis established.</li> </ul>	5 = N	/orkup/consultation done. No symptoms/no illness ev. /orkup/consultation in progress. Results pending. /orkup/consultation scheduled. Veteran no show.	ident.
Dermatology			
Pulmonary			
Reproductive Health			
Hematology/Oncology			
Urology			
Neurology			
ENT			
Other Y = Yes; N = No			
Hepatitis C (with veteran's consent) P = Positive; N = Negative; X = No testing done			
Additional workups			
Disposition			
Y = Yes; N = No			
Exam Completed?			
Hospitalized at VAMC for further tests?			
Hospitalized at VAMC for treatment?			
Referred for VA outpatient treatment?			
Referred to private physician; non-VA clinic or non-VA hosp	ital?		
Biopsy?			
Specimens to be sent to AFIP?			

Agent Orange Worksheet				Page 5	
Name	SSN				
Symptoms/Complaints					
Description	Date of Onset (mm/dd/yyyy)	Duration (months)	Currently Present Y = Yes; N = No	ICD-9 Code	
·					
Diagnoses					
Description			ICD-9	Code	