MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA For use of this form, see AR 40-66; the proponent agency Is the Office of The Surgeon General. REPORT TITLE: Virtual Occupational Health (VOH) Supplemental Physical Examination PRIVACY ACT STATEMENT: This information is subject to the Privacy Act of 1974 (5 U.S.C. Section 552a). This information may be provided to appropriate Government agencies when relevant to civil, criminal or regulatory investigations or prosecutions. The Social Security Number, authorized by Public Law 93-579 Section 7 (b) and Executive Order 9397, is used as a unique identifier to distinguish between employees with the same names and birth dates and to ensure that each individual's record in the system is complete and accurate and the information is properly attributed. Examinee's Name Examinee's Social Security/ID Number Date of Exam Place of Exam N = NORMAL**DESCRIBE ABNORMALITIES:** AB = ABNORMALNE = Not EvaluatedHeart (Regular rate and rhythm, no murmur) Lungs (Clear to auscultation bilaterally) Abdomen (Non-tender, no masses, normal bowel sounds) AB **Inguinal Area** (No hernia bilaterally, non-tender) **Additional PE:** No doctor-patient relationship has been created with this PE, which is for functional employment-related and non-diagnostic purposes. Supplemental Examiner's Name and Title (MD, DO, NP, PA) Supplemental Examiner's Signature