ELECTRONIC ELEMENTS FOR SF 93—Continued

Item	Placement*
Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details)—Yes (Check box).	
Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and give details)—No (Check box).	
Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection)—Yes (Check box).	
Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection)—No (Check box).	
Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability.)—Yes (Check box).	
Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability.)—No (Check box).	
Have you ever received, is there pending or have you ever applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when.)—Yes (Check box).	
Have you ever received, is there pending or have you ever applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when.)—No (Check box).	
Have you ever been arrested or convicted of a crime, other than minor traffic violations (If yes, provide details.)—Yes (Check box).	
Have you ever been arrested or convicted of a crime, other than minor traffic violations (If yes, provide details.)—No (Check box).	
Have you ever been diagnosed with a learning disability? (If yes, give type, where, and how diagnosed.)—Yes (Check box).	
Have you ever been diagnosed with a learning disability? (If yes, give type, where, and how diagnosed.)—No (Check box).	
List All Immunizations Received.	
Typed or Printed Name of Examinee.	
Signature of Examinee.	
Date of Signature.	
Physician's Summary and Elaboration of All Pertinent Data. (Physician shall comment on all positive answers in Items 7 through 11. Physicians may develop by interview any additional medical history deemed important, and record any significant findings here.)	
Typed or Printed Name of Physician or Examiner.	
Signature of Physician or Examiner.	
Date of Signature.	

*If no placement indicated, items can appear anywhere on the form.

FOR FURTHER INFORMATION CONTACT: CDR Steven S. Kerrick, USN National Naval Medical Center, Department of Ophthalmology, Bethesda, MD 20889–5000 or E-Mail at StevenK966@aol.com.

Dated: May 12, 1999.

Steven S. Kerrick,

Chairperson, Interagency Committee on Medical Records.

[FR Doc. 99–12704 Filed 5–19–99; 8:45 am]

BILLING CODE 6820–34–M

GENERAL SERVICES ADMINISTRATION

Interagency Committee for Medical Records (ICMR); Automation of Medical Standard Form 509

AGENCY: General Services Administration.

ACTION: Guideline on automating medical standard forms.

BACKGROUND: The Interagency Committee on Medical Records (ICMR) is aware of numerous activities using computer-generated medical forms, many of which are not mirror-like images of the genuine paper Standard/Optional Form. With GSA's approval the ICMR eliminated the requirement that every electronic version of a medical Standard/Optional form be reviewed and granted an exception. The committee proposes to set required fields standards and that activities developing computer-generated versions adhere to the required fields but not necessarily to the image. The ICMR plans to review medical Standard/Optional forms which are commonly used and/or commonly computer-generated. We will identify those fields which are required, those (if any) which are optional, and the required format (if necessary). Activities may not add data elements that would change the

meaning of the form. This would require written approval from the ICMR. Using the process by which overprints are approved for paper Standard/Optional forms, activities may add other data entry elements to those required by the committee. With this decision, activities at the local or headquarters level should be able to develop electronic versions which meet the committee's requirements. This guideline controls the "image" or required fields but not the actual data entered into the field.

SUMMARY: With GSA's approval, the Interagency Committee on Medical Records (ICMR) eleminited the requirement that every electronic version of a medical Standard/Optional form be reviewed and granted an exception. The following fields must appear on the electronic version of the following form:

ELECTRONIC ELEMENTS FOR SF 509

Item	Placement*
Text:	
Title Progress Notes	Bottom right corner of form.
Form ID: Standard Form 509 (Rev. 5–99)	Bottom right corner of form.
Data Entry Fields:	
Date (Allow at least 49 entries).	
Notes (Allow at least 49 entries).	
Relationship to Sponsor.	
Sponsor's Name—Last.	
Sponsor's Name—First.	
Sponsor's Name—MI.	
Sponsor's ID Number (SSN or other).	
Depart./Service.	
Hospital or Medical Facility.	
Records Maintained At.	
Patient's Identification (Name—Last, first, middle; ID No. or SSN; Sex; Date of Birth; Rank/Grade).	Lower left corner of form.
Ward No.	
Register No.	

*If no placement indicated, items can appear anywhere on the form.

FOR FURTHER INFORMATION CONTACT:
CDR Steven S. Kerrick, USN National Naval Medical Center, Department of Ophthalmology, Bethesda, MD 20889–5000 or E-Mial at StevenK966@aol.com.

Dated: May 12, 1999.

Steven S. Kerrick,
Chairperson, Interagency Committee on Medical Records.
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BILLING CODE 6820–34–M

GENERAL SERVICES ADMINISTRATION

Interagency Committee for Medical Records (ICMR); Automation of Medical Standard Form 510

AGENCY: General Services Administration.
ACTION: Guideline on automating medical standard forms.

BACKGROUND: The Interagency Committee on Medical Records (ICMR) is aware of numerous activities using computer-generated medical forms, many of which are not mirror-like images of the genuine paper Standard/Optional Form. With GSA's approval the ICMR eliminated the requirement that every electronic version of a medical Standard/Optional form be reviewed and granted an exception. The committee proposes to set required fields standards and that activities developing computer-generated versions adhere to the required fields but not necessarily to the image. The ICMR plans to review medical Standard/Optional forms which are commonly used and/or commonly computer-generated. We will identify those fields which are required, those (if any) which are optional, and the required format (if necessary). Activities may not add data elements that would change the

meaning of the form. This would require written approval from the ICMR. Using the process by which overprints are approved for paper Standard/Optional forms, activities may add other data entry elements to those required by the committee. With this decision, activities at the local or headquarters level should be able to develop electronic versions which meet the committee's requirements. This guideline controls the ''image'' or required fields but not the actual data entered into the field.

SUMMARY: With GSA's approval, the Interagency Committee on Medical Records (ICMR) eliminated the requirement that every electronic version of a medical Standard/Optional form be reviewed and granted an exception. The following fields must appear on the electronic version of the following form:

ELECTRONIC ELEMENTS FOR SF 510

Item	Placement*
Text:	
Title: Nursing Notes	Tope of form.
Form ID: Standard Form 510 (Rev. 7–91)	Bottom right corner of form.
Data Entry Fields:	
Date.	
Hour A.M.	
Hour P.M.	
Observations (Include medication and treatment when indicated).	
Patient's Name—(last, first, middle)	Bottom left corner of form.
Patient's Grade.	
Patient's Rate.	
Patient's Hospital or Medical Facility.	
Register No.	
Ward No.	

*If no placement indicated, items can appear anywhere on the form.