



Resident Medical Data Base Face Sheet

Name: _____ DHS #: _____

Admission Date: _____ Social Security #: _____

Date of Birth: _____ Transfer From: _____

Allergies: _____

DNR Yes No

History: _____

Immunizations:	Date	Date	Date	Date	Date	Date
Hepatitis A						
Hepatitis B	#1	#2	#3			
Diphtheria / Tetanus						
Pneumococcal						
Other						
Other						

History of + PPD: Yes No

History Drug Use: Yes No

Glasses: _____

Dentures / Partial: _____

Hearing Aid: _____

Prosthesis: _____

Pacemaker: _____