

REPORT OF HEAT / COLD INJURY

FROM: (Reporting Activity) _____ DATE _____

TO: [NAVY ENVIRONMENTAL HEALTH CENTER
(NEHC-35)
2510 WALMER AVENUE
NORFOLK, VA 23513-2617]

NAME				
SSN				
GRADE	RATE	RACE	SEX	AGE
BIRTHPLACE				
DATE AND TIME OF EXAMINATION				
UNIT TO WHICH ATTACHED				
DATE REPORTED TO PRESENT STATION				

PRESENT ILLNESS (Onset Date and Time)	WGBT	DIAGNOSIS (Check one) <input type="checkbox"/> HEAT CRAMPS <input type="checkbox"/> CHILBLAIN <input type="checkbox"/> HEAT EXHAUSTION <input type="checkbox"/> FROSTBITE <input type="checkbox"/> HEAT STROKE <input type="checkbox"/> HYPOTHERMIA	TIME ON ACTIVE DUTY (Months)
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DESCRIBE BRIEFLY WHAT PATIENT WAS DOING AT TIME OF INJURY INCLUDE DESCRIPTION OF CLOTHING

NOTE:
 (1) ALL HEAT STRESS INJURIES SHOULD HAVE RECTAL TEMPERATURES.
 (2) ALL HEAT STRESS INJURIES WITH RECTAL TEMPERATURES GREATER THAN 104° SHOULD HAVE SERUM SGOT DRAWN 24 HOURS AFTER THE INJURY.

LAB FINDINGS

SYMPTOMS (Check all applicable) <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> WEAK <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> DIZZY <input type="checkbox"/> NAUSEA <input type="checkbox"/> CONFUSED <input type="checkbox"/> CRAMPS <input type="checkbox"/> NUMBNESS <input type="checkbox"/> VOMITING <input type="checkbox"/> VISUAL DISTURBANCES (Specify)	SKIN (Check all applicable) <input type="checkbox"/> RED <input type="checkbox"/> NORMAL <input type="checkbox"/> PALE <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> WET <input type="checkbox"/> DRY <input type="checkbox"/> RASH	TEMP(R)	RESP.
		PULSE	
		HEIGHT	
		WEIGHT	

HOURS OF SLEEP (Last 24 Hours)	LAST MEAL (Date and time) AMOUNT <input type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY	BLOOD PRESSURE SYSTOLIC _____ DIASTOLIC _____
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AMOUNT OF WATER IN QTS. (Last 12 Hours)	SWEATING (Check one) <input type="checkbox"/> EXCESS <input type="checkbox"/> MODERATE <input type="checkbox"/> NONE <input type="checkbox"/> SLIGHT
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LAST HISTORY OF HEAT/COLD ILLNESS (Specify type)		
DATE (MONTH AND DAY)	DIAGNOSIS	NONE

RECENT ILLNESS OR IMMUNIZATION		
DATE	DIAGNOSIS	NONE

DISPOSITION-PRESENT ILLNESS	<input type="checkbox"/> BINNACLE LIST/SIQ (NUMBER OF DAYS)	<input type="checkbox"/> LIGHT DUTY (NUMBER OF DAYS)
<input type="checkbox"/> CLINIC <input type="checkbox"/> HOSPITAL (Admitted)	_____	_____

REMARKS (Initial treatment, long-term treatment potential, extent of injury, remission)

SIGNATURE	
PREPARED:	SUBMITTED: _____ COMMANDING OFFICER

NAVMED 6500/1 (9-92) S/N 0105-LF-015-0800

DATE

CLASSIFICATION OF ENCLOSURES

TITLE OR DESCRIPTION

REPORT OF HEAT/COLD INJURY

NO. OF PAGES

1

TRIM SIZE

8 1/2" x 11

STOCK SPECIFICATIONS

GRADE	WEIGHT	COLOR	GRADE	WEIGHT	COLOR	GRADE	WEIGHT	COLOR
OFFSET	50#	WHITE						

PRINTING SPECIFICATIONS

<input checked="" type="checkbox"/> ONE SIDE	<input type="checkbox"/> TWO SIDES	<input type="checkbox"/> SAME	<input type="checkbox"/> DIFFER	H TO H	H TO F	H TO L	H TO R	COLOR INK (If not black)	SUPERSEDES	<input type="checkbox"/> NEW
									S/N 0105-LF-206-5006	
FRONT MARGINS				HEAD	LEFT	RIGHT	FOOT	BACK MARGINS		
<input checked="" type="checkbox"/> 3/8 HEAD CNTR L & R	<input type="checkbox"/> OTHER							<input type="checkbox"/> 3/8 HEAD CNTR L & R	<input type="checkbox"/> OTHER	

FINISHING SPECIFICATIONS

FOLDING		STD. DRILLING		NON-STANDARD DRILLING			WIRE STITCHING					
OLD TO	2 TOP	3 LEFT	NO.	DIAMETER	C TO C	LOCATION	NO.	<input type="checkbox"/> SIDE	<input type="checkbox"/> SADDLE	<input type="checkbox"/> TOP LEFT CORNER	<input type="checkbox"/> OTHER	
PERFORATING OR SCORING			PADDING			UNIT OF ISSUE	QUANTITY PER UNIT OF ISSUE	PACKAGING SPECIFICATIONS				
<input type="checkbox"/> PERF	<input type="checkbox"/> SCORE	DISTANCE	FROM	SHEETS	SETS	LOCATION	OTHER	PD	100	OPTIONAL		
PERFORATING OR SCORING				PADDING				UNIT OF ISSUE	QUANTITY PER UNIT OF ISSUE	PACKAGING SPECIFICATIONS		
PERFORATING OR SCORING				PADDING				UNIT OF ISSUE	QUANTITY PER UNIT OF ISSUE	PACKAGING SPECIFICATIONS		

SPECIAL INSTRUCTIONS/REMARKS