Form Approved OMB No. 0923-0051 Exp. Date 03/31/2018

Flint Dermatology Chart Abstraction Form

Investigation ID:			Date: Dermatologist:		
Patient Demographics DOB:// Se	ex:	ccupation:		Ethnicity: Hisp	anic □ Not Hispanic
Race: American India	n/ Alaskan Native □ As	ian □ Black	□ Native Hav	waiian/ Pacific Islander	- □ White
History of Present Illness	;				
Chief complaint:					
Symptoms	C	Onset		tion	
	 -				
Diagnoses/Treatment/R	ecommendations				
Diagnoses:					
Prescription medications	::				
Other recommendations	:				
Assessment of Relations	hip of Skin Condition to	Water Exposure	e (Circle)		
Definitely unrelated	Possibly related	Probably r	elated	Definitely related	Unknown
Notes					

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS E-11 Atlanta, Georgia 30333; ATTN: PRA (0923-0051)