

**MEDICAL REPORT ON CHILD WITH ALLEGATION OF HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION**

FO CODE:

The individual named below has filed an application for a period of disability and/or disability payments. If you complete this form, your patient may be able to receive early payments. (This is not a request for an examination, but for existing medical information.)

**MEDICAL RELEASE INFORMATION**

Form SSA-827, "Authorization to Disclose Information to the Social Security Administration (SSA)," attached.

I hereby authorize the medical source named below to release or disclose to the Social Security Administration or State  agency any medical records or other information regarding the child's treatment for human immunodeficiency virus (HIV) infection.

CLAIMANT'S PARENT'S OR GUARDIAN'S SIGNATURE (Required only if Form SSA-827 is NOT attached) DATE

**A. IDENTIFYING INFORMATION**

CLAIMANT'S NAME	CLAIMANT'S SSN	CLAIMANT'S PHONE NUMBER
CLAIMANT'S ADDRESS	CLAIMANT'S DATE OF BIRTH	MEDICAL SOURCE'S NAME

**B. HOW WAS HIV INFECTION DIAGNOSED?**

Laboratory testing confirming HIV infection

Other clinical and laboratory findings, medical history, and diagnosis(es) indicated in the medical evidence

**C. CONDITIONS RELATED TO HIV INFECTION: Please check if applicable.**

ALL INFORMATION PROVIDED IN THIS SECTION MUST BE SUPPORTED BY DOCUMENTATION IN THE MEDICAL RECORD. We will request your patient's medical records as part of our case adjudication process.

**1. Multicentric (not localized or unicentric) Castleman disease**

- Affecting multiple groups of lymph nodes
- Affecting organs containing lymphoid tissue

**2.  Primary central nervous system lymphoma**

**3.  Primary effusion lymphoma**

**4.  Progressive multifocal leukoencephalopathy**

**5.  Pulmonary Kaposi sarcoma**

**6. CD4 Count: Please indicate measurement, date recorded, AND ordering provider**

**a. Birth to attainment of age 1:**

- Absolute CD4 count of 500 cells/mm<sup>3</sup> or less
- CD4 percentage of less than 15 percent

**b. Age 1 to attainment of age 5:**

- Absolute CD4 count of 200 cells/mm<sup>3</sup> or less
- CD4 percentage of less than 15 percent

**c. Age 5 to attainment of age 18:**

- Absolute CD4 count of 50 cells/mm<sup>3</sup> or less

**7. Complication(s) of HIV infection requiring at least three hospitalizations within a 12-month period and at least 30 days apart.** Each hospitalization must last at least 48 hours, including hours in a hospital emergency department immediately before the hospitalization. Complications of HIV infection may include infections (common or opportunistic), cancers, and other conditions.

Complication of HIV Infection	Date of Hospitalization	Duration	Name of Hospital
Example: Diarrhea	Example: December 2, 2015	Example: 2 days	Example: Memorial Hospital

**8. Neurological manifestation of HIV infection** including, but not limited to, HIV encephalopathy or peripheral neuropathy, resulting in one of the following specified impairments. **Either both a and b or a and c are required.**

**a. Neurological manifestation** (please specify):

**Resulting in b. or c.**

**b.** Each of these items requires two examinations at least 60 days apart. You must check the appropriate impairment and fill out the table indicating the dates of examination

- Loss of previously acquired developmental milestones or intellectual ability (including the sudden onset of a new learning disability), documented on two examinations at least 60 days apart
- Progressive motor dysfunction affecting gait and station or fine and gross motor skills, documented on two examinations at least 60 days apart
- Microcephaly with head circumference that is less than the third percentile for age, documented on two examinations at least 60 days apart

DATE OF EXAMINATION	DETAILS (if applicable)	PROVIDER (if other than the person completing form)

**OR**

**c.**  Brain atrophy, documented by appropriate medically acceptable imaging

DATE OF IMAGING	DETAILS (if applicable)	IMAGING CENTER

**9. Immune suppression and growth failure. Both a and b are required.**

**a. CD4 count:**

From birth to attainment of age 5, CD4 percentage of less than 20 percent  
Please indicate measurement, date recorded, AND ordering provider

From age 5 to attainment of age 18, absolute CD4 count of less than 200 cells/mm<sup>3</sup> or CD4 percentage of less than 14 percent. Please indicate measurement, date recorded, AND ordering provider

**b. Growth failure:**

For children from birth to attainment of age 2, three weight-for-length measurements that are:

- Within a consecutive 12-month period; and
- At least 60 days apart; and
- Less than the third percentile on the appropriate weight-for-length table on pages 6-7.

DATE	LENGTH (cm)	WEIGHT (kg)

For children age 2 to attainment of age 18, three BMI-for-age measurements that are:

- Within a consecutive 12-month period; and
- At least 60 days apart; and
- Less than the third percentile on the appropriate BMI-for-age table on pages 8-9.

DATE	AGE (years and months)	BMI

**D. REMARKS:** *(Please use this space to provide any other comments you wish about your patient.)*

<b>E. MEDICAL SOURCE'S NAME AND ADDRESS</b> <i>(Print or type)</i>	TELEPHONE NUMBER (Include Area Code)
	DATE

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false statement about a material fact in this information, or causes someone else to do so, commits a crime and may be subject to a fine or imprisonment.

**F. SIGNATURE AND TITLE (e.g., physician, R.N.) OF PERSON COMPLETING THIS FORM**

**FOR  
OFFICIAL  
USE  
ONLY**

FIELD OFFICE DISPOSITION:

DISABILITY DETERMINATION SERVICES DISPOSITION:

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**MEDICAL SOURCE INSTRUCTION SHEET FOR COMPLETION OF ATTACHED SSA-4815  
(Medical Report On Child With Allegation Of Human Immunodeficiency Virus (HIV) Infection)**

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A claim has been filed for your patient, identified in section A of the attached form, for Supplemental Security Income disability payments based on HIV infection. **MEDICAL SOURCE:** Please detach this instruction sheet and use it to complete the attached form.

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**1. PURPOSE OF THIS FORM:**

**IF YOU COMPLETE AND RETURN THE ATTACHED FORM PROMPTLY, YOUR PATIENT MAY BE ABLE TO RECEIVE PAYMENTS WHILE WE ARE PROCESSING HIS OR HER CLAIM FOR ONGOING DISABILITY PAYMENTS.** This is not a request for an examination. At this time, we simply need you to fill out this form based on existing medical information. The State Disability Determination Services will contact you later to obtain further evidence needed to process your patient's claim.

**2. WHO MAY COMPLETE THIS FORM:**

A physician, nurse, or other member of a hospital or clinic staff, who is able to confirm the diagnosis and severity of the HIV disease manifestations based on your records, may complete and sign the form.

**3. MEDICAL RELEASE:**

An SSA medical release (an SSA-827) signed by your patient's parent or guardian should be attached to the form when you receive it. If the release is not attached, the medical release section on the form itself should be signed by your patient's parent or guardian.

**4. HOW TO COMPLETE THE FORM:**

- If you receive the form from your patient's parent or guardian and section A has not been completed, please fill in the identifying information about your patient.
- You may not have to complete all of the sections on the form.
- **ALWAYS COMPLETE SECTION B.**
- **COMPLETE SECTION C, IF APPROPRIATE** . If you complete at least one of the items in section C, go to section D.
- **COMPLETE SECTION D IF YOU WISH TO PROVIDE COMMENTS ON YOUR PATIENT'S CONDITION(S).**
- **ALWAYS COMPLETE SECTIONS E AND F.** **Note:** This form is not complete until it is signed.

**5. HOW TO RETURN THE FORM TO US:**

- Mail the completed, signed form, as soon as possible, in the return envelope provided.
  - If you received the form from your patient without a return envelope, give the completed, signed form back to your patient's parent or guardian for return to the SSA field office.
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## Privacy Act Statement Collection and Use of Personal Information

Sections 1614(a)(3), 1631(a)(4), 1631(e)(1), and 1633 of the Social Security Act, as amended, allow us to collect this information. We will use the information you provide to make a determination on the named individual's disability claim.

Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from making an accurate and timely decision on the claim. We rarely use the information you supply for any purpose other than what we state above, however, we may use the information for the administration of our programs, including sharing information:

1. To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office and Department of Veterans Affairs); and,
2. To facilitate statistical research, audit, or investigative activities necessary to ensure the integrity and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

A list of when we may share your information with others, called routine uses, is available in our Privacy Act System of Records Notices, 60-0103, entitled Supplemental Security Income Record, and Special Veterans Benefits, and 60-0320, entitled Electronic Disability (eDIB) Claim File. Additional information about these and other system of records notices and our programs is available from our Internet website at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local Social Security office.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for federally funded or administered benefit programs and for repayment of incorrect payments or delinquent debts under these programs.

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 0960-0500. We estimate that it will take about 8 minutes to read the instructions, gather the facts, and answer the questions. **Send only comments relating to our time estimate above to:** SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.

Table 1 - Males Birth to Attainment of Age 2 - Third Percentile Values for Weight-for-Length

Length (Centimeters)	Weight (Kilograms)	Length (Centimeters)	Weight (Kilograms)
45.0	1.597	74.5	8.301
45.5	1.703	75.5	8.507
46.5	1.919	76.5	8.710
47.5	2.139	77.5	8.913
48.5	2.364	78.5	9.113
49.5	2.592	79.5	9.313
50.5	2.824	80.5	9.512
51.5	3.058	81.5	9.710
52.5	3.294	82.5	9.907
53.5	3.532	83.5	10.104
54.5	3.771	84.5	10.301
55.5	4.010	85.5	10.499
56.5	4.250	86.5	10.696
57.5	4.489	87.5	10.895
58.5	4.728	88.5	11.095
59.5	4.966	89.5	11.296
60.5	5.203	90.5	11.498
61.5	5.438	91.5	11.703
62.5	5.671	92.5	11.910
63.5	5.903	93.5	12.119
64.5	6.132	94.5	12.331
65.5	6.359	95.5	12.546
66.5	6.584	96.5	12.764
67.5	6.807	97.5	12.987
68.5	7.027	98.5	13.213
69.5	7.245	99.5	13.443
70.5	7.461	100.5	13.678
71.5	7.674	101.5	13.918
72.5	7.885	102.5	14.163
73.5	8.094	103.5	14.413

Table 2 - Females Birth to Attainment of Age 2 - Third Percentile Values for Weight-for-Length

Length (Centimeters)	Weight (Kilograms)
45.0	1.613
45.5	1.724
46.5	1.946
47.5	2.171
48.5	2.397
49.5	2.624
50.5	2.852
51.5	3.081
52.5	3.310
53.5	3.538
54.5	3.767
55.5	3.994
56.5	4.220
57.5	4.445
58.5	4.669
59.5	4.892
60.5	5.113
61.5	5.333
62.5	5.552
63.5	5.769
64.5	5.985
65.5	6.200
66.5	6.413
67.5	6.625
68.5	6.836
69.5	7.046
70.5	7.254
71.5	7.461
72.5	7.667
73.5	7.871

Length (Centimeters)	Weight (Kilograms)
74.5	8.075
75.5	8.277
76.5	8.479
77.5	8.679
78.5	8.879
79.5	9.078
80.5	9.277
81.5	9.476
82.5	9.674
83.5	9.872
84.5	10.071
85.5	10.270
86.5	10.469
87.5	10.670
88.5	10.871
89.5	11.074
90.5	11.278
91.5	11.484
92.5	11.691
93.5	11.901
94.5	12.112
95.5	12.326
96.5	12.541
97.5	12.760
98.5	12.981
99.5	13.205
100.5	13.431
101.5	13.661
102.5	13.895
103.5	14.132

Table 3 - Males Age 2 to Attainment of Age 18 - Third Percentile Values for BMI-for-Age

Age (Yrs. and Mos.)	BMI
2.0 to 2.1	14.5
2.2 to 2.4	14.4
2.5 to 2.7	14.3
2.8 to 2.11	14.2
3.0 to 3.2	14.1
3.3 to 3.6	14.0
3.7 to 3.11	13.9
4.0 to 4.5	13.8
4.6 to 5.0	13.7
5.1 to 6.0	13.6
6.1 to 7.6	13.5
7.7 to 8.6	13.6
8.7 to 9.1	13.7
9.2 to 9.6	13.8
9.7 to 9.11	13.9
10.0 to 10.3	14.0
10.4 to 10.7	14.1
10.8 to 10.10	14.2
10.11 to 11.2	14.3
11.3 to 11.5	14.4
11.6 to 11.8	14.5
11.9 to 11.11	14.6
12.0 to 12.1	14.7
12.2 to 12.4	14.8
12.5 to 12.7	14.9
12.8 to 12.9	15.0
12.10 to 13.0	15.1

Age (Yrs. and Mos.)	BMI
13.1 to 13.2	15.2
13.3 to 13.4	15.3
13.5 to 13.7	15.4
13.8 to 13.9	15.5
13.10 to 13.11	15.6
14.0 to 14.1	15.7
14.2 to 14.4	15.8
14.5 to 14.6	15.9
14.7 to 14.8	16.0
14.9 to 14.10	16.1
14.11 to 15.0	16.2
15.1 to 15.3	16.3
15.4 to 15.5	16.4
15.6 to 15.7	16.5
15.8 to 15.9	16.6
15.10 to 15.11	16.7
16.0 to 16.1	16.8
16.2 to 16.3	16.9
16.4 to 16.5	17.0
16.6 to 16.8	17.1
16.9 to 16.10	17.2
16.11 to 17.0	17.3
17.1 to 17.2	17.4
17.3 to 17.5	17.5
17.6 to 17.7	17.6
17.8 to 17.9	17.7
17.10 to 17.11	17.8



Table 4 - Females Age 2 to Attainment of Age 18 - Third Percentile Values for BMI-for-Age

Age (Yrs. and Mos.)	BMI
2.0 to 2.2	14.1
2.3 to 2.6	14.0
2.7 to 2.10	13.9
2.11 to 3.2	13.8
3.3 to 3.6	13.7
3.7 to 3.11	13.6
4.0 to 4.4	13.5
4.5 to 4.11	13.4
5.0 to 5.9	13.3
5.10 to 7.6	13.2
7.7 to 8.4	13.3
8.5 to 8.10	13.4
8.11 to 9.3	13.5
9.4 to 9.8	13.6
9.9 to 10.0	13.7
10.1 to 10.4	13.8
10.5 to 10.7	13.9
10.8 to 10.10	14.0
10.11 to 11.2	14.1
11.3 to 11.5	14.2
11.6 to 11.7	14.3
11.8 to 11.10	14.4
11.11 to 12.1	14.5
12.2 to 12.4	14.6

Age (Yrs. and Mos.)	BMI
12.5 to 12.6	14.7
12.7 to 12.9	14.8
12.10 to 12.11	14.9
13.0 to 13.2	15.0
13.3 to 13.4	15.1
13.5 to 13.7	15.2
13.8 to 13.9	15.3
13.10 to 14.0	15.4
14.1 to 14.2	15.5
14.3 to 14.5	15.6
14.6 to 14.7	15.7
14.8 to 14.9	15.8
14.10 to 15.0	15.9
15.1 to 15.2	16.0
15.3 to 15.5	16.1
15.6 to 15.7	16.2
15.8 to 15.10	16.3
15.11 to 16.0	16.4
16.1 to 16.3	16.5
16.4 to 16.6	16.6
16.7 to 16.9	16.7
16.10 to 17.0	16.8
17.1 to 17.3	16.9
17.4 to 17.7	17.0
17.8 to 17.11	17.1