



## ENVIRONMENTAL HAZARD REGISTRY (EHR) WORKSHEET (WORKING TEMPLATE)

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**Privacy Act Statement:** The authority for collection of the requested information is found in 38 U.S.C. 527 and 1116 (Ionizing Radiation Registry and Agent Orange Registry) and 38 U.S.C. 1117 (Gulf War Registry). The data from the Environmental Hazards Registry examination is used to collect information on health issues that may be affecting Veterans who were deployed to various conflicts. Providing the requested information during a registry examination is voluntary; however, if not provided, VA will be unable to enter the Veteran into the registry. Failure to furnish any or all registry information will have no effect on other benefits to which the Veteran may be entitled. VA will not disclose your personal information to third parties without your consent, except for routine uses made in accordance with the Privacy Act of 1974 and the applicable VA System of Records Notice (SORN): National Patient Databases-VA (121VA19); Ionizing Radiation Registry (69VA131); Agent Orange Registry (105VA131); and Gulf War Registry (93VA131).

### Demographics

#### Ionizing Radiation, Agent Orange, Gulf War, Other (Specify)

Last Name	First Name	Middle Name
Social Security Number		Date of Birth
Address		
City	State	Zip Code Plus 4
County		
Birth Sex: _____	Self-Identified Gender Identity: _____	
<b>M</b> = Male <b>F</b> = Female	<b>M</b> = Male <b>F</b> = Female	<b>F-M</b> = Transmale/Transman/Female to Male <b>M-F</b> = Transfemale/Transwoman/Male to Female <b>O</b> = Other <b>I</b> = Individual chooses not to answer
Marital Status: <b>1</b> = Married <b>2</b> = Divorced <b>3</b> = Separated <b>4</b> = Widowed <b>5</b> = Single, Never Married		

### Race

Enter all races below (One entry per row)		
Race Code	Collection Method	
1 = Native American or Alaskan Native	5 = White/Caucasian	1 = Observer
2 = Asian	6 = Biracial	2 = Proxy
3 = Black or African American	7 = Declined to answer	3 = Self-Identification
4 = Native Hawaiian or Other Pacific Islander		4 = Unknown

### Ethnicity

Enter all ethnicities that apply. One entry per row.		
Ethnicity Code	Collection Method	
1 = Hispanic or Latina/o	1 = Observer	
2 = Not Hispanic or Latina/o	2 = Proxy	
3 = Declined to answer	3 = Self-Identification	
4 = Unknown by patient	4 = Unknown	

### Periods of Service

Enter all periods of service that apply. One entry per row.			
<b>Branch:</b> 1 = Army 2 = Air Force 3 = Navy 4 = Marines 5 = Coast Guard 6 = Other			
Branch of Service	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Remarks/Deployed to:

**Military Related Exposures**

Enter exposure for which you are seeking a registry evaluation.

**1 = Agent Orange 2 = Gulf War 3 = Ionizing Radiation 4 = Depleted Uranium (DU) 5 = Toxic Embedded Fragments (TEF)  
6 = Airborne Hazards and Open Burn Pits - AHOBP (See Separate CPRS Worksheet)**

Exposure Code	Service Location	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Military Occupational Specialty (MOS)

Remarks: **(Document location unit if known)**

**Social History  
Physical Activity**

Do you routinely participate in any physical activities or exercises? Y = Yes N = No

Which physical activities or exercises do you routinely participate? (ex., walking, running, calisthenics, sports)

How often do you participate in this physical activity or exercise?  
1 = 1x/Week 2 = 2x/Week 3 = 3x/Week 4 = More than 3x week

How long do you usually participate in this physical activity or exercise?                      Min                      Hrs

**Tobacco Use**

Do you currently smoke? Y= Yes N= No	How many cigarettes do you smoke each day?	How old were you when you began smoking?
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Have you ever smoked cigarettes even occasionally? Y = Yes N = No

When did you last stop?                      Year

Do you use any other forms of tobacco? Y = Yes N = No

If so, which ones?

Do you live in a household where someone else smokes (second-hand smoke exposure)? Y = Yes N = No

**Alcohol Use**

Do you ever drink alcohol (including beer and wine)? Y = Yes N = No	Average number of drinks per week?
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**Illicit or Recreational Substance Use**

Do you currently use any substance, illegal or prescription that is not prescribed by your medical doctor (i.e., marijuana, opioids, prescription medications)? Y = Yes N = No

Remarks

**Birth Data**

Number of children	Have any of the Veteran's children showed signs of birth defects? 1 = Yes 2 = No	Please specify (i.e., spina bifida)
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If yes, in what year was this child born?                      Was this child born pre or post deployment?

Maternal age	Paternal age	Remarks
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<b>History</b>	1 = Yes 2 = No 3 = Not Sure
<b>Agent Orange Exposures</b> Y = Yes N = No NA = Not Applicable	
Handled or sprayed Agent Orange	
Not directly sprayed, but was in area recently sprayed	
Exposure to other herbicides other than Agent Orange (if yes, please specify)	
Direct contact with Agent Orange	
Ate food or drink that could have been sprayed with Agent Orange	
<b>Gulf War Exposures</b> Y = Yes N = No NA = Not Applicable	
Smoke from oil fires	
Smoke fumes from tent heaters, diesel, or petrochemical substances	
Exposure to burning trash/feces	
Skin exposure to diesel or other petrochemical substances	
CARC (Chemical Agent Resistance Compound) paints	
Depleted Uranium (Burning or Shrapnel)	
Shrapnel injuries with retained fragments	
Microwave radiation from radar	
Personal pesticide use, including creams, sprays, or flea collars	
Nerve gas or other nerve agents	
Drug (pyridostigmine) used to protect against nerve agents	
Mustard gas or other gas agents	
Ate food contaminated with smoke, oil, or other chemicals	
Ate food other than what was provided by the armed forces	
Bathed in or drank water contaminated with smoke, oil, or other chemicals	
Bathed in or drank water other than what was provided by the armed forces	
Immunization against anthrax	
Other Immunizations (for example, botulism). If yes, please specify.	
Stationed at Qarmat Ali (If yes, please complete Sodium Dichromate Exposure worksheet)	
<b>***Sodium Dichromate Exposure is assessed during an Airborne Hazards and Open Burn Pits Registry Exam***</b>	
<b>Ionizing Radiation</b> Y = Yes N = No NA = Not Applicable	
Were you exposed to radiation during military service?	
Received nasopharyngeal radium treatments during service?	
Diagnosed with any possibly radiogenic-related diseases (If yes, please list in remarks section)	
Remarks:	

<b>Self-Assessment of Health</b>
1= Excellent; 2= Very Good; 3= Good; 4= Fair; 5= Poor; 6 = Very Poor
Which best describes the Veteran's health?
Chief Complaint/Exposure(s) of most concern and related to this registry exam:
Current Diagnoses
Past Medical and Surgical Histories
<b>Review of Systems</b>
Head, Eyes, Ear, Nose, and Throat
Dental/Oral
Heart
Chest/Pulmonary
Gastrointestinal
Reproductive/Urologic
Musculoskeletal
Skin
Blood/Bruising
Infectious Disease History
Neurologic
Behavioral Health
Exposures/Other
<b>Physical Exam</b>

Agent Orange Presumptive List	Gulf War Presumptive List
<ol style="list-style-type: none"> <li>1. AL Amyloidosis</li> <li>2. Chronic B-cell Leukemias</li> <li>3. <b>Chloracne (or similar acneform disease)*</b></li> <li>4. Diabetes Mellitus Type 2</li> <li>5. Hodgkin's Disease</li> <li>6. Ischemic Heart Disease</li> <li>7. Multiple Myeloma</li> <li>8. Non-Hodgkin's Lymphoma</li> <li>9. Parkinson's Disease</li> <li>10. <b>Peripheral Neuropathy, Early-Onset*</b></li> <li>11. <b>Porphyria Cutanea Tarda*</b></li> <li>12. Prostate Cancer</li> <li>13. Respiratory Cancers (includes lung cancer)</li> <li>14. Soft Tissue Sarcomas (other than osteosarcoma, chondrosarcoma, Kaposi's sarcoma, or mesothelioma)</li> </ol> <p><b>*Must be at least 10 percent disabling within one year of exposure to herbicides.</b></p> <p><b>***Ionizing Radiation Presumptive List- please visit our website at:</b>  <a href="https://www.publichealth.va.gov/exposures/radiation/index.asp">https://www.publichealth.va.gov/exposures/radiation/index.asp</a></p> <p><b>***Additional information on updates and changes can be found by visiting our website at</b>  <a href="https://www.publichealth.va.gov/index.asp">https://www.publichealth.va.gov/index.asp</a></p>	<ol style="list-style-type: none"> <li>1. Chronic Fatigue Syndrome</li> <li>2. Fibromyalgia</li> <li>3. Functional GI disorders (e.g., irritable bowel syndrome (IBS), functional dyspepsia, and functional abdominal pain syndrome)</li> <li>4. Undiagnosed Illnesses (e.g., abnormal weight loss, fatigue, cardiovascular disease, muscle and joint pain, headache, menstrual disorders, neurological and psychological problems, skin conditions, respiratory disorders, and sleep disturbances)</li> </ol> <p>Certain presumptive diseases, which will be considered to have been incurred in or aggravated by service even if there is no evidence of such disease during active service. With three exceptions (see asterisks), one of the following must have become manifest to a degree of 10 percent or more within 1 year of the date of separation from a qualifying period of active service:</p> <ul style="list-style-type: none"> <li>• Burcellosis</li> <li>• Campylobacter jejuni</li> <li>• Coxiella burnetii (Q fever)</li> <li>• Malaria* <b>(if not 10 percent or more within one year of separation, may be 10 percent or more at a time when standard or accepted treatises indicate that the incubation period commenced during qualifying period of service)</b></li> <li>• Mycobacterium tuberculosis* <b>(no time limit)</b></li> <li>• Nontyphoid Salmonella</li> <li>• Shigella</li> <li>• Visceral leishmaniasis* <b>(no time limit)</b></li> <li>• West Nile Virus</li> </ul>
<p><b>Additional Tests Ordered as Indicated</b></p> <ul style="list-style-type: none"> <li>• Chest X-ray (Chest X-ray or Chest CT for Qarmat Ali evaluations)</li> </ul>	
<p><b>BP: _____ P: _____ Resp: _____ Temp: _____ Pain: _____ HT: _____ WT: _____</b></p>	
<p>N= Normal A= Abnormal (Please explain)</p>	
Eyes (e.g., conjunctivitis)	
Ear, Nose, and Throat (e.g., nasal mucosa,/septum, oropharynx)	
Dental/Oral	
Heart (e.g., heart sounds/borders/position, pulses, edema)	
Chest/Pulmonary (e.g., lung sounds, cyanosis, clubbing, habitus)	
Abdominal	
Reproductive/Urologic/Rectal	
Musculoskeletal/Back/Extremities	
Skin	

Behavioral Health		
Neurologic		
Remarks/Additional Workups		
What consults have you received in the past? Mark all that apply. Y = Yes N = No <input type="checkbox"/> NONE		
Ear, nose, and throat	Cardiology	
Pulmonary	Nephrology	
Urology	Orthopedic	
Rheumatology	Neurology	
Behavioral Health	Dermatology	
Disposition: Exam completed.		
Additional referrals/consults for this visit:		
		Y = Yes N = No
Referral to Non-VA Primary Care Physician?		
Referral to VA Primary Care Physician?		
Hospitalized at VAMC for additional tests/treatment?		
<b>Tests Ordered</b>		
Complete Blood Count with Differential		
Comprehensive Metabolic Panel (i.e., glucose, calcium, albumin, total protein, sodium, potassium, CO <sub>2</sub> , Chloride, BUN, Creatinine, LFT)		
Urinalysis		
<b>Additional Tests Ordered as Indicated</b>		
Arterial Blood Gas/Pulse Oximetry		
Chest X-ray		
Computed Tomography (CT) Chest		
Echocardiogram		
EKG		
Hepatitis C		
Hemoglobin A1C		
Prostate-specific antigen (PSA)		
Spirometry/ Pulmonary Function Tests (PFTs)		
Thyroid Testing		
Other Tests:		
Remarks:		

**Diagnoses/Symptoms/Complaints for this Registry Exam**

Diagnoses	Date of Onset (mm/dd/yyyy)	Duration (months)	Currently Present Y = Yes N = No	ICD Code

**Examiner Information**

Facility Number	Facility Suffix	Date of Exam
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Examiner Name	Examiner Title
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Examiner Signature (Sign in ink)

Remarks