

**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 1631 and 1633 of the Social Security Act, as amended, allow us to collect this information. 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 will use the information to make a determination on the named individual's Supplemental Security Income disability claim. We may also share your information for the following purposes, called routine uses:

- To third party contacts in situations where the party to be contacted has, or is expected to have, information relating to the individual's capability to manage his/her affairs or his/her eligibility for or entitlement to benefits under the Social Security program; and
- To contractors and other Federal agencies, as necessary, for the purpose of assisting the Social Security Administration in the efficient administration of its programs.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0103, entitled Supplemental Security Income Record and Special Veterans Benefits, as published in the Federal Register (FR) on January 11, 2006, at 71 FR 1830; and 60-0320, entitled Electronic Disability (eDIB) Claim File, as published in the FR on December 22, 2005 at 68 FR 71210. Additional information, and a full listing of all of our SORNs, is available on our website at [www.ssa.gov/privacy/](http://www.ssa.gov/privacy/).

**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. We estimate that it will take about 10 minutes to read the instructions, gather the facts, and answer the questions. ***Send only comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden 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)	Length (Centimeters)	Weight (Kilograms)
45.0	1.613	74.5	8.075
45.5	1.724	75.5	8.277
46.5	1.946	76.5	8.479
47.5	2.171	77.5	8.679
48.5	2.397	78.5	8.879
49.5	2.624	79.5	9.078
50.5	2.852	80.5	9.277
51.5	3.081	81.5	9.476
52.5	3.310	82.5	9.674
53.5	3.538	83.5	9.872
54.5	3.767	84.5	10.071
55.5	3.994	85.5	10.270
56.5	4.220	86.5	10.469
57.5	4.445	87.5	10.670
58.5	4.669	88.5	10.871
59.5	4.892	89.5	11.074
60.5	5.113	90.5	11.278
61.5	5.333	91.5	11.484
62.5	5.552	92.5	11.691
63.5	5.769	93.5	11.901
64.5	5.985	94.5	12.112
65.5	6.200	95.5	12.326
66.5	6.413	96.5	12.541
67.5	6.625	97.5	12.760
68.5	6.836	98.5	12.981
69.5	7.046	99.5	13.205
70.5	7.254	100.5	13.431
71.5	7.461	101.5	13.661
72.5	7.667	102.5	13.895
73.5	7.871	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