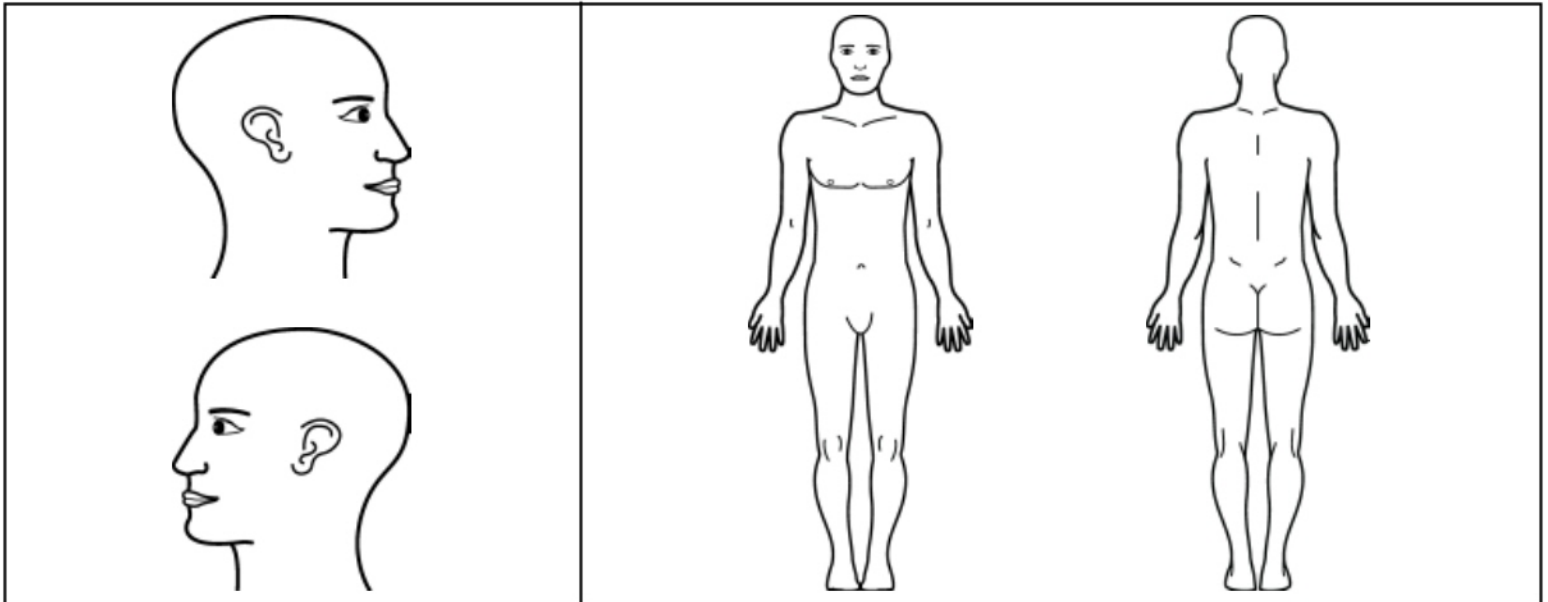


ICE Health Service Corps Incident Reporting Document (Continued)

22. Body Diagram:



23. Evaluation: (Concise Objective Statements e.g., Practice/Procedure variance involving staff. Include other possible contributing factors, etc. and suggested improvement measure if any):

HSA:	Date: _____
Medical Director:	Date: _____
Performance Improvement Committee:	Date: _____

Last Name:	First Name:
A#:	Country of Origin:
Date of Camp Arrival (DCA):	DOB:
Medical Clinic:	Sex: