

**MEDICAL RECORD**

**ALLERGY IMMUNOTHERAPY RECORD**  
For use of this form, see AR 40-66; the proponent agency is the TSG.

**SINGLE  
EXTRACT**

START ALLERGY SHOT DATE  
  
PRESCRIPTION NUMBER

RE-EVALUATION DUE  
  
EXTRACT CONTENT

**HISTORY OF SYSTEMIC SHOT REACTIONS?    YES**      **ON BETA BLOCKERS?    YES    NO**

DATE (YYYYMMDD)	TIME	VIAL #	STRENGTH (pnu/ml, wt/vol, AU/ml)	SCHEDULE A, B, C, D, E, F	DOSE (ml)	ARM	REACTIONS OR SPECIAL INSTRUCTIONS	TECH INITIALS

PATIENT'S IDENTIFICATION  
*(For typed or written entries give  
Name--last, first, middle,  
SSN; DOB; sex; treating facility)*

NURSING PERSONNEL INITIALS

NAME	INITIALS	NAME	INITIALS