

**Attending Physician's Report
for Dependents of
Peace Corps Volunteers**

PC 1736

1. Name of Ill or Injured Dependent	2. Name of Dependent's Parent (Father)
3. Mailing Address (number, street, city, state, zip)	
4. Place Illness Acquired	
5. History of Illness or Injury (including disease or illness caused by the environment)	
6. Findings (including results of X-rays, lab tests, etc.)	
7. Is the condition a birth defect? YES_____ NO_____ If answer is yes please explain in item 19 below.	8. Diagnosis
9. Do you believe this illness is in any way related to the patient's exposure in a foreign country? YES_____ NO_____ Please explain your answer if there are any doubts.	
10. Did injury or illness require hospitalization? YES_____ NO_____ If YES, Date of Admission _____ (mo, day, year) Date of Discharge _____ (mo, day, year)	
11. Is additional hospitalization required? YES_____ NO_____ 	
12. Operation (if any, describe type)	13. Date Operation Performed
14. What (other) type of treatment did you provide?	15. What permanent effects, if any, do you anticipate?

16. Date of First Exam	17. Date of Treatment	18. Date of Discharge From Treatment
19. General Remarks and Recommendations for Future Care, If Indicated		
20. Signature of Physician	21. Address(no.,street,city,state,zip)	22. Date