DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
2050 Worth Road
Fort Sam Houston, Texas 78234-6000

MEDCOM Regulation
No. 40-39

12 September 2000

Medical Services

ANTHRAX VACCINE IMMUNIZATION DOCUMENTATION

Supplementation of this regulation and establishment of forms other than MEDCOM forms are prohibited without prior approval from HQ MEDCOM, ATTN: MCHO-CL.

1. HISTORY. This issue publishes a revision of this publication. Because the publication has been extensively revised, the changed portions have not been highlighted.

2. PURPOSE. This regulation provides policy and implementing instructions for the use of a revised form, MEDCOM Form 700-R (Anthrax Vaccine Immunization Record). This form will document that an individual received information on the anthrax vaccine and was given the opportunity to ask questions concerning the anthrax vaccine prior to receiving an immunization at a U.S. Army Medical Command (MEDCOM) military treatment facility (MTF).

3. APPLICABILITY. This regulation applies to individuals who authorize and administer the anthrax vaccine to Active Duty soldiers, Emergency Essential Civilians (EECs), and other authorized personnel at MEDCOM MTFs.

4. REFERENCES.

a. AR 40-66, Medical Record Administration and Health Care Documentation.

b. AR 40-562/AFJI 48-110/BUMEDINST 6230.15/CG COMDTINST M6230.4E, Immunizations and Chemoprophylaxis.

c. HQDA Letter 40-99-1, The Use of DD Form 2766 and DD Form 2766C.

5. EXPLANATION OF ABBREVIATIONS AND TERMS.

a. Abbreviations.

DD . . . . . Department of Defense (form)
EEC . . . . Emergency Essential Civilian
MEDCOM . . . U.S. Army Medical Command
MTF . . . . military treatment facility
SF . . . . . standard form

b. Terms. See AR 40-66.

*This regulation supersedes MEDCOM Regulation 40-39, 28 June 1999.

6. POLICY.

a. MEDCOM Form 700-R will facilitate the documentation of the anthrax vaccine administration. The form will also serve to show that the individual received anthrax vaccine information and was given the opportunity to ask questions about the anthrax vaccine prior to receiving the immunization.

b. The form prescribed in this regulation replaces SF 601 (Health Record—Immunization Record) (as prescribed by AR 40-66) only when administering the anthrax vaccine. All other immunizations will continue to be documented according to AR 40-562/AFJI 48-110/BUMEDINST 6230.15/CG COMDTINST M6230.4E and HQDA Letter 40-99-1, and the appropriate forms filed according to AR 40-66 and HQDA Letter 40-99-1.

c. MEDCOM Form 700-R is authorized for local reproduction. A copy of this form is located in the back of this regulation.

d. All requirements of AR 40-66, other than those addressed in this regulation, remain in effect.

7. INSTRUCTIONS FOR USE OF THE ANTHRAX VACCINE IMMUNIZATION RECORD. MEDCOM Form 700-R will be completed the first time a soldier, an EEC, or other authorized person receives an anthrax vaccine immunization. If the immunization series has already been started, the form will be utilized beginning with the next immunization in the series. This form has two sections.

a. Section I, Anthrax Vaccine Information Certification. This section will be completed by the individual the first time that the form is utilized. Prior to the administration of the anthrax vaccine, the provider will give the individual the anthrax vaccine information brochure and ask the individual to read it. Following this, the provider will give the individual the opportunity to ask questions. The provider will then ensure that the individual signs and dates the certification.

b. Section II, Administration of Anthrax Vaccine.

(1) The provider (anthrax vaccine administrator) will fill in the requested data in the "Patient Identification" block and complete the line for the dose being administered. The provider will sign where indicated and add a printed or stamped signature block.

(2) Any anthrax vaccine immunization previously entered on an SF 601 will be transcribed onto MEDCOM Form 700-R. If data is transcribed, a line will be drawn through the information on the SF 601 and the word "Transcribed" will be written along the line with the date, full name, and rank of the transcribing individual. Superseded forms will not be discarded from the medical record at any time; file the superseded SF 601 according to AR 40-66 and HQDA Letter 40-99-1.

(3) If an automated immunization tracking system printout is available, it may be used in place of section II of MEDCOM Form 700-R. The provider will authenticate the printout by reviewing and signing over a printed or stamped signature block before the printout is placed in the medical record.

c. Filing. File the forms (including any automated printouts) in the medical record together with any existing SF 601 according to AR 40-66. If the individual's medical record contains a DD Form 2766 (Adult Preventive and Chronic Care Flowsheet), attach the forms to the fastener on the right side of the folder.

d. Deployment. After DD Form 2766 is in use, the original DD Form 2766 will be removed from the medical record, and used as a treatment folder when an individual deploys; a copy of the DD Form 2766 will remain in the medical record. The original MEDCOM Form 700-R (or automated printout) will be fastened inside the DD Form 2766 and will accompany the individual to the field; copies will remain in the medical record. Any anthrax vaccine immunizations given while the individual is deployed may be documented using MEDCOM Form 700-R (or an automated system) at the direction of the supporting major area command surgeon. The DD Form 2766, the MEDCOM Form 700-R, and any automated printouts will be incorporated into the medical record when the individual returns, and the copies will be removed from the medical record and destroyed.

ANTHRAX VACCINE IMMUNIZATION RECORD

For use of this form see MEDCOM Reg 40-39

SECTION I - ANTHRAX VACCINE INFORMATION CERTIFICATION

1. I have been given an anthrax vaccine information brochure.

2. I have been given the opportunity to ask questions about anthrax vaccine prior to receiving the immunization.

3. SIGNATURE	4. SSN	5. DATE

SECTION II - ADMINISTRATION OF ANTHRAX VACCINE

DATE GIVEN a	DOSE NUMBER b	DOSING SCHEDULE *(from previous dose)* c	DOSE *(ml)* d	SITE *(left or right arm)* e	MANUFACTURER AND LOT NUMBER f	ADMINISTERED BY *(Printed or stamped signature block)* g
	1	Day 0	0.5			
	2	14 days after dose 1	0.5			
	3	14 days after dose 2	0.5			
	4	5 months after dose 3	0.5			
	5	6 months after dose 4	0.5			
	6	6 months after dose 5	0.5			
	Booster	12 months after previous	0.5			
	Booster	12 months after previous	0.5			
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	Booster	12 months after previous	0.5			

PATIENT IDENTIFICATION *(For typed or written entries give: Name (Last, First, Middle); grade; SSN; hospital or medical facility.)*

The proponent of this publication is the Office of the Assistant Chief of Staff for Health Policy and Services. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to Commander, U.S. Army Medical Command, ATTN: MCHO-CL, 2050 Worth Road, Fort Sam Houston, TX 78234-6010.

FOR THE COMMANDER:

PATRICK D. SCULLEY
Major General
Chief of Staff

OFFICIAL:

THOMAS J. SEMARGE
Colonel, MS
Assistant Chief of Staff for
Information Management

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