

<p>1. Person number _____</p> <p>2. Month _____ Date _____ Year 19 ____</p> <p>3. Name _____ Street _____ City (or county) _____ State _____</p> <p>4. _____ Nights</p> <p>5a. _____ Nights</p> <p>b. _____ Nights</p> <p>c. Y _____ N _____</p> <p>6. <input type="checkbox"/> Normal delivery <input type="checkbox"/> Normal at birth Condition</p> <p>Cause <input type="checkbox"/> On Card C <input type="checkbox"/> Acc. or Inj.</p> <p>Kind _____</p> <p>Part of body _____</p> <p>7a. Y _____ o N (Next Hosp)</p> <p>b. _____</p> <p>c. Y (Describe) → _____ N _____</p>	<p>1. Person number _____</p> <p>2. Month _____ Date _____ Year 19 ____</p> <p>3. Name _____ Street _____ City (or county) _____ State _____</p> <p>4. _____ Nights</p> <p>5a. _____ Nights</p> <p>b. _____ Nights</p> <p>c. Y _____ N _____</p> <p>6. <input type="checkbox"/> Normal delivery <input type="checkbox"/> Normal at birth Condition</p> <p>Cause <input type="checkbox"/> On Card C <input type="checkbox"/> Acc. or Inj.</p> <p>Kind _____</p> <p>Part of body _____</p> <p>7a. Y _____ o N (Next Hosp)</p> <p>b. _____</p> <p>c. Y (Describe) → _____ N _____</p>	<p>1. Person number _____</p> <p>2. Month _____ Date _____ Year 19 ____</p> <p>3. Name _____ Street _____ City (or county) _____ State _____</p> <p>4. _____ Nights</p> <p>5a. _____ Nights</p> <p>b. _____ Nights</p> <p>c. Y _____ N _____</p> <p>6. <input type="checkbox"/> Normal delivery <input type="checkbox"/> Normal at birth Condition</p> <p>Cause <input type="checkbox"/> On Card C <input type="checkbox"/> Acc. or Inj.</p> <p>Kind _____</p> <p>Part of body _____</p> <p>7a. Y _____ o N (Next Hosp)</p> <p>b. _____</p> <p>c. Y (Describe) → _____ N _____</p>
--	--	--

FOOTNOTES

P2

A Condition page is required if there is an entry of "1" or more nights in 5b. If there is no Condition page, enter condition in Item C and fill a page for it after completing columns for all required hospitalizations.