

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION <i>(Sign each entry)</i>

Preventative Medicine Department
 Branch Medical Clinic
 1721 Admiral Taussig Blvd.
 Norfolk, VA 23511

SEXUALLY TRANSMITTED DISEASES IN HAMPTON ROADS/VIRGINIA

1. Almost 40,000 Virginians were reported as being diagnosed with gonorrhea, chlamydia, or syphilis infection in 2010. Although not reported, about twice that many may be infected with herpes or human papillomavirus (HPV) each year.
2. 41% of the state's chlamydia cases were reported in the eastern region of Virginia (includes Hampton Roads), even though the region only makes up 24% of the state's population.
3. The state of Virginia is ranked 25th of the 50 states for an incidence of chlamydia.
4. The Center for Disease Control cited that an estimated 2 out of 4 people, aged 14-24 years are currently infected with chlamydia.
5. It's estimate that 70-80% of the women with chlamydia show no symptoms. Left untreated, it can cause infertility problems.
6. Nationwide, over 550,000 individuals have died to date because of HIV/AIDS and today, about 1.1 million Americans are living with HIV, the virus that causes AIDS.
7. Virginia is ranked 13th of the 50 states for the number of reported AIDS cases.
8. Virginia is ranked 15th of the 50 states for the incidence of syphilis.
9. Virginia is ranked 16th of the 50 states for the incidence of gonorrheal infections.

STRATEGIES TO REDUCE THE RISK OF ACQUIRING A SEXUALLY TRANSMITTED DISEASE

1. Abstinence
2. Sex in a mutually monogamous relationship with an uninfected partner.
3. Use of Condoms

I understand the risks related to sexual activity and the methods to prevent acquiring a sexually transmitted disease. I also understand that I can acquire male and female condoms as well as confidential advice or training at the Preventative Medicine Department, Branch Medical Clinic, Norfolk at any time during normal working hours, Mon-Fri, 0600-1430.0

Patient Signature

MDR Signature

Patient's Identification (Use this space for Mechanical Imprint)	RECORDS MAINTAINED AT:		
	PATIENT'S NAME (Last, First, Middle initial)		SEX
	RELATIONSHIP TO SPONSOR:	STATUS	RANK/GRADE
	SPONSOR'S NAME		ORGANIZATION
	DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH