

adm file



**ACCOUNTING OF RECORDS/INFORMATION DISCLOSURE
UNDER PRIVACY ACT**

1. FILE RECORD NO. (If applicable)

[REDACTED]

2. NAME OF INDIVIDUAL TO WHOM THE RECORD/INFORMATION PERTAINS

Vera, Frank

[REDACTED] 87

3. DATE OF DISCLOSURE

[REDACTED] 87

4. NATURE OF DISCLOSURE (Include brief description of each type of document/record disclosed.)

Confidential Morbidity Report

5. PURPOSE OF DISCLOSURE

Reporting possible tonic-clonic seizures

6. NAME AND ADDRESS OF PERSON OR AGENCY TO WHOM DISCLOSURE IS MADE

San Bernardino Co. Public Health Dept.
Attn: Communicable Diseases
351 N. Mt. View San Bernardino, CA 92415

7. AUTHORITY FOR RELEASE OF INFORMATION (Cite authority or applicable routine use no.)

None needed-reporting a communicable disease

8. NAME AND TITLE OF VA EMPLOYEE MAKING THE DISCLOSURE

Terry Knight I&C Clerk

VA FORM 70-5572
APR 1985

EXISTING STOCKS OF VA FORM 00-5572, JUL 1981, AND
70-5572, JUL 1981, WILL BE USED.

GPO : 1986 O - 153-317

[REDACTED]

1987