MYCARE
MYCology Advocacy, Research, & Education

MY HISTORY AT A GLANCE

Bring both sides to your healthcare appointment

SERVICE HISTORY

Branch(es) of service

Active duty / reserve years

Duty stations & deployment locations

MOS / special training

TRAVEL HISTORY

Additional countries / regions

Approximate dates

Extra notes:

POTENTIAL EXPOSURES

Check any that apply

- ☐ Desert dust / sand
- ☐ Construction sites
- ☐ Demolition / ruins
- ☐ Soil excavation
- ☐ Caves / tunnels
- ☐ Bird / bat droppings
- ☐ Farming / agriculture
- ☐ Wildfire smoke
- ☐ Mold / water damage
- ☐ Natural disasters
- ☐ Combat zones
- ☐ Shipboard
- ☐ Base housing mold
- ☐ Burn pits / smoke
- ☐ Flooding / hurricanes
- ☐ Humanitarian missions
- ☐ Unknown
- ☐ Other: _____

Details (where, when, what):

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MEDICAL HISTORY

Check any that apply

- ☐ Past fungal infection
- ☐ Chronic lung disease
- ☐ Diabetes
- ☐ Cancer
- ☐ Organ transplant
- ☐ Immune-suppressing meds
- ☐ Autoimmune disease
- ☐ Chronic wound / injury
- ☐ Long hospitalization
- ☐ ICU stay
- ☐ Major surgery
- ☐ Other: _____

MEDICATIONS

Rx / OTC / supplements

Medication	Dose	Reason

KEY HEALTH INFORMATION

Chronic conditions

Past infections (fungal, TB, etc.)

Surgeries / hospitalizations

Additional details

ALLERGIES & CONTACT

☐ No known allergies ☐ Yes (list below)

Emergency contact (optional):

Name / relationship:

Phone / email: