

**SUPPLEMENTARY INFORMATION:** You may call 202-452-3206 beginning at approximately 5 p.m. two business days before the meeting for a recorded announcement of bank and bank holding company applications scheduled for the meeting; or you may contact the Board's Web site at <http://www.federalreserve.gov> for an electronic announcement that not only lists applications, but also indicates procedural and other information about the meeting.

Dated: August 13, 1999.

**Jennifer J. Johnson,**

*Secretary of the Board.*

[FR Doc. 99-21479 Filed 8-13-99; 3:49 pm]

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**GENERAL SERVICES ADMINISTRATION**

**Interagency Committee for Medical Records (ICMR); Revision of SF 506, Medical Record—Physical Examination**

**AGENCY:** General Services Administration.

**ACTION:** Notice.

**SUMMARY:** The General Services Administration/ICMR is revising the SF 506, Medical Record—Physical Examination to update the information collected on the patient and make the form authorized for local reproduction. You can obtain the updated form in two ways:

On the internet. Address: <http://www.gsa.gov/forms/forms.htm>, or; From Forms—XR, Attn.: Barbara Williams, (202) 501-0581.

**FOR FURTHER INFORMATION CONTACT:** Ms. Barbara Williams, General Services Administration, (202) 501-0581.

**DATES:** Effective August 17, 1999.

Dated: August 9, 1999.

**Barbara M. Williams,**

*Deputy Standard and Optional Forms Management Officer.*

[FR Doc. 99-21320 Filed 8-16-99; 8:45 am]

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**GENERAL SERVICES ADMINISTRATION**

**Interagency Committee for Medical Records (ICMR); Automation of Medical Standard Form 506**

**AGENCY:** General Services Administration.

**ACTION:** Guideline on automating medical standard forms.

**Background**

The Interagency Committee on Medical Records (ICMR) is aware of numerous activities using computer-generated medical forms, many of which are not mirror-like images of the genuine paper Standard/Optional Form. With GSA's approval the ICMR eliminated the requirement that every electronic version of a medical

Standard/Optional form be reviewed and granted an exception. The committee proposes to set required fields standards and that activities developing computer-generated versions adhere to the required fields but not necessarily to the image. The ICMR plans to review medical Standard/Optional forms which are commonly used and/or commonly computer-generated. We will identify those fields which are required, those (if any) which are optional, and the required format (if necessary). Activities may not add data elements that would change the meaning of the form. This would require written approval from the ICMR. Using the process by which overprints are approved for paper Standard/Optional forms, activities may add other data entry elements to those required by the committee. With this decision, activities at the local or headquarters level should be able to develop electronic versions which meet the committee's requirements. This guideline controls the "image" or required fields but not the actual data entered into the field.

**SUMMARY:** With GSA's approval, the Interagency Committee on Medical Records (ICMR) eliminated the requirement that every electronic version of a medical Standard/Optional form be reviewed and granted an exception. The following fields must appear on the electronic version of the following form:

**ELECTRONIC ELEMENTS FOR SF 506**

Item	Placement*
Text:	
Title: Physical Examination .....	Top of form.
Form ID: Standard Form 506 (Rev.) .....	Bottom right corner of form.
Data Entry Fields:	
Date of Exam	
Height	
Weight—Average	
Weight—Maximum	
Weight—Present	
Temperature	
Pulse	
Blood Pressure	
Instructions—Describe (1) General Appearance and Mental Status; (2) Head and Neck (General); (3) Eyes;	
(4) Ears; (5) Nose; (6) Mouth; (7) Throat; (8) Teeth; (9) Cheek (General); (10) Breast; (11) Lungs; (12) Cardiovascular; (13) Abdomen; (14) Hernia; (15) Genitalia; (16) Pelvic; (17) Rectal; (18) Prostate; (19) Back;	
(20) Extremities; (21) Neurological; (22) Skin; (23) Lymphatics.	
Relationship to Sponsor	
Sponsor's Name—Last	
Sponsor's Name—First	
Sponsor's Name—MI	
Sponsor's ID Number (SSN or other)	
Department/Service	
Hospital or Medical Facility	
Records Maintained At	
Physical Examination	
Initial Impression	
Signature of Physician	
Name of Physician	