# PA 5A - TEMPORARY MEDICAL ASSISTANCE ACCESS CARD RECORD LOG

DATE: _____ COUNTY: _____ DISTRICT: _____ PAGE _____ OF _____

| DATE ISSUED | CARD SERIAL # | CARD ISSUE NUMBER | CLIENT NAME | CASE RECORD # | AUTHORIZING WORKER I.D. # | PREPARED BY (INITIALS) | ISSUED BY (INITIALS) |
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**NUMBER OF CARDS PULLED FROM INVENTORY:** _____ **NUMBER OF CARDS ISSUED:** _____ **NUMBER OF CARDS DAMAGED/ DESTROYED:** _____ **NUMBER OF CARDS RETURNED TO INVENTORY:** _____

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|---|---|---|
| DATE | ISSUING CLERK NAME | ISSUING CLERK SIGNATURE |
| DATE | ISSUING OFFICER NAME | ISSUING OFFICER SIGNATURE |