

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)

NUMBER OF CARDS PULLED FROM INVENTORY:	<input style="width: 50px; height: 20px;" type="text"/>	NUMBER OF CARDS ISSUED:	<input style="width: 50px; height: 20px;" type="text"/>	NUMBER OF CARDS DAMAGED/ DESTROYED:	<input style="width: 50px; height: 20px;" type="text"/>	NUMBER OF CARDS RETURNED TO INVENTORY:	<input style="width: 50px; height: 20px;" type="text"/>
-------------------------------------------------------	---------------------------------------------------------	------------------------------------	---------------------------------------------------------	----------------------------------------------------	---------------------------------------------------------	-------------------------------------------------------	---------------------------------------------------------

_____ DATE	_____ ISSUING CLERK NAME	_____ ISSUING CLERK SIGNATURE
_____ DATE	_____ ISSUING OFFICER NAME	_____ ISSUING OFFICER SIGNATURE