INSTRUCTIONS:

PROVIDER: Enter the appropriate provider code in the column marked "REQUESTED". Each category and/or individual privilege listed must be coded. For procedures listed, line through and initial any criteria/applications that do not apply. Your signature is required at the end of Section I. Once approved, any revisions or corrections to this list of privileges will require you to submit a new DA Form 5440.

SUPERVISOR: Review each category and/or individual privilege coded by the provider and enter the appropriate approval code in the column marked "APPROVED". This serves as your recommendation to the commander who is the approval authority. Your overall recommendation and signature are required in Section II of this form.

SECTION I - CLINICAL PRIVILEGES

Category I.
Primary care provider (PCP) with limited experience and training in allergen immunotherapy and the complex immunizations utilized as the supervising physician for an allergen immunotherapy and/or immunization clinic.

Requested    Approved
Category I clinical privileges

Category II.
PCP with formalized training in allergy-immunology practice able to perform limited specialty-specific evaluation and/or testing procedures and treatment but requiring quality assurance review/supervision by a specialist (potentially at a distant location).

Requested    Approved
Category II clinical privileges

Category III.
Provider has completed an accredited Allergy/Immunology residency fulfilling all competency requirements and is able to perform the indicated specialty-specific procedures without supervision. Note: Fellows in training are privileged in Internal Medicine, Pediatrics, or Family Practice based on board certification or eligibility.

Requested    Approved
Category III clinical privileges

Category IV.
Provider is board certified in allergy-immunology and is able to perform the specialty-specific procedures without supervision.

Requested    Approved
Category IV clinical privileges

CLINICAL PRIVILEGES

Requested    Approved

a. Allergy-Immunology
   Relevant to ALL AGES. Neonate (0-2 mos); Infant (2-24 mos); Pediatric (2-10 years); Adolescent (11-17 yrs); Adult (18-65 yrs); Geriatrics (> 65 yrs).

Age restrictions (if any): ☐ Neonates ☐ Infants ☐ Pediatric ☐ Adolescents ☐ Adults ☐ Geriatrics

SPECIAL PROCEDURES

The procedures listed below are performed on ALL AGES (as specified above) UNLESS an age restriction is noted.

Requested    Approved

a. Complete allergy evaluation to include prick and intradermal skin testing and nasal smears

Age restrictions (if any): ☐ Neonates ☐ Infants ☐ Pediatric ☐ Adolescents ☐ Adults ☐ Geriatrics

b. Comprehensive asthma evaluation

(1) Spirometry interpretation

(2) Prick & intradermal skin testing in asthmatics

Age restrictions (if any): ☐ Neonates ☐ Infants ☐ Pediatric ☐ Adolescents ☐ Adults ☐ Geriatrics
### Special Procedures (Continued)

#### f. Fiberoptic rhinolaryngoscopy (NOT for neonates)

- [ ] Neonates
- [ ] Infants
- [ ] Pediatric
- [ ] Adolescents
- [ ] Adults
- [ ] Geriatrics

#### g. Immunologic evaluation and interpretation of diagnostic laboratory data

- [ ] Neonates
- [ ] Infants
- [ ] Pediatric
- [ ] Adolescents
- [ ] Adults
- [ ] Geriatrics

#### h. Complex vaccine related adverse events diagnosis and management to include medical exemption assessments

- [ ] Neonates
- [ ] Infants
- [ ] Pediatric
- [ ] Adolescents
- [ ] Adults
- [ ] Geriatrics

#### i. Immunization health care delivery

- [ ] Neonates
- [ ] Infants
- [ ] Pediatric
- [ ] Adolescents
- [ ] Adults
- [ ] Geriatrics

#### j. Immunoglobulin therapy (High dose & deficiency replacement)

- [ ] Neonates
- [ ] Infants
- [ ] Pediatric
- [ ] Adolescents
- [ ] Adults
- [ ] Geriatrics

#### k. Allergen Immunotherapy (All ages except neonate)

- [ ] Inhalant
- [ ] Insect
- [ ] RUSH Immunotherapy

#### Other age restrictions (if any):

- [ ] Neonates
- [ ] Infants
- [ ] Pediatric
- [ ] Adolescents
- [ ] Adults
- [ ] Geriatrics

- [ ] Pediatric
- [ ] Adults
- [ ] Geriatrics

- [ ] Autologous serum testing for autoimmune urticaria

#### Other age restrictions (if any):

- [ ] Neonates
- [ ] Infants
- [ ] Pediatric
- [ ] Adolescents
- [ ] Adults
- [ ] Geriatrics

- [ ] For healthy individuals - all ages
- [ ] For patients with complex medical problems including primary or secondary immunodeficiency disorders
- [ ] For overseas travel specific requirements, including malaria diarrhea chemoprophylaxis

### Remarks

- [ ] Immunization health care delivery
- [ ] Immunoglobulin therapy (High dose & deficiency replacement)
- [ ] Allergen Immunotherapy (All ages except neonate)
- [ ] Complex vaccine related adverse events diagnosis and management to include medical exemption assessments

**Comments**

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*DA Form 5440-29, Feb 2004*