

RT OF MEDICAL EXAMINATIC

403685

88-117

1. LAST NAME—FIRST NAME—MIDDLE NAME			2. GRADE AND COMPONENT OR POSITION SP/4		3. IDENTIFICATION NO.
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code) 144C USDB			5. PURPOSE OF EXAMINATION ETS		6. DATE OF EXAMINATION 9 JAN 1976
7. SEX M	8. RACE W	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY <input checked="" type="checkbox"/> CIVILIAN		10. AGENCY	11. ORGANIZATION UNIT USDB
12. DATE OF BIRTH		13. PLACE OF BIRTH Windsor, Virginia		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN	
15. EXAMINING FACILITY OR EXAMINER AND ADDRESS U. S. MUNSON ARMY HOSPITAL Fort Leavenworth, Kansas 66027				16. OTHER INFORMATION	
17. RATING OR SPECIALTY		TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS	

CLINICAL EVALUATION		ABNOR-MAL
NOR-MAL	(Check each item in appropriate column, enter "NE" if not evaluated)	
	18. HEAD, FACE, NECK AND SCALP	
	19. NOSE	
	20. SINUSES	
	21. MOUTH AND THROAT	
	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
	23. DRUMS (Perforation)	
	24. EYES—GENERAL (Visual acuity and refraction under items 29, 60 and 61)	
	25. OPHTHALMOSCOPIC	
	26. PUPILS (Equality and reaction)	
	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
	28. LUNGS AND CHEST (Include breasts)	
	29. HEART (Thrust, size, rhythm, sounds)	
	30. VASCULAR SYSTEM (Arteriosclerotic, etc.)	
	31. ABDOMEN AND VISCERA (Include hernia)	
	32. ANUS AND RECTUM (Hemorrhoids, fistulas) (Prostate, if indicated)	
	33. ENDOCRINE SYSTEM	
	34. G-U SYSTEM	
	35. UPPER EXTREMITIES (Strength, range of motion)	
	36. FEET	
	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
	38. SPINE, OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS SCARS, TATTOOS	
	40. SKIN, LYMPHATICS	
	41. NEUROLOGIC (Equilibrium tests under item 72)	
	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done)	
	<input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

PRIVACY ACT MATERIAL REMOVED

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)																REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES																																																	
<table border="1"> <tr><td>0</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>32</td><td>31</td><td>30</td><td></td></tr> <tr><td>0</td><td></td><td></td><td></td></tr> </table> Restorable teeth			0	1	2	3	32	31	30		0				<table border="1"> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>32</td><td>31</td><td>30</td></tr> <tr><td></td><td></td><td></td></tr> </table> Non-restorable teeth			1	2	3	32	31	30				<table border="1"> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>32</td><td>31</td><td>30</td></tr> <tr><td></td><td></td><td></td></tr> </table> Missing teeth			1	2	3	32	31	30				<table border="1"> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>32</td><td>31</td><td>30</td></tr> <tr><td></td><td></td><td></td></tr> </table> Replaced by dentures			1	2	3	32	31	30				<table border="1"> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>32</td><td>31</td><td>30</td></tr> <tr><td></td><td></td><td></td></tr> </table> Fixed Partial dentures			1	2	3	32	31	30						
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45. URINALYSIS: A. SPECIFIC GRAVITY 1.024				46. CHEST X-RAY (Place, date, film number and result) Normal chest			
B. ALBUMIN Negative		D. MICROSCOPIC 2-3 WBC		U. S. MUNSON ARMY HOSPITAL Fort Leavenworth, Kansas 66027			
C. SUGAR Negative		48. EKG		49. BLOOD TYPE AND RH FACTOR		50. OTHER TESTS	
47. SEROLOGY (Specify test used and result) RPR = Non Reactive							