

REPORT OF MEDICAL EXAMINATION

403694

*mw*

88-117

1. LAST NAME—FIRST NAME—MIDDLE NAME			2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code) <i>140 Whipple Lane Apt 2013 Houston TX 77001</i>			5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
7. SEX <i>M</i>	8. RACE <i>W</i>	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY _____ CIVILIAN _____		10. AGENCY <i>USA in AFM # R. D. S.</i>
11. ORGANIZATION UNIT		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN <i>Patricia L. Turner 208 ... Houston TX</i>		
12. DATE OF BIRTH		13. PLACE OF BIRTH <i>Houston (Harris Co) Texas</i>		16. OTHER INFORMATION
15. EXAMINING FACILITY OR EXAMINER AND ADDRESS <i>Physical Examination Section US Army Health Clinic Ft. McPherson, GA 30330</i>			17. RATING OR STATUS	
			TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS

CLINICAL EVALUATION		
NOR- MAL	(Check each item in appropriate col- umn, enter "NE" if not evaluated)	ABNOR- MAL
<input checked="" type="checkbox"/>	18. HEAD, FACE, NECK AND SCALP	
<input checked="" type="checkbox"/>	19. NOSE	
<input checked="" type="checkbox"/>	20. SINUSES	
<input checked="" type="checkbox"/>	21. MOUTH AND THROAT	
<input checked="" type="checkbox"/>	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
<input checked="" type="checkbox"/>	23. DRUMS (Perforation)	
<input checked="" type="checkbox"/>	24. EYES—GENERAL (Visual acuity and refraction under items 58, 60 and 62)	
<input checked="" type="checkbox"/>	25. OPHTHALMOSCOPIC	
<input checked="" type="checkbox"/>	26. PUPILS (Equality and reaction)	
<input checked="" type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
<input checked="" type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)	
<input checked="" type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)	
<input checked="" type="checkbox"/>	30. VASCULAR SYSTEM (Atherosclerosis, etc.)	
<input checked="" type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)	
<input checked="" type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
<input checked="" type="checkbox"/>	33. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	34. G-U SYSTEM	
<input checked="" type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/>	36. FEET	
<input checked="" type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
<input checked="" type="checkbox"/>	40. SKIN, LYMPHATICS	
<input checked="" type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under item 72)	
<input checked="" type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)	
<input checked="" type="checkbox"/>	43. PELVIC (Females only) (Check how done) <i>VA</i> <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

*R*  
*R thumb, 1st 5th finger.*

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="0"> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td> </tr> <tr> <td>32</td><td>31</td><td>30</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="3">Restorable teeth</td> <td colspan="3">Non-restorable teeth</td> <td colspan="3">Missing teeth</td> <td colspan="3">Replaced by dentures</td> <td colspan="3">Fixed Partial dentures</td> </tr> <tr> <td>R</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td> </tr> <tr> <td>I</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>G</td><td>32</td><td>31</td><td>30</td><td>29</td><td>28</td><td>27</td><td>26</td><td>25</td><td>24</td><td>23</td><td>22</td><td>21</td><td>20</td><td>19</td><td>18</td><td>17</td> </tr> <tr> <td>H</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>T</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	32	31	30															Restorable teeth			Non-restorable teeth			Missing teeth			Replaced by dentures			Fixed Partial dentures			R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	I																	G	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	H																	T																	<i>Normal</i>	
0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16																																																																																																																																							
32	31	30																																																																																																																																																					
Restorable teeth			Non-restorable teeth			Missing teeth			Replaced by dentures			Fixed Partial dentures																																																																																																																																											
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16																																																																																																																																							
I																																																																																																																																																							
G	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17																																																																																																																																							
H																																																																																																																																																							
T																																																																																																																																																							

LABORATORY FINDINGS			
45. URINALYSIS: A. SPECIFIC GRAVITY <i>1.029</i>		46. CHEST X RAY (Place, date, film number and facility) <i>5513</i>	
B. ALBUMIN <i>neg</i>		NEGATIVE Dated <i>2 May 79</i>	
C. SUGAR <i>neg</i>		US Army Health Clinic	
47. SEROLOGY (Specify test used and result) <b>HPB NON REACTIVE</b>		48. EKG	49. BLOOD TYPE AND RH FACTOR
			50. OTHER TESTS <i>Hct: 47.0</i>
		Ft McPherson, GA 30330	