

DISPOSITION FORM

PRIVACY ACT MATERIAL REMOVED

For use of this form, see AR 340-15, the proponent agency is TAGCEN.

| | |
|--|---|
| REFERENCE OR OFFICE SYMBOL HST-PE | SUBJECT Results of Medical Examination |
|--|---|

| | | | |
|---|---|------|-------|
| TO Commander (Joint Task Group Enewetak) | FROM C, Physical Exam Section TAMC APO SF 96438 | DATE | CMT 1 |
|---|---|------|-------|

Results of medical examination for _____
(Name)

E-4
(Rank)

_____ (SSN)

a. Physical Profile:

| | | | | | |
|---|---|---|---|---|---|
| P | U | L | H | E | S |
| / | / | / | / | / | / |

R

- b. Physical Category (Alphabetical Code) A
- c. Age 22
- d. Height 5 Ft 6 In.
- e. Weight 130 Pounds.
- f. Glasses Yes No.
- g. Date of most recent periodic medical examination 9 Jan 79
- h. Immunizations up to date Yes No.
- i. Date eye examination completed 9 Jan 79
- j. Normal complete blood count with differential Yes No.
- k. Individual is/~~is not~~ fit for Enewetak duty.

W F
WILLIAM F. RUSCHHAUPT, III, M.D.
MAJOR, MC
Chief, Physical Exam Section

REPORT OF MEDICAL EXAMINATION

| | | | | |
|--|---|---|--|--|
| 1. LAST NAME FIRST NAME MIDDLE NAME <i>C. LAST NAME FIRST NAME MIDDLE NAME</i> | | | 2. GRADE AND COMPONENT OR POSITION <i>E4 / SP4</i> | 3. IDENTIFICATION NO. |
| 4. HOME ADDRESS (Number, street or R.F.D., city or town, State and ZIP Code) | | | 5. PURPOSE OF EXAMINATION <i>ISSUED FOR EMERGENCY</i> | 6. DATE OF EXAMINATION <i>9 JAN 79</i> |
| 7. SEX <i>MALE</i> | 8. RACE <i>WHITE CAUCASIAN</i> | 9. TOTAL YEARS GOVERNMENT SERVICE <i>2 yrs 3 months</i> MILITARY CIVILIAN | 10. AGENCY <i>DNA</i> | 11. ORGANIZATION UNIT <i>EMERGENCY MARSHALL</i> |
| 12. DATE OF BIRTH <i>5 JUN 56</i> | 13. PLACE OF BIRTH <i>HOUSTON, TEXAS</i> | 14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN <i>J.R. WOODRUFF, JR. & MRS. 4107 IRKINGTON BLVD HOUSTON, TEXAS 77042</i> | 16. OTHER INFORMATION | |
| 15. EXAMINING FACILITY OR EXAMINER AND ADDRESS <i>COMMANDER HST-0M-PE TRIPLER AMC, HI 96859</i> | | | 17. RATING OR SPECIALTY | |
| 17. RATING OR SPECIALTY | | | TIME IN THIS CAPACITY (Total) | LAST SIX MONTHS |

| CLINICAL EVALUATION | | NOTES (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.) |
|--|--|--|
| NO. (Check each item in appropriate column, enter "N" if not evaluated.) | DESCRIPTION | |
| 18 | HEAD, FACE, NECK, AND SCALP | |
| 19 | NOSE | |
| 20 | EYES | |
| 21 | MOUTH AND THROAT | |
| 22 | EARS, GENERAL (Include hearing, otitis media, otitis externa, etc.) | |
| 23 | EARS, SPECIAL (Perforations) | |
| 24 | TEETH, GENERAL (Include quality and quantity, caries, periodontal disease, etc.) | |
| 25 | TEETH, SPECIAL (Malocclusion) | |
| 26 | PUPILS (Equality and reaction) | |
| 27 | HEARING (Associated, isolated, mixed, conductive) | |
| 28 | LUNGS AND CHEST (Include breaths) | |
| 29 | HEART (Thrust, size, rhythm, sounds) | |
| 30 | VASCULAR SYSTEM (Varicosities, etc.) | |
| 31 | ABDOMEN AND VISCERA (Include hernias) | |
| 32 | ANUS AND RECTUM (Hemorrhoids, fistula, prostate, etc.) | |
| 33 | ENDOCRINE SYSTEM | |
| 34 | G.I. SYSTEM | |
| 35 | UPPER EXTREMITIES (Strength, range of motion) | |
| 36 | FEET | |
| 37 | LOWER EXTREMITIES (Accept toes) (Strength, range of motion) | |
| 38 | SPINE, OTHER MUSCULOSKELETAL | |
| 39 | IDENTIFYING BODY MARKS, SCARS, TATTOOS | <i>✓ 39. Scars, right scapular region & left forearm</i> |
| 40 | SKIN, LYMPHATICS | |
| 41 | NEUROLOGIC (Equilibrium tests under item 21) | |
| 42 | PSYCHIATRIC (Specify any personality deviation) | |
| 43 | PELVIC (Females only) (Check how done) | |
| | | (Continue in item 73) |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|------------------|-------|-----|----------------------|----------|----------|---------------|----------|----------|----------------------|----------|----------|--|----|-------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.) | | | | | | | | | | | | | | REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES | | | | | | | | | | | | | | | | | | | | |
| | | Restorable teeth | | | Non restorable teeth | | | Missing teeth | | | Replaced by dentures | | | Fixed Partial dentures | | Class | | | | | | | | | | | | | | | | | | |
| | | 1 2 3 | 4 5 6 | 7 8 | 9 10 11 | 12 13 14 | 15 16 17 | 18 19 20 | 21 22 23 | 24 25 26 | 27 28 29 | 30 31 32 | 33 34 35 | 36 37 38 | | | | | | | | | | | | | | | | | | | | |
| RIGHT | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 |
| LEFT | | 32 | 31 | 30 | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | | 18 | 17 | 16 | 15 | 14 | 13 | 12 | 11 | 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

| | | | | | | | |
|---|--|------------------------------|--|---|--|--|--|
| 45. URINALYSIS A. SPECIFIC GRAVITY <i>1.024</i> | | | | 46. CHEST X RAY (Place, date, film number and result) | | | |
| B. ALBUMIN NEGATIVE | | D. MICROSCOPIC <i>WNL</i> | | NORMAL CHEST X-RAY IAMC, HI 96859 <i>9 Jan 79</i> | | | |
| C. SUGAR NEGATIVE | | 48. EKG | | 49. BLOOD TYPE AND RH FACTOR | | | |
| 47. SEROLOGY (Specify test used and results) VDRL-NONREACTIVE | | | | 50. OTHER TESTS | | | |