YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	✓	15. Have you been refused employment or been unable to hold a job or stay in school because of A. Sensitivity to chemicals, dust, sunlight, etc
	✓	B. Inability to perform certain motions.
	✓	C. Inability to assume certain positions.
	✓	D. Other medical reasons (If yes, give reasons.)
	✓	16. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details)
	✓	17. Have you ever been denied life insurance? (If yes, state reason and give details.)
	✓	18. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)
	✓	19. Have you ever been a patient in any type of hospitals? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)
	✓	20. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)
	✓	21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)
	✓	22. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.)
	✓	23. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.)
	✓	24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)

Enlistment Physical Exam- No prior surgeries or Hopitalization

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge.
I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

TYPED OR PRINTED NAME OF EXAMINEE | SIGNATURE

[redacted]

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."
25. Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in Items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

Denies ill news

QUESTIONING REVEALS	YES	NO	DETAILS
MARIJUANA USE		✓	
OTHER DRUG ABUSE		✓	
ALCOHOL ABUSE		✓	
HOMOSEXUALITY		✓	

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS
John Webb, MD	28 OCT 1984	[signature]	

REVERSE OF STANDARD FORM 93 | ☆U.S. GOVERNMENT PRINTING OFFICE: 1983-459-055

Standard Form 88

REPORT OF MEDICAL EXAMINATION

LAST NAME FIRST NAME MIDDLE NAME: [redacted]

2. GRADE AND COMPONENT OR POSITION: ~~E-4~~ CPL/USMC/AD

3. IDENTIFICATION NO.: [redacted]

5. PURPOSE OF EXAMINATION: DISCHARGE

6. DATE OF EXAMINATION: 24 MAY 1989

10. AGENCY: USMC

11. ORGANIZATION UNIT: NSF MSC

14. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN: [redacted]

15. EXAMINING FACILITY OR EXAMINER AND ADDRESS: National Naval Medical Center HEC

17. RATING OR SPECIALTY

TIME IN THIS CAPACITY (Total) | LAST SIX MONTHS

CLINICAL EVALUATION

(Check each item in appropriate column. Enter NE if not evaluated.)

NOR MAL		ABNOR MAL
✓	18. HEAD, FACE, NECK AND SCALP	
✓	19. NOSE	
✓	20. SINUSES	
✓	21. MOUTH AND THROAT	
✓	22. EARS GENERAL	
✓	23. DRUMS	
✓	24. EYES GENERAL	
✓	25. OPHTHALMOSCOPIC	
✓	26. PUPILS	
✓	27. OCULAR MOTILITY	
✓	28. LUNGS AND CHEST	
✓	29. HEART	
✓	30. VASCULAR SYSTEM	
✓	31. ABDOMEN AND VISCERA	
✓	32. ANUS AND RECTUM	
✓	33. ENDOCRINE SYSTEM	
✓	34. G-U SYSTEM	
✓	35. UPPER EXTREMITIES	
✓	36. FEET	
✓	37. LOWER EXTREMITIES	
✓	38. SPINE, OTHER MUSCULOSKELETAL	
✓	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	✓
✓	40. SKIN, LYMPHATICS	
✓	41. NEUROLOGIC	
✓	42. PSYCHIATRIC	
NS	43. PELVIC (Female only) (Check Rectal Exam) ☐ VAGINAL ☐ RECTAL	

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

50) Triglyceride 115, Cholesterol 183, High Density Lipoprotein (DL) 49, Very Low (DL) 23, Low DL 111, Ratio 3.7, Fasting glucose 84, WBC 4,900, Hgb 15.7, HCT 47.2, NCD

[redacted]

[redacted]

36) 12" l.s. midline abd

Discharge Physical Noted 12"/.5" midline abdominal scar

(Continue in Item 73)

44. DENTAL (Place appropriate symbols, shown in example above, on below number of upper and lower teeth.)

RIGHT: 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 — LEFT

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES: Class - 2 T-2 Gum Qualified - 45

LABORATORY FINDINGS

45. URINALYSIS A. SPECIFIC GRAVITY: 1.006

B. ALBUMIN: Neg

C. SUGAR: Neg

D. MICROSCOPIC: RBC clear

46. SEROLOGY (Specify the test and result): RPR 24 MAY 89 Non Reactive

48. EKG: NIR

49. BLOOD TYPE AND RH FACTOR:

50. OTHER TESTS: NNMC 24 May 89 #261-55-9445 NL Chest

See Above

89-1B

Revised 10/73
General Services Administration
Interagency Comm. on Medical Records
FPMR 101-11.806-8

REPORT OF MEDICAL EXAMINATION

88-117

1. LAST NAME—FIRST NAME—MIDDLE NAME [redacted]	2. GRADE COMPONENT OR POSITION CIVILIAN	3. IDENTIFICATION NO. [redacted]
	4. PURPOSE OF EXAMINATION ENLISTMENT COMMISSION ARMY NAVY AIR FORCE MARINE CORPS COAST GUARD RESERVE NATIONAL GUARD	8. DATE OF EXAMINATION 23 OCT 1984
	10. AGENCY	11. ORGANIZATION UNIT
	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN [redacted]	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS Montgomery MEPS, Bldg. 1512 Gunter AFS, AL 36114	16. OTHER INFORMATION	
17. RATING OR SPECIALTY	TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNORMAL
✓	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 59, 60 and 67)	
✓	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 (Varicosities, 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) ☐ VAGINAL ☐ RECTAL	

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

No surgical scars existed at enlistment

(Continue in item 73)

44. DENTAL. (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)

RIGHT	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	LEFT
	1	2	3	A	5	6	7	8	9	10	11	12	13	14	15	16	

Restorable teeth: 1 2 3 (0) / 32 31 30 (0)
Non-restorable teeth: 1 2 3 (/) / 32 31 30 (/)
Missing teeth: 1 2 3 (X) / 32 31 30 (X)
Replaced by dentures: 1 2 3 (X X X) / 32 31 30 (X X X)
Fixed partial dentures: 1 2 3 (X) / 32 31 30 (X)

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES
ACCEPTABLE
NOT ACCEPTABLE
(DENTAL EXAMINATION NOT DONE BY DENTAL OFFICER)

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY
B. ALBUMIN-REAGENT STRIP Neg
C. SUGAR-REAGENT STRIP Neg
D. MICROSCOPIC

46. CHEST X-RAY (Place, date, film number and result)
PLACE AS IN ITEM 15; FILM NO. 2443
DATE 23 OCT 1984 RESULT Neg

47. SEROLOGY (Specify test used and result)
RPR NR

48. EKG

49. BLOOD TYPE AND RH FACTOR

50. OTHER TESTS
URINE HCG

STANDARD FORM 93
JANUARY 1971
GSA FPMR 101-11.8

Approved
Office of Management and Budget No. 29-R0191

REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME: [redacted]

2. SOCIAL SECURITY OR IDENTIFICATION NO.: [redacted]

4. POSITION (Title, grade, component): CIVILIAN —

5. PURPOSE OF EXAMINATION: (ENLISTMENT) COMMISSION — ARMY NAVY AIR FORCE (MARINE CORPS) COAST GUARD RESERVE NATIONAL GUARD

6. DATE OF EXAMINATION: 08 OCT 1984

7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS: Military Entrance Processing Station, Building 1512, Gunter AFB, Montgomery, AL 36114

8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

PRESENT HEALTH: I am in good Health

CURRENT MEDICATIONS: I am taking No medications

ALLERGIES (INCLUDING TO INSECT BITES/STINGS AND TO COMMON FOODS): No known Allergies

9. HAVE YOU EVER (Please check each item)

YES	NO	(Check each item)
	✓	Lived with anyone who had tuberculosis
	✓	Coughed up blood
	✓	Bled excessively after injury or tooth extraction
	✓	Attempted suicide
	✓	Been a sleepwalker

10. DO YOU (Please check each item)

YES	NO	(Check each item)
	✓	Wear glasses or contact lenses
	✓	Have vision in both eyes
	✓	Wear a hearing aid
	✓	Stutter or stammer habitually
	✓	Wear a brace or back support

11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check all of each item)

YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
	✓		Scarlet fever, erysipelas		✓		Cramps in your legs		✓		"Trick" or locked knee
	✓		Rheumatic fever		✓		Frequent indigestion		✓		Foot trouble
	✓		Swollen or painful joints		✓		Stomach, liver, or intestinal trouble		✓		Neuritis
	✓		Frequent or severe headache		✓		Gall bladder trouble or gallstones		✓		Paralysis (include infantile)
	✓		Dizziness or fainting spells		✓		Jaundice or hepatitis		✓		Epilepsy or fits
	✓		Eye trouble			✓	Adverse reaction to serum, drug or medicine		✓		Car, train, sea or air sickness
	✓		Ear, nose, or throat trouble			✓			✓		Frequent trouble sleeping
	✓		Hearing loss		✓		Broken bones		✓		Depression or excessive worry
	✓		Chronic or frequent colds		✓		Tumor, growth, cyst, cancer		✓		Loss of memory or amnesia
	✓		Severe tooth or gum trouble		✓		Rupture/hernia		✓		Nervous trouble of any sort
	✓		Sinusitis		✓		Piles or rectal diseases		✓		Periods of unconsciousness
	✓		Hay Fever		✓		Frequent or painful urination				
	✓		Head injury		✓		Bed wetting since age 12				
	✓		Skin diseases		✓		Kidney stone or blood in urine				
	✓		Thyroid trouble		✓		Sugar or albumin in urine				
	✓		Tuberculosis		✓		VD—Syphilis, gonorrhea, etc.				
	✓		Asthma		✓		Recent gain or loss of weight				
	✓		Shortness of breath		✓		Arthritis, Rheumatism, or Bursitis				
	✓		Pain or pressure in chest		✓		Bone, joint or other deformity				
	✓		Chronic cough		✓		Lameness				
	✓		Palpitation or pounding heart		✓		Loss of finger or toe				
	✓		Heart trouble		✓		Painful or "trick" shoulder or elbow				
	✓		High or low blood pressure		✓		Recurrent back pain				

12. FEMALES ONLY: HAVE YOU EVER

			Been treated for a female disorder
			Had a change in menstrual pattern
DATE OF LMP			
DATE OF LMP			

13. WHAT IS YOUR USUAL OCCUPATION? Stock and Parts Student-High School Pal

14. ARE YOU (Check one): ☑ Right handed ☐ Left handed

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	✓	15. Have you been refused employment or been unable to hold a job or stay in school because of A. Sensitivity to chemicals, dust, sunlight, etc
	✓	B. Inability to perform certain motions.
	✓	C. Inability to assume certain positions.
	✓	D. Other medical reasons (If yes, give reasons.)
	✓	16. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details)
	✓	17. Have you ever been denied life insurance? (If yes, state reason and give details.)
	✓	18. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)
	✓	19. Have you ever been a patient in any type of hospitals? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)
	✓	20. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)
	✓	21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)
	✓	22. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.)
	✓	23. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge, whether honorable, other than honorable, for unfitness or unsuitability.)
	✓	24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)

Duplicate enlistment physical copy

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge.
I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

TYPED OR PRINTED NAME OF EXAMINER	SIGNATURE
[redacted]	

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."
25. Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

Denies ill here

QUESTIONING REVEALS	YES	NO	DETAILS
MARIJUANA USE		✓	
OTHER DRUG ABUSE		✓	
ALCOHOL ABUSE		✓	
HOMOSEXUALITY		✓	

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS
John Webb, MD	29 OCT 1984		

REVERSE OF STANDARD FORM 93

*U.S. GOVERNMENT PRINTING OFFICE: 1983-[illegible]

TISSUE EXAMINATION SUBSTITUTE STANDARD FORM 515

SUBMITTED BY: MOR ROOM #14 GENERAL SURGERY
SPECIMEN: A) LEFT COLON

DATE: 06-28-87

CLINICAL HISTORY: 19 yo white male with lower GI bleed and bleeding AVM noted on arteriogram through IMA.

PREOP DIAG: Arteriovenous malformation left colon.
OPERATIVE FINDINGS: Left colon polyps.

23 JUL 1987

POSTOP DIAG: Polyposis
DOCTOR: Swartz, #466
NH BETHESDA MD 06-29-87J

ACCNO: S87-07726

GROSS EX: A: Source of specimen, "left colon". The specimen is received in formalin and consists of a previously opened segment of large intestine measuring 18 x 5 x 1 cm. At proximally the mid section there is a polypoid mass measuring 3.5 x 1 x 4 cm in height. There is a long stalk which measures 3 cm. The remainder of the mucosa is grossly unremarkable. A1 and A6, stalk; A7 andA8, margins. M/9/PG jst/jst

MICROSCOPIC DIAGNOSIS:
A: LEFT COLON, RESECTION: JUVENILE POLYP.
BENIGN LYMPH NODES.

[redacted]

RES:

STAFF: P.J. KRAGEL, LCDR MC USNR

IR

IC

NSN 7540-00-974-1174 600-108

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

JUL 17 1987

Surgery Clinic

19 year old ♂ 19 d S/P Bowel Resection for Benign Colonic Polyp. Now on CVR. 5 c/o Abd Pain, N, V. ⊕ Formed Stools BID. ⊖ Melena, Hematochezia.

O: Abd incision well healing. 1.0 cm proximal end of incision ∃ skin separation. ⊖ Drainage, erythema, induration.

Abd Soft, nontender on Palp. ⊖ Distention ⊕ BS.

O: Doing well S/P Bowel Resection

P: Local Care on healing incision

Gradually ↑ Activity

Mechanical ↓ Tsp QD

F/u 1 Aug 87

R.C. HEIM, JR.
LT MC USN
INTERN
041-62-2038

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS MAINTAINED AT: MED. DEPT, N.S.F., THURMONT, MD. 21788

PATIENT'S NAME (Last, First, Middle Initial): [redacted]

SEX: M

STATUS: AD

RANK/GRADE: E-3

SPONSOR'S NAME:

ORGANIZATION: MSC Thurmont

DEPART./SERVICE ISSN/IDENTIFICATION NO.: [redacted]

DATE OF BIRTH

(See Instructions on Back of this Sheet)

NSN 7540-01-075-3786

EMERGENCY CARE AND TREATMENT
(Medical Record)

TREATMENT FACILITY (Stamp): NSF

LOG NUMBER:

ARRIVAL TIME: 0930

TRANSPORTATION TO HOSPITAL (Attach care enroute sheet): PRIVATE VEHICLE / AMBULANCE / [X] OTHER (Specify) Gov Vehicle

CURRENT MEDS. (tetanus immunization and other data): None

HISTORY OBTAINED FROM: [X] PATIENT / OTHER (Specify)

ALLERGIES: None

DAY, MONTH, YR: 26 JUN 87

PATIENT'S HOME ADDRESS OR DUTY STATION (City, State and ZIP Code): NSF P.O. Box 1000 Thurmont MD 21788

[redacted]

CHIEF COMPLAINT(S) (Include symptom(s), duration): Rectal Bleeding

SEX: Male AGE: 19

POSSIBLE THIRD PARTY PAYMENT: YES / [X] NO

TIME SEEN BY PROVIDER: 0930

VITAL SIGNS			
TIME	0940	sitting	standing
BP		110/84	110/88
PULSE		90	96
RESP			
TEMP		96.9	
WT. (Child)			

CATEGORY (See reverse)
- EMERGENT
- [X] URGENT
- NON-URGENT

ORDERS	INITS.	TIME

ASSESSMENT/DIAGNOSIS: Rectal Bleeding ? etiology

DISPOSITION (Check all that apply)
- HOME
- FULL DUTY
- QUARTERS: 24 Hrs. / 48 Hrs. / 72 Hrs.
- MODIFIED DUTY UNTIL: DAY / MONTH / YEAR
- REFERRED TO (Indicate clinic): Bethesda ER
- EMERGENCY / TODAY
- 72 HOURS / ROUTINE
- ADMIT. TO HOSP. UNIT/SERVICE

CONDITION UPON RELEASE
- IMPROVED / [X] UNCHANGED
- DETERIORATED

TIME OF RELEASE: 1000

DESCRIBE: (1) Subjective data (Pertinent History). (2) Objective data (Examination - include results of tests and x rays). (3) Assessment (Diagnosis): (4) Plan (Treatment/Procedures - include medication given and follow up)

S: 19 y/o WM c/o Rectal Bleeding x 2 days. pt states had 1 BM c bright red blood 2 days ago & 6 episodes yesterday. also 1 episode this am. pt not taking aspirin. No history of rectal bleeding in past. No Family history of rectal cancer. pt has not been lifting weights or heavy objects recently. pt denies any history of trauma to abdominal region.

O: HEENT - WNL
skin - warm c normal texture
pt is alert & oriented x 3
pulses - good pulses all extremities
Abd - soft no abnormal tenderness or palpable masses. Bowel sounds - hyperactive. (+) psoas & obturator. No rigidity noted.
Rectal - small amounts of blood noted on pt's underwear. Dried blood noted around anal opening. Small external hemorrhoid noted approx - 5 o'clock area. (+) Tenderness prostate massage. Guaiac (+) Blood noted on glove upon removal.

(CONTINUE ON SF 507, IF NEEDED)

PATIENT'S IDENTIFICATION (Mechanical imprint)
FOR WRITTEN ENTRIES GIVE: Name - last, first, middle; SSN; DOB, service status, name and relation of sponsor or next of kin. (IMPORTANT - LIST FACILITY HOLDING TREATMENT RECORD).

[redacted]

LCPL /USMC

SIGNATURE OF PROVIDER AND ID STAMP: [signature], HM1

INSTRUCTIONS TO PATIENT (Include medications ordered, any limitations and follow-up plan):
1. consulted c Dr. Zukowski Bath ER
2. pt referred to Bath. ER for treatment

MEDICAL RECORD	NARRATIVE SUMMARY (CLINICAL RESUME)	
DATE OF ADMISSION 26 JUN 87	DATE OF DISCHARGE 3 JUL 87	NUMBER OF DAYS HOSPITALIZED

(Sign and date at end of narrative)

PAGE TWO

HOSPITAL COURSE: While in the Emergency Room, the patient had an NG tube passed which revealed billious, nonbloody material. The patient was admitted to the Intensive Care Unit and underwent an emergent bleeding scan. The bleeding scan revealed a bleeding source in the left colon distal to the splenic flexure. The patient was then taken to angiography where he underwent a selective inferior mesenteric artery angio and was noted to have an actively bleeding lesion in the descending colon that was consistent with an arteriovenous malformation. Vasopressin infusion was begun and the patient was noted to stop bleeding, had stabilization of his hematocrit and was noted to pass no further bloody stools. The patient was weaned from the vasopressin infusion and he had no further bleeding, but due to the seriousness of his bleed, it was elected to perform an elective left hemicolectomy.

The patient was taken to the Operating Room on 6-28-87, where he underwent an elective left hemicolectomy. Findings at time of surgery were three large polyps on a complex stalk in the descending colon. Postoperatively the patient did very well, had no complications and was discharged on the fifth postoperative day.

DISCHARGE INSTRUCTIONS: The patient is discharged with medication - Darvocet N-100 2 P.O. q 4 hours p.r.n. pain. The patient is to do no exercise or physical training for four to six weeks, no driving for two weeks and is discharged to four weeks convalescent leave.

S. SWARTZ
LT MC USNR

APPROVED:

D. MAC GILLIVRAY, LCDR MC USNR
SURGERY

(Use additional sheets of this form (Standard Form 502) if more space is required)

SIGNATURE OF PHYSICIAN	DATE	ORGANIZATION

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle, rank; grade; hospital or medical facility)	REGISTER NO.	WARD NO
NAVAL HOSPITAL, BETHESDA, MD.	0118118	

NARRATIVE SUMMARY (CLINICAL RESUME)
Standard Form 502

Prescribed by GSA/ICMR
FPMR (41 CFR) 201-45.505
March 1979 502-115
NSN 7540-00-634-4115

0195-LI-L00-3635
ACTIVE DUTY INPATIENT DISPOSITION
NHBetC 6320/81 Rev. 6-83

NOTES

1. The below listed member is discharged from inpatient status.
2. Upon completion, the Narrative Summary/Medical Board will be forwarded for incorporation in the Health Record.

NAME [redacted]

GRADE/RATE E3/MC/AD

DIAGNOSIS AND PERTINENT MEDICAL HISTORY

19 y.o. w. ♂ c̄ Bloody Stools x 2
Angiography performed c̄ Vasopressin injection.
Pt subsequently underwent (c) Hemicolectomy
c̄ Removal of colonic Polyp

PHYSICAL LIMITATIONS

No Lifting > 10 lbs
No Running, Twisting, Bending,
Prolonged Standing

TREATMENT/MEDICATIONS

Darvocet N-100 ii po Q4°prn

LENGTH OF OUTPATIENT FOLLOW-UP

30 days

APPOINTMENT FREQUENCY

1ST APPOINTMENT (Date and Time)

17 July 87

LOCATION

Surgery Clinic NH Beth

DATE NARRATIVE SUMMARY/MEDICAL BOARD DICTATED

DISPOSITION

- ☒ FULL DUTY
- ☐ CONTINUED TREATMENT AS OUTPATIENT
- ☐ MEDICAL BOARD (Type)
  - ☐ FULL DUTY
  - ☐ LIMITED DUTY
  - ☐ PHYSICAL EVALUATION BOARD
  - ☐ EPTE NOT SERVICE AGGRAVATED DISCHARGE
  - ☐ HIGHER AUTHORITY

RECEIVING ACTIVITY

- ☒ PARENT COMMAND
- ☐ NAVAL DISTRICT, WASHINGTON
- ☐ CASUAL COMPANY (Marine Corps Enlisted)
- ☐ MEDICAL HOLDING COMPANY
- ☐

CONVALESCENT LEAVE RECOMMENDED

☐ NO ☒ YES

DAYS RECOMMENDED (30 days maximum)

30

SIGNATURE (Discharging Physician) R. C. HEIM, JR. LT MC USN INTERN

DATE 3 July 87

☒ APPROVED ☐ DISAPPROVED

SIGNATURE (Director of Clinical Services) DB Sutton CT/OOD

DATE 03 July 87

GPO 800-488

DISCHARGE PROGRESS NOTES AND INSTRUCTIONS
NHBETH (02) 6320/119 (* 85)

DISTRIBUTION White Chart Yellow Outpatient Record Pink Patient Blue Department

ADMISSION DATE	DISCHARGE DATE	PATIENT NAME
26 June 87	3 July 87	[redacted]

DIAGNOSES OR PROBLEMS

Lower GI Bleed
(-) Colon AVM
Juvenile Polyp (-) Colon

PROCEDURES (with dates of surgery)

Angiogram & Vasopressin injection
(-) Hemicolectomy

MEDICATIONS (dose, frequency)

Percocet-10/650 #i PO Q4° PRN

Sent

DIET — RESTRICTIONS — INSTRUCTIONS

No strenuous exercise
No lifting > 10 lbs
No running, touching, bending
Gradually ↑ activity

If preprinted instructions are provided, note here and place a copy in medical record.

NEXT APPOINTMENT DATE	IF YOU HAVE ANY QUESTIONS BEFORE YOUR NEXT VISIT CALL	
17 July 87	295-4440	
TIME 8-1200 (Walk in)	DR Grill	FORM COMPLETED BY [signature] R. C. HEIM, JR. LT MC USN INTERN 041-62-2038

NOTES TO PHYSICIAN

ADDRESSOGRAPH

061187

0118118 SE13 26JUN87
[redacted]
0498A BETHESDA NAVAL HOS
PERSONAL DATA/PRIV ACT 1974

SN: 0195-LL-L00-1003

939

MEDICAL RECORD

OPERATION REPORT

PREOPERATIVE DIAGNOSIS

LOWER GASTROINTSTINAL BLEEDING.

SURGEON	FIRST ASSISTANT	SECOND ASSISTANT	
DR. S. SWARTZ.	DR. P. GILL	DR. D. MACGILLIVRAY (SUPV)	
ANESTHETIST	ANESTHETIC		TIME BEGAN 1009
LCDR L. GUTIERREZ	GENERAL: O2, N2O, ETHRANE		TIME ENDED [illegible]
CIRCULATING NURSE	SCRUB NURSE	TIME OPERATION BEGAN	TIME OPERATION COMPLETED
LT. S. GALLAGHER, HM2 B. BROWN, HN F. HALL, HN J. PORTER	HM3 L. JOHNSON	1032	1234

OPERATIVE DIAGNOSES

LOWER GASTROINTESTINAL BLEEDING SECONDARY TO LEFT COLONIC POLYPS.

DRAINS (Kind and number)	SPONGE COUNT VERIFIED
#18 FRENCH SALEM NG	S. GALLAGHER, LT, NC

MATERIAL FORWARDED TO LABORATORY FOR EXAMINATION

A) LEFT COLON

OPERATION PERFORMED

1) EXPLORATORY LAPAROTOMY.
2) LEFT HEMICOLECTOMY.

DESCRIPTION OF OPERATION (Type(s) of suture used, gross findings, etc.)	PROSTHETIC DEVICES (Lot no.)	DATE OF OPERATION
	NONE	28 JUNE 87

INDICATIONS FOR OPERATION: This is a 19-year-old white male who presented to the emergency room with lower gastrointestinal hemorrhage. He underwent flexible sigmoidoscopy to 40 cm with the only finding being large amounts of maroon-colored stool. The patient underwent an urgent bleeding scan that was positive distal to the splenic flexure. The patient then underwent an urgent arteriogram which revealed, on the selective injection of the IMA, an apparent bleeding arteriovenous malformation in the mid-descending colon. After infusion of intra-arterial vasopressin, the patient's hematocrit stabilized at approximately 30.

FINDINGS AT OPERATION: The patient had a wide-based multistocked polyp with three heads in the mid-descending colon. The abdominal exploration was otherwise normal and there were no other masses felt within the lumen of the bowel.

CONTINUED

SIGNATURE OF SURGEON	DATE
S. SWARTZ, LT, MC, USNR	

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)	REGISTER/I.D. NO.	WARD NO.
[redacted]	0118128	

OPERATION REPORT
Medical Record

NAVAL HOSPITAL
BETHESDA, MARYLAND 20814

OUTPATIENT RECORD

STANDARD FORM 518 (REV. 5-83)
Prescribed by GSA/ICMR
FPMR (41 CFR) 201-45.505

CLINICAL RECORD

Report on OPERATIVE REPORT
or
Continuation of S. F. 516
(Strike out one line) (Specify type of examination or date)

(Sign and date)

DESCRIPTION OF OPERATION: The patient was taken to the operating room and placed in the supine position. General endotracheal anesthesia was induced in the usual fashion. The patient was prepped and draped in a sterile fashion. A #10 blade was used to make a midline incision. It was carried sharply down to the linea alba. The abdominal exploration was undertaken which revealed findings as noted above. The left colon was mobilized from its lateral attachments with the Metzenbaum scissors along the white line of Toldt. This was continued inferiorly to the area of the sigmoid mesentery, and superiorly to the splenic flexure. The splenic flexure was taken down sharply with the Metzenbaum scissors and the lienocolic ligament was taken down between Pean clamps and tied with #2-0 silk ties. After fully mobilizing the splenic flexure of the colon, an area approximately 10 cm above the palpable mass in the colon was selected as the site for anastomosis. An area of sigmoid colon distally was then also selected as an area for anastomosis and the two were noted to meet easily within the abdomen. The ureter was identified in the retroperitoneum and then the mesentery of the left colon was taken down between hemostats and tied with #2-0 silk ties. The left colic artery was doubly tied with #2-0 silk ties. The GIA stapler was used to divide the bowel proximally and distally, and the specimen was passed off the field. The two ends of the bowel were then placed together, and a two layer hand sewn anastomosis was performed utilizing #3-0 GI silks on the outer layer in a Lembert fashion and the inner layer with a through and through #3-0 chromic running stitch on the back wall, and Connell stitch on the anterior wall. The anastomosis was noted to be patent with good hemostasis, and without evidence of leak at the end of the procedure. The mesenteric defect was then closed with a running suture of #3-0 Vicryl. The abdomen was copiously irrigated with normal saline. After noting the three large polyps within the removed surgical specimen, the large colon was again run looking for intraluminal masses and none were found.

CONTINUED

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle, grade; date, hospital or medical facility)

REGISTER NO. 011A118

WARD NO.

[redacted]

REPORT ON _____ or CONTINUATION OF _____

NAVAL HOSPITAL
BETHESDA, MARYLAND 20814

Standard Form 507 ☆U.S.GPO:1982-0-391-659/6059

CLINICAL RECORD

Report on OPERATIVE REPORT
or
Continuation of S. F. 516
(Strike out one line) (Specify type of examination or data)

(Sign and date)

PAGE THREE

Hemostasis was noted to be good and the abdomen was closed with a running suture of #1 PDS. Subcutaneous tissue was then irrigated. Hemostasis was noted to be good and the skin was closed with skin staples. Sponge and needle counts were correct x 2 and the patient was taken to the recovery room in good condition.

SS:mdi:mjb
D: 6-26-87
T: 7-1-87

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle, grade; date, hospital or medical facility)

REGISTER NO. 0118118

WARD NO

[redacted]

REPORT ON _____ or CONTINUATION OF _____

Standard Form 507
GENERAL SERVICES ADMINISTRATION AND
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FPMR 101-11.50 5-5
OCTOBER 1975 577-104

NAVAL HOSPITAL
BETHESDA, MARYLAND 20814

558-102 (See Instructions on Back of this Sheet) NSN 7540-01-075-3786

EMERGENCY CARE AND TREATMENT
(Medical Record)

TREATMENT FACILITY (Stamp): NHBeth

LOG NUMBER: 6701714

ARRIVAL — DATE: DAY 26, MONTH Jun, YR. 87 — TIME: 1137

TRANSPORTATION TO HOSPITAL (Attach care enroute sheet): [x] PRIVATE VEHICLE [ ] AMBULANCE [ ] OTHER (Specify)

CURRENT MEDS. (Tetanus immunization and other data): Q

HISTORY OBTAINED FROM: [x] PATIENT [ ] OTHER (Specify)

ALLERGIES: NKA

PATIENT'S HOME ADDRESS OR DUTY STATION (City, State and ZIP Code): [redacted] Camp David

HOME TELE. NO. (Inc area code): (30) [redacted]

POSSIBLE THIRD PARTY PAYER? [ ] YES [x] NO

CHIEF COMPLAINT(S) (Include symptom(s), duration): c/o Rectal bleeding referred from

SEX: M AGE: 19

TIME SEEN BY PROVIDER: 1200

VITAL SIGNS

TIME	1141	
BP	110/80	Sup Lying
PULSE	80	
RESP.	18	
TEMP.	97.6	
WT. (Child)	—	

CATEGORY (See reverse)
- EMERGENT
- [x] URGENT 1145
- NON-URGENT

ORDERS	INITS.	TIME
T/B	LS	1140
CBC, T, PT-PTT	LS	1220
Spin crit	LS	1220
#1 IV RL Bolus	LS	1230
#2 IV RL 125.		
NG to Suction	LS	1235
#3 IV RL @ 125 cc/hr		

ASSESSMENT/DIAGNOSIS: Lower GI Bleed

DISPOSITION (Check all that apply)
- HOME
- FULL DUTY
- QUARTERS: 24 Hrs. / 48 Hrs. / 72 Hrs.
- MODIFIED DUTY UNTIL: DAY / MONTH / YEAR
- REFERRED TO (Indicate clinic): Surg
- EMERGENCY / TODAY
- 72 HOURS / ROUTINE
- ADMIT TO HOSP. UNIT/SERVICE: Lab

CONDITION UPON RELEASE
- IMPROVED
- UNCHANGED
- DETERIORATED

TIME OF RELEASE: 1300

DESCRIBE (1) Subjective data (Pertinent History); (2) Objective data (Examination - include results of tests and x-rays); (3) Assessment (Diagnosis); (4) Plan (Treatment/Procedures - include medication given and follow-up)

Camp David.

(S) Pt c/o 2 Yr hx of Rectal bleeding, ⊘ fever ⊘ chills, ⊘ pain. hx, ⊘ pain, ⊘ tenderness

(O) alert oriented good color skin warm & dry NKA

Vital signs @ 1250 Pulse 80 MEB Heart RR Rhythm S (M) lungs CT ⊘ Abd soft ⊘ Masses. BS present. Rectal ⊘ Masses, good sphincter tone gross ⊘ occult for blood. NG aspirate Neg for blood.

6.7 / 11.5 / 35.1 / 237 — 141 / 103 / 5.0 / 23.2 / 1.2 / 86 — 16 / PT 12.1 / PTT 22.6

1200 — 124/80 80 — 130/82 92 — 120

Spin crit 37

PATIENT'S SIGNATURE

(CONTINUE ON SF 507, IF NEEDED)

SIGNATURE OF PROVIDER AND ID STAMP: C. W. Zukowski, LCDR MC USN, Staff / GMO, 149-50-5431

PATIENT'S IDENTIFICATION (Mechanical Imprint) FOR WRITTEN ENTRIES GIVE: Name - last, first, middle; SSN; DOB; service status, name and relation of sponsor or next of kin. (IMPORTANT: LIST FACILITY HOLDING TREATMENT RECORD).

HR & pt. [redacted]

INSTRUCTIONS TO PATIENT (Include medications ordered, any limitations and follow-up plans): Admit IEU

AD/MC/E31 Left

RDP 25 Sept 67

STANDARD FORM 558 (REV. 6-82) Prescribed by GSA and ICMR FPMR 41 CFR 101-48.503

NHBETH(64) 6320/165 (3-86)

EMERGENCY DEPARTMENT NURSING FLOWSHEET

ORTHOSTATIC VITAL SIGNS (TILTS)

Time: 1200	Time:	Time:
* BP 137/80 P 60	* BP P	* BP P
* BP 130/82 P 92	* BP P	* BP P
* BP 130/80 P 120	* BP P	* BP P

VITAL SIGNS

Time	B/P	P	R	TEMP
1141	118/80	80	18	97.6
1220	130/74	110	20	
1500	120/88	88	20	

ETR# 670717

DATE 26 Jan 87 TIME 1205

STAFF INITIALS: SIGNATURES:

238 HM3 [illegible]

HM3 [illegible]

INTRAVENOUS THERAPY

	Solution	Rate	UP	DOWN
Site (Left Forearm) Guage #16	L R(#1)	Bolus	1200	1230
Site #2 (L Forearm) Guage #16	L R(#2)	125	1215	
Guage #	R L(#3)	125	1230	
Other				

MEDICATIONS

TIME	MEDICATION	DOSE	ROUTINE/SITE	INT

TOTAL IV:

LUNG FIELDS

LEFT		RIGHT	PEAK FLOW
	Clear		@:
	Wheeze		
	Rales		@:
	Rhonchi		
	Diminisited		@:
	Absent		

MENTAL STATUS:

ORIENTED TO:

Person: Place: Time:

OUTPUT

Time:	AMT:	Urine	Other	Totals

TIME: NURSING ASSESSMENT PAGE ___ of ___

19 y/o Healthy looking W ♂ presents TO ER c̄ c/o Rectal Bleeding. Referred from Camp David. PT is alert and oriented x3 [illegible]

1230 Pt wat to bathroom to give stool specimen — came back with approximately 30cc fresh, dk red blood. Pt placed in rectal bed, 2 large bore IVs and spun HCT 37. Plan bolus [illegible], NG tube to be placed. Labwork and type & xmatch for TC [illegible]

1245 NG contents w/o guiac (−)

M.D. notified — [illegible]

1212 Pt to Surgery clinic via gurney — [illegible]

1500 Returned from Surgery clinic via gurney. — [illegible]

1505 To Recovery medicine c̄ [illegible] and is infusing well [illegible]

ADDRESSOGRAPH:

[redacted]

AD/mc/23

Procedures

Lab work drawn @: ___

X-ray ___ EKG ___

Monitor ___ O_2 ___ NC( )

FM( ) ETT( ) @LPM ___

Foley size: ___

Time: ___

Ngt Size: ___

Time: ___

Other: ___

Patient Belongings

Valuables

with PT: ✓

given to: ___

Invent: ___

Clothing

with PT: ✓

given to: ___

Invent: ___

Report Called @: [illegible]

Admit to:

Time Transferred to: ICU 1639

Discharge to:

Home ( )

Clinic ( )

Other ( )

STANDARD FORM 93
REV. OCTOBER 1974
PRESCRIBED BY GSA-ICMR
FIRMR (41 CFR) 201-45.5

APPROVED
OFFICE OF MANAGEMENT AND BUDGET No. 29-R0191

REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME [redacted]	2. SOCIAL SECURITY OR IDENTIFICATION NO. [redacted]
[redacted] CODE)	4. POSITION (title, grade, component) ~~E4~~ CPL/USMC/AD
5. PURPOSE OF EXAMINATION: DISCHARGE	6. DATE OF EXAMINATION: 24 MAY 1989
	7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code): HEC USNH Bethesda, MD 20814

8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

9. HAVE YOU EVER (Please check each item)

YES	NO	(Check each item)
	✓	Lived with anyone who had tuberculosis
	✓	Coughed up blood
	✓	Bled excessively after injury or tooth extraction
	✓	Attempted suicide
	✓	Been a sleepwalker

10. DO YOU (Please check each item)

YES	NO	(Check each item)
✓		Wear glasses or contact lenses
✓		Have vision in both eyes
	✓	Wear a hearing aid
	✓	Stutter or stammer habitually
	✓	Wear a brace or back support

11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)

YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
	✓		Scarlet fever, erysipelas		✓		Cramps in your legs		✓		"Trick" or locked knee
	✓		Rheumatic fever		✓		Frequent indigestion		✓		Foot trouble
	✓		Swollen or painful joints		✓		Stomach, liver, or intestinal trouble		✓		Neuritis
	✓		Frequent or severe headache		✓		Gall bladder trouble or gallstones		✓		Paralysis (include infantile)
	✓		Dizziness or fainting spells		✓		Jaundice or hepatitis		✓		Epilepsy or fits
	✓		Eye trouble		✓		Adverse reaction to serum, drug, or medicine		✓		Car, train, sea or air sickness
	✓		Ear, nose, or throat trouble		✓				✓		Frequent trouble sleeping
	✓		Hearing loss		✓		Broken bones		✓		Depression or excessive worry
	✓		Chronic or frequent colds		✓		Tumor, growth, cyst, cancer		✓		Loss of memory or amnesia
	✓		Severe tooth or gum trouble		✓		Rupture/hernia		✓		Nervous trouble of any sort
	✓		Sinusitis		✓		Piles or rectal disease		✓		Periods of unconsciousness
	✓		Hay Fever		✓		Frequent or painful urination				
	✓		Head injury		✓		Bed wetting since age 12				
	✓		Skin diseases		✓		Kidney stone or blood in urine				
	✓		Thyroid trouble		✓		Sugar or albumin in urine				
	✓		Tuberculosis		✓		VD—Syphilis, gonorrhea, etc.				
	✓		Asthma		✓		Recent gain or loss of weight				
	✓		Shortness of breath		✓		Arthritis, Rheumatism, or Bursitis				
	✓		Pain or pressure in chest		✓		Bone, joint or other deformity				
	✓		Chronic cough		✓		Lameness				
	✓		Palpitation or pounding heart		✓		Loss of finger or toe				
	✓		Heart trouble		✓		Painful or "trick" shoulder or elbow				
	✓		High or low blood pressure		✓		Recurrent back pain				

12. FEMALES ONLY: HAVE YOU EVER

YES	NO	DON'T KNOW	(Check each item)
			Been treated for a female disorder
			Had a change in menstrual pattern

13. WHAT IS YOUR USUAL OCCUPATION? SECURITY GUARD

14. ARE YOU (Check one) ☑ Right handed ☐ Left handed

93-103

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT	
		15. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.	AGE 19 I HAD INTERNAL BLEEDING FROM AN ANEURYSM VEIN. THEY REMOVED THE VEIN THREE GROWTHS AND ½ OF MY COLON
✓		B. Inability to perform certain motions.	
✓		C. Inability to assume certain positions.	
✓		D. Other medical reasons (If yes, give reasons.)	28 JUNE 87 HERE AT BETHESDA FOR SURGERY FOR INTERNAL BLEEDING, NNMC
✓		16. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details).	
✓		17. Have you ever been denied life insurance? (If yes, state reason and give details.)	
✓		18. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)	
✓		19. Have you ever been a patient in any type of hospitals? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)	
	✓	20. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)	
✓		21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)	
✓		22. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.)	
✓		23. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.)	
	✓	24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disabilities? (If yes, specify what kind, granted by whom, and what amount, when, why.)	

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge.
I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

TYPED OR PRINTED NAME OF EXAMINEE | SIGNATURE

[redacted]

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."
25. Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in Items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

11 (1) exploratory lap. dist. from GI bleed. MD. Pvt fit full duty. MD
(2) intestinal polyps - removed MD.
18-11. Surgery as noted. MD

M.E. GRANT
TYPED OR PRINTED NAME OF EXAMINER: CDR PA USN | DATE: 24 May 91 | SIGNATURE | NUMBER OF ATTACHED SHEETS: -0-

REVERSE OF STANDARD FORM 93

JA4

G

CHRONOLOGICAL RECORD (1070)

ORGANIZATION	PRIMARY DUTY	REMARKS
3RD RTBN, RTR MCRD,PARRIS IS 850904 RUC 32092 MCC 014	Recruit (0300) (03)	850907 (DATE) JD FOR MEB TRNG 851127 (DATE) TR TO MCB CAMLEJ MCC JA4 FOR DUTINS (MCC)
INFTRNGSCOL MCB CAMP LEJEUNE NC 28542 RUC 31250 MCC JA4	STUDENT (0300)	851204 JD FOR TEMINS CL 6-86
		860206 JR TO CO MB WASHDC (MCC 233) FOR DU
MARINE BARRACKS WASHINGTON DC 20390-5000 RUC 54900 MCC 233	GUARD (8151) ( )	860208 JD FOR DU CO HOSVC 870129 REASGN TO SCTY THIS BN 870629 TO SK HOSP 870703 FR SK HOSP 890905 RELEASE FROM ACTIVE DUTY
MCRSG OVERLAND PARK KS JNR		890906

[redacted]

NAME (LAST, FIRST, MIDDLE)

SSN

NAVMC 118 (3) (REV. 8-78)