5) Paresthesia

LAST NAME, FIRST NAME - MIDDLE NAME (SUFFIX): HERRINGTON - CHRISTOPHER - BRANDON

SOCIAL SECURITY NUMBER: [redacted]

74.a. EXAMINEE/APPLICANT (check one)

- [X] IS QUALIFIED FOR SERVICE
- [ ] IS NOT QUALIFIED FOR SERVICE

ETS

75. I have been advised of my disqualifying condition.

a. SIGNATURE OF EXAMINEE

b. DATE (YYYYMMDD)

b. PHYSICAL PROFILE

P	U	L	H	E	S	X	PROFILER INITIALS	DATE (YYYYMMDD)
1	1	1	1	1	1	1	RF	20121209

76. SIGNIFICANT OR DISQUALIFYING DEFECTS

ITEM NO.	MEDICAL CONDITION/DIAGNOSIS	ICD CODE	PROFILE SERIAL	RBJ DATE (YYYYMMDD)	QUALIFIED	DISQUALIFIED	EXAMINER INITIALS	WAIVER RECEIVED SERVICE	WAIVER RECEIVED DATE (YYYYMMDD)

77. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers) (Use additional sheets if necessary)

1) SOB
2) headache
3) (R) shoulder pain
4) (R) wrist pain
5) intermittent (R) UE paresthesia
6) Rare LBP
7) Rare CP
8) anxiety
9) insomnia

78. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify) (Use additional sheets if necessary)

1) recommend PFTs through VA
2) recommend dental eval P. ETS
3-7) F/U pain
3,8,9) F/U VA P. ETS for further eval/tx

79. MEPS WORKLOAD (For MEPS use only)

WKID	ST	DATE (YYYYMMDD)	INITIAL	WKID	ST	DATE (YYYYMMDD)	INITIAL

80. MEDICAL INSPECTION DATE	HT	WT	%BF	MAX WT	HCG	QUAL	DISQ	PHYSICIAN'S SIGNATURE

81.a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER: Karen L. Fell, PA-C CPT, SP CTMO

b. SIGNATURE: Karen L. Fell

82.a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER: Luther Ware, D.O.

b. SIGNATURE