Clarification over VA confusion about lost original DoD/VA records:
On multiple claims (tinnitus, back, knee/leg, TBI), I requested an earlier effective date because of official lost records that were found by the department – the denials of the earlier dates were based on the erroneous assertion by the VA that they are not official records and that I sent them to you. **This is not the case** as I will explain below:

1) At the time I filed my initial claim in 2009, a Memorandum, Formal Finding on the Unavailability of Service Treatment was entered into my file on the basis my original service treatment records for the period July 12, 1988 through August 31, 2008 were unavailable for review. I submitted all the copies of what I had at that time but did not have all the records.

2) I conducted a FOIA request (February 2019). A PDF was ***sent to me from the VA*** which showed scans of ORIGINAL* records entered into my file in 2018, including but not limited to my separation exam:
    a) Report of Medical History (DD form 2807-1)
    b) Report of Medical Examination (DD Form 2808)
    c) Report of Medical Assessment (DD Form 2697)

    *(*I never had possession of, or sent to the VA, original versions of the records; I only ever had old photo-copies)*

3) The PDF file sent to me by the VA has dates in the file name of the bookmarks that show these records were entered into my file in August 2018. I never submitted any claims after 2009 until 2019 – these did not come from me. *It should also be noted that I was never notified in 2018 by the VA that these records were found and it appears my original claims were never reviewed with respect to these new records.*

4) It was not until I filed new and supplemental claims in 2019, *after* receiving the FOIA records, that I sent those records back to you in support of my claim….again, after I originally received them from the VA.

5) In my second FOIA request (July 2019), I received an additional screenshot (pasted below at the bottom) that appears to show a box of records being shipped from the St. Louis RMC to the VA intake center in Janesville, WI in March of 2018, sent to scanning August 1, 2018, and scanning complete and uploaded to VBMS on September 1, 2018. These dates coincide with the dates the records files names show in the PDF file.

6) This documentation shows that these are in fact original service records unavailable at the time of the original decision, that would allow for a retroactive grant of benefits. 38 CFR 3.156(c)

**********see screenshots below for documentation & examples**********

SHARE_Print_Screens-2018_08_30-D7CAE292-B79D-4751-8314-C3562C62A7E0

[redacted]TR_-
09_01-19BA56E9-188E-4
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3CF62FEFA0D

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08_30-73ECE3EC-5BA4-
79C4635391E

TR_-
08_30-2602DDB3-25B1-
3C455FA7C14

TR_-_Medical-2018_08_30-
74-4100-
784782

TR_-_Medical-2018_08_30-
6E-427A-
88EE8A

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[redacted]TR_-_Medical-2018_08_31-
A7-4912-
79AF78

TR_-
09_02-53CC505B-7C38
9E239492D06A

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TR_-_Medical-2018_09_02-
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B

REPORT [redacted] MEDICAL ASSESSMENT

REPORT CONTROL SYMBOL
DD-HA(AR)1939

PRIVACY ACT STATEMENT

AUTHORITY: PL 103-160, EO 9397.
PRINCIPAL PURPOSE: To be used by the Medical Services to provide a comprehensive medical assessment for active and reserve component service members separating or retiring from active duty.
ROUTINE USES: A copy of this form will be released to the Department of Veterans Affairs.
DISCLOSURE: Voluntary; however, failure to disclose the requested personal information may result in delay in processing any disability claim.

SECTION I - TO BE COMPLETED BY SERVICE MEMBER. Any service member who requests a physical examination may have one.

1. [redacted]

4. [redacted]

6a. [redacted]

8. DATE OF LAST PHYSICAL EXAMINATION BY THE MILITARY (YYMMDD)

9. DATE ENTERED ON CURRENT ACTIVE DUTY (YYMMDD) 88 0712

10. COMPARED TO MY LAST MEDICAL ASSESSMENT/PHYSICAL EXAMINATION, MY OVERALL HEALTH IS (X one. If "Worse," explain)
[X] THE SAME
[ ] BETTER
[ ] WORSE

11. SINCE YOUR LAST MEDICAL ASSESSMENT/PHYSICAL EXAMINATION, HAVE YOU HAD ANY ILLNESSES OR INJURIES THAT CAUSED YOU TO MISS DUTY FOR LONGER THAN 3 DAYS? (X one. If "Yes," explain.)
[X] NO
[ ] YES

12. SINCE YOUR LAST MEDICAL ASSESSMENT/PHYSICAL EXAMINATION, HAVE YOU BEEN SEEN BY OR BEEN TREATED BY A HEALTH CARE PROVIDER, ADMITTED TO A HOSPITAL, OR HAD SURGERY? (X one. If "Yes," explain.)
[X] NO
[ ] YES

13. HAVE YOU SUFFERED FROM ANY INJURY OR ILLNESS WHILE ON ACTIVE DUTY FOR WHICH YOU DID NOT SEEK MEDICAL CARE? (X one. If "Yes," explain.) Hand Pain - unable to squeez Numbness, wake up and hands are numb
Knee Pain - give out, pain, lack of strength
Cough, sweat excessive during sleep
[ ] NO
[X] YES

14. ARE YOU NOW TAKING ANY MEDICATIONS? (X one. If "Yes," list medications.)
[X] NO
[ ] YES

15. DO YOU HAVE ANY CONDITIONS WHICH CURRENTLY LIMIT YOUR ABILITY TO WORK IN YOUR PRIMARY MILITARY SPECIALTY OR REQUIRE GEOGRAPHIC OR ASSIGNMENT LIMITATIONS? (X one. If "Yes," explain.)
[ ] NO
[X] YES Sensitivity to heat, excessive sweating due to two heat stroke and other heat related injuries

16. DO YOU HAVE ANY DENTAL PROBLEMS? (X one. If "Yes," explain.)
[ ] NO Cavity
[X] YES

17. DO YOU HAVE ANY OTHER QUESTIONS OR CONCERN ABOUT YOUR HEALTH? (X one. If "Yes," explain.)
[X] NO
[ ] YES

18. AT THE PRESENT TIME, DO YOU INTEND TO SEEK DEPARTMENT OF VETERANS AFFAIRS (VA) DISABILITY? (X one. If "Yes," list conditions for which you will ask for VA Disability.) (B) hand pain, both knees, heat stroke, head injury/concussion, stomach problems, low back pain
[ ] NO
[X] YES
[ ] UNCERTAIN

19. CERTIFICATION. I certify that the information provided above is true and complete to the best of my knowledge.

a. SIGNATURE OF SERVICE [redacted]

b. DATE SIGNED 17 July 08

DD FORM 2697, FEB 95 USAPPC V1.00

COPY MADE BY VARMC, ST. LOUIS FROM A RECORD IN VA'S POSSESSION

SHARE_Print_Screens-2018_08_30-D7CAE292-B79D-4751-8314-C3562C62A7E0

[redacted]STR_-_09_01-19BA56E9-188E-4F880451BEBB

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[redacted]STR_-_08_08_30-2602DDB3-25B1-53C455FA7C14

[redacted]STR_-_Medical-2018_08_30-A74-4100-1784782

[redacted]STR_-_Medical-2018_08_30-D6E-427A-288EE8A

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[redacted]Veterans_.nsation_or_Pension-D237FD52-6BBF-4164-C3AE71FE

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[redacted]Request_for_Information-20802018-9E1F-46CA-E2EA14C

[redacted]_Compensa._and_Pension_A_08_30-621FED1E-24F5-4FC892B61919E

[redacted]tion_Letter-2018_08_30-664-4578-8BE7-6B

176620198-

BEST COPY

SECTION II - TO BE COMPLETED BY INDIVIDUALLY PRIVILEGED HEALTH CARE PROVIDER

This Report of Medical Assessment is to be used by the Medical Services to provide a comprehensive medical assessment for active and reserve component service members separating or retiring from active duty. The assessment will cover, as a minimum, the period since the service member's last medical assessment/physical examination, or the period of this call or order to active duty. Any service member who requests a physical examination may have one. Any service member who has indicated "yes" to Item 18 will have an appropriate physical examination, if the last examination is more than 12 months old and/or there are new signs and/or symptoms. If the service member answers "Worse" to Item 10 or "Yes" to Items 11, 12, or 14 through 18, documentation of the injury, illness, or problem should be included in the service member's medical or dental record.

20. HEALTH CARE PROVIDER COMMENTS *(All patient complaints must be addressed)*

(1) Chronic LBP – reports h/o prior injury. Has been seen in service. Treated c̄ NSAIDS prn.
(2) (B) hand / wrist pain – Reports paresthesias (B) hands. Pt to f/u c̄ PCP.
(3) Bilateral knee pain – follow up c̄ PCP.
(4) H/o Concussion / Heat stroke – pt has had 2 inpatient admissions for these problems.
(5) Intermittent Abdominal Pain – pt has been seen several times for this symptom. Currently he is asymptomatic. He reports being treated for bacterial infection.

21. WAS PATIENT REFERRED FOR FURTHER EVALUATION? *(X one. If "Yes," specify where.)*
[✓] NO
[ ] YES
Patient will follow up with primary care provider.

22. PURPOSE OF ASSESSMENT *(X one. If "Other," explain.)*
[ ] SEPARATION *(Includes discharge from military service and release from active duty, including release of National Guard and Reserve personnel voluntarily or involuntarily called or ordered to active duty.)*
[✓] RETIREMENT
[ ] OTHER

23. MEDICAL FACILITY VA Medical Center

24. DATE OF ASSESSMENT *(YYMMDD)* 080718

25. HEALTH CARE PROVIDER

a. NAME *(Last, First, Middle Initial)*	b. GRADE/RANK	c. SIGNATURE
Ambardekar Nayan Y	MD	Nayan Ambardekar

DD FORM 2697, FEB 95 (BACK) USAPPC V1.00

COPY MADE BY VARMC, ST. LOUIS FROM A RECORD IN VA'S POSSESSION

SHARE_Print_Screens-2018_08_30-D7CAE292-B79D-4751-8314-C3562C62A7E0

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3_08_30-2602DDB3-25B1-
3C455FA7C14

TR_-_Medical-2018_08_30-
74-4100-
784782

TR_-_Medical-2018_08_30-
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88EE8A

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018_09_02-3330935A-0421-
5D6946359BE9

STR_-_Medical-2018_09_02-
BD65-4B9D-9E34-
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Veterans_.nsation_or_Pension
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08_30-621FED1E-24F5-4FC
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tion_Letter-2018_08_30-664
-4578-8BE7-
76B

176620198

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX): [redacted]

SOCIAL SECURITY NUMBER: [redacted]

30. EXAMINER'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA *(Physician/practitioner shall comment on all positive answers in questions 10 - 29. Physician/practitioner may develop by interview any additional medical history deemed important, and record any significant findings here.)*

a. COMMENTS

10d - allergic rhinitis, Symptoms worse c̄ pollen. Also has had episodes of dyspnea c̄ excessive heat
10f+g - treated for bronchitis in 2006. Had wheezing at the time now resolved.
11c - h/o injury to (R) eye 2003 p̄ being hit c̄ drill bit. Reports having corneal abrasion + retinal dent. No vision problems @ present.
11d - Reports having transient hearing loss p̄ firing gun s̄ ear plugs.
11g - as above. Continues to report bilateral hearing loss + tinnitus.
12c - h/o back injury c̄ parachute jumps, has chronic low back pain, Takes OTC NSAIDS c̄ partial relief.
12d - reports paresthesias in bilateral hands for several months. Reports occasional paresthesias in lower back.
12g - Reports paresthesias + pain in bilateral hands c̄ excessive hand use. Also reports that intermittently knees give out.
12h - Reports intermittent swelling in wrists + knees.
12k - wore leg braces during childhood (age 3-5).
12m - H/o (R) hand fracture, nasal fracture + 3 ribs fx on (R).
13a + b - Has been seen for recurrent abdominal pain in service. Reports being treated for bacterial infection.
13f - Prior h/o hemorrhoids.
13g - Reports nodules or cysts on bilateral legs + arm present for several years.
14d
15a, b + c + g - Prior evaluation for Syncope/HA, treated for heat stroke. Also has h/o migraines treated during childhood. Pt has had inpatient stay for heat strokes. (continued → →)

b. TYPED OR PRINTED NAME OF EXAMINER (Last, First, Middle Initial): Ambardekar, Nayana Y

c. SIGNATURE: Nayana Ambardekar

d. DATE SIGNED (YYYYMMDD): 20080718

DD FORM 2807-1, OCT 2003 Page 3 of 3 Pages

COPY MADE BY VARMC, ST. LOUIS FROM A RECORD IN VA'S POSSESSION

SHARE_Print_Screens-2018_08_30-D7CAE292-B79D-4751-8314-C3562C62A7E0

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53C455FA7C14

STR_-_Medical-2018_08_30-
A74-4100-
1784782

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-STR_-
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-STR_-_Medical-2018_09_02-
BD65-4B9D-9E34-
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Veterans_.nsation_or_Pension
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7a_Request.ysical_Examinatio
30-25A02835-19DC-43AD-
27CE82BD

_Request_for_Information-20
0802018-9E1F-46CA-
0E2EA14C

7_Compensa._and_Pension_A
08_30-621FED1E-24F5-4FC
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6-4578-8BE7-
76B

BEST COPY

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)	SOCIAL SECURITY NUMBER
[redacted]	[redacted]

74.a. EXAMINEE/APPLICANT *(check one)*
- [ ] IS QUALIFIED FOR SERVICE
- [ ] IS NOT QUALIFIED FOR SERVICE

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)*

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) Chronic Low Back Pain
(2) Bilateral Hand pain
(3) Bilateral Knee pain
(4) H/O heat strokes.
(5) Hyperlipidemia
(6) Intermittent Abdominal pain
(7) Allergic rhinitis.
(8) Tinnitus

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

Follow up with primary care provider for above problems.

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 Nayana Ambardekar
b. SIGNATURE Nayana Ambardekar

82.a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER
b. SIGNATURE

83.a. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN *(Indicate which)* DAN M. PRUCHA DDS
b. SIGNATURE

84.a. TYPED OR PRINTED NAME OF REVIEWING OFFICER/APPROVING AUTHORITY
b. SIGNATURE

85. This examination has been administratively reviewed for completeness and accuracy.
a. SIGNATURE
b. GRADE
c. DATE *(YYYYMMDD)*

86. WAIVER GRANTED *(If yes, date and by whom)*
- [ ] YES
- [ ] NO

87. NUMBER OF ATTACHED SHEETS

DD FORM 2808, JAN 2003 Page 3 of 3 Pages

Total # Of Uploaded DCS Ids:	7
Total # Of Remaining DCS Ids:	-
Box Status:	Uploaded to VBMS
Box Type:	CXC
CtoP Type:	Pending Claim

Box Timeline Information:

Mar 14 2018 — Shipped to Warehouse
Mar 28 2018 — at Warehouse
Mar 28 2018 — Processed
Aug 01 2018 — Shipped to Scanning
Aug 01 2018 — at Scanning
Sep 01 2018 — Uploaded to VBMS

At RMC | Ready for Shipping | Shipped to Warehouse | Received | Processed | Shipped to Scanning | Received at Scanning | Uploaded

#1. File Number [redacted]

✔ File Uploaded to VBMS

Volume(s)	1
File Type	C
Box Number	C10039121
RO Location	St. Louis - RMC
DCS ID	JFB5F5DFCN8KRX
RMN	376VB0328189121D
Warehouse Shelf Location	-
Storage Location	CSRA Warehouse
Processing Location	SMS Janesville
Processing Vendor	SMS Janesville
File VBMS Upload Status	Complete