

DISPOSITION FORM

PRIVACY ACT MATERIAL REMOVED

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

REFERENCE OR OFFICE SYMBOL

SUBJECT

HST-PE

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
1	1	1	1	1	1

R

b. Physical Category (Alphabetical Code) R

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.

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

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