

REPORT OF MEDICAL EXAMINATION

403694

88-117

1. LAST NAME—FIRST NAME—MIDDLE NAME			2. GRADE AND COMPONENT OR POSITION		3. IDENTIFICATION NO.	
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code) 140 Wh. Pop Lane Apt 5013 Austell GA 30007			5. PURPOSE OF EXAMINATION		6. DATE OF EXAMINATION 2 March 79	
7. SEX M	8. RACE W	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY CIVILIAN		10. AGENCY USA in AFM# R, D, S	11. ORGANIZATION UNIT	
12. DATE OF BIRTH		13. PLACE OF BIRTH Houston (Texas) Texas		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN Patricia L. Taylor 2025 ...		
15. EXAMINING FACILITY OR EXAMINER'S ADDRESS US Army Health Clinic Ft. McPherson, GA 30330				16. OTHER INFORMATION		
17. RATING OR MARKER				TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

CLINICAL EVALUATION		
NOR- MAL	(Check each item in appropriate col- umn, enter "NE" if not evaluated)	ABNOR- MAL
/	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 61)	
/	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 (Atherosclerosis, etc.)	
/	31. ABDOMEN AND VISCERA (Include Atria)	
/	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (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)

PRIVACY ACT MATERIAL REMOVED

R
 (R) thumb, (L) 5th finger

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)																		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES																																																																																																																																																										
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LABORATORY FINDINGS			
45. URINALYSIS: A. SPECIFIC GRAVITY 1.029		46. CHEST X RAY (Place, date, film number and facility) 5513	
B. ALBUMIN neg		NEGATIVE dated 2 Mar 79	
C. SUGAR neg		US Army Health Clinic	
47. SEROLOGY (Specify test used and result) BPE NON REACTIVE		48. EKG	
49. BLOOD TYPE AND RH FACTOR		50. OTHER TESTS Hct: 47.0	
Ft. McPherson, GA 30330			