

TRANSMITTAL SLIP		<i>NOTE: This form will be used only for transmitting UNCLASSIFIED reports and records that do not require additional actions to be indicated on the form. It can not be used to require official actions to be taken on material attached for transmission as no command line and official signature can be applied.</i>	
FROM: Hqs 4520th USAF Hosp, Nellis AFB, Nev		OFFICE OF ORIGIN: SA	DATE DISPATCHED: 3 Dec 58
TO: U.S. Public Health Service Camp Mercury, Nevada		<i>Use when transmitting reports</i> RCS	
SUBJECT OR TITLE: DD 481-3 - Clinical Record -		DATE OF REPORT	
ATTACHMENTS: 1 Incl DD 481-3 -		TIME & DATE CLEARED STAT SVS	
		403457	

ATC FORM 85
APR 57

(Continue on reverse side)

BEST COPY AVAILABLE

PRIVACY ACT MATERIAL REMOVED

CLINICAL RECORD COVER SHEET

8811

1. ADMISSION NOTES A or N: No 1615 hrs (W)	2. WARD 3	3. TYPE OF CASE <input type="checkbox"/> DIS <input checked="" type="checkbox"/> INJ <input type="checkbox"/> SC	4. LAST NAME — FIRST NAME — MIDDLE INITIAL			
	5. SEX M	6. RELIGION O	7. PREV. ADM. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	8. REGISTER NO. 24740	9. SERVICE NO.	10. GRADE Lt Col
	11. RATING OR DESIG. None		12. DEPARTMENT AISEHS	13. ORGANIZATION AND BRANCH OF SERVICE Public Health Service		14. FLYING STATUS Np
	15. NAME AND ADDRESS OF EMERGENCY ADDRESSEE (W)			16. AGE 44	17. RACE O	18. LENGTH OF SERVICE 3 yrs
				19. DATE OF ADMISSION 18 Oct 58		
				20. SOURCE OF ADMISSION From Duty		
21. ADMITTING OFFICER (MC) LOWRIS M BOWERS, CAPT USAF			22. CONTINUATION OF ITEMS 13 AND 20. Camp Mercury, Nev.			

23. DIAGNOSES (See instructions for recording as shown on reverse side. Include all required related data)

Dg 1. 8501 Concussion of brain, mild. LD: Yes

AI: Sometime during the morning of 18 Oct 58, Camp Mercury, Nevada, patient fell from a "runway". Further details are unknown. Was performing assigned duties as Sanitary Engineer, was not on a military reservation.

24. OPERATIONS AND SPECIAL THERAPEUTIC PROCEDURES (Show date for each; show abbreviation for each operation)

25. SELECTED ADMINISTRATIVE DATA (Show nature of and dates for board proceedings; show fact of and dates for leave, AWOL, subsisting elsewhere, detached service, etc.)

PRIVACY ACT MATERIAL REMOVED

26. PHYSICAL PROFILE													
TYPE	SERIAL								SUFFIX				<input checked="" type="checkbox"/> PROFILE IS UNCHANGED
	P	U	L	H	E	S	R	T	D	O	N		
PREVIOUS													
REVISED													
27. DAYS DURATION THIS FACILITY													
ALL <u>3</u> IN HOSPITAL OR INFIRMARY <u>3</u> SUBSISTING ELSEWHERE _____ QUARTERS OR DISPENSARY _____ LEAVE _____ OTHER _____													
28. NATURE OF DISPOSITION Duty										29. DATE OF DISPOSITION 21 Oct 58			
30. SIGNATURE OF ATTENDING PHYSICIAN /s/ JOHN W HILLS, CAPT USAF (MC)								31. SIGNATURE OF REGISTERING OR MEDICAL RECORDS OFFICER WILLARD V GIBNEY, CAPT USAF (MSC)					
32. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY 4520th USAF Hospital, Nellis Air Force Base, Nevada										33. REGISTER NUMBER 24740			

34. ADDITIONAL REMARKS (Show item number to which extended entry applies. Group all continuations of a particular item)

INSTRUCTIONS FOR ITEM 23: Enter primary cause of admission first, followed by additional diagnoses present in order of importance; then by later diagnoses in chronological order preceded by dates made. Number diagnosis in order. Record fully—including causative agent, how, when, where, doing what, for injuries—in accordance with separate directives. For all diagnoses established by pathological findings, so state. Each chronic condition must be indicated as either "PR" (previously recorded) or "Not PR." Similarly, any other condition which has been recorded in a previous admission will be so indicated, showing the previous diagnosis. In all cases designated as previously recorded, show place, date, and register number of previous admission. Every condition that existed prior to service will be indicated as "EPTS." Diagnoses of venereal disease and malaria will be characterized either as "EPTS" or as "Not EPTS." In the case of diagnosis from which recovery occurs prior to disposition of the case, a date will be shown, thus: "Recovered, 11 May 1951." For each diagnosis line of duty status must be shown in accordance with separate directives, thus: "LD, No, EPTS," "LD, No, Misconduct," "LD, Yes, EPTS, Aggravated by Service," etc.

35. CAUSE OF DEATH	THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, or COMPLICATIONS WHICH CAUSED DEATH	Ia. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES	b. DUE TO (Or as the consequence of)	
	WORSE CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (Item Ia) STATING THE UNDERLYING CAUSE LAST.	c. DUE TO (Or as the consequence of)	
	THIS MEANS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS CAUSING DEATH.	II. OTHER SIGNIFICANT CONDITIONS	
36. AUTOPSY PERFORMED (If "Yes" indicate date and place)		37. HOUR AND DATE OF DEATH	
38. EXACT PLACE OF DEATH		39. SIGNATURE OF PHYSICIAN	