PUBLIC HEALTH SERVI - BSS

anel, Public Health Service C.

February 10, 1959

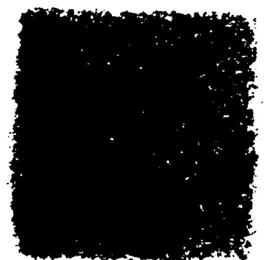
, OIC, PHS Off-Site Activities
, Las Vegas, Nevada

Clinical Records -

403456

Transmitted herewith for inclusion in the subject officers' 201 files are copies of clinical records received from the Nellis Air Force Base Hospital.

Oliver R. Placak



Enclosures

BEST COPY AVAILABLE

PRIVACY ACT MATERIAL REMOVED

Standard Form 513
Rev. August 1954
Promulgated
By Bureau of the Budget
Circular A—32

CLINICAL RECORD	CONSULTATION SHEET

REQUEST

TO:	FROM: (Requesting ward, unit, or activity)	DATE OF REQUEST
Nellis AFB Hospital	Mercury Dispensary	18 October 1958

REASON FOR REQUEST (Complaints and findings)

The patient struck his head in an unknown manner late this morning while getting out of a truck. There were no witnesses and the patient cannot remember what happened. Since that time, he has been quite drowsy and is disoriented as to time, place, and person. Neurological exam. is unremarkable at present. I believe this patient has suffered cerebral concussion and merits hospitalization for observation. Thank you very much.

PROVISIONAL DIAGNOSIS
Cerebral concussion.

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	
Robert Faulkner, Capt(MC)		☐ BEDSIDE ☐ ON CALL	☒ EMERGENCY ☐ ROUTINE

CONSULTATION REPORT

This 44-year old male was admitted to Nellis AFB Hospital on 18 October 1958 with history that he is a bacteriologist with the Public Health Service assigned to the Nevada Test Site and that on the morning of admission it was stated that he became disoriented while working. Patient was unable to tell the admitting physician what had happened but believed that he heard someone say that he had fallen off a running board shortly before. There apparently were no witnesses at the time to confirm this and because of his disoriented state he was referred to this facility. At the time of admission patient was well oriented with entirely clear sensorium except for an expression of surprise at his discovery of the time of day, insofar as approximately four hours of time had elapsed for which patient had no memory.

Physical examination was entirely normal as was neurological examination.

Clinical Course: Patient was afebrile on admission and remained so throughout his hospital stay. Routine laboratory workup including CBC, urinalysis and fasting blood sugar were all normal. Skull X-rays showed no evidence of pathology, and in general the patient's condition was satisfactory. Over the next two days the patient had no complaints except for a slight occipital headache which was not incapacitating and it should be noted that the patient was at all times completely rational and oriented with a clear sensorium. Patient was observed until the morning of 21 October 1958 at which time he was dismissed in apparent good health.

PRIVACY ACT MATERIAL REMOVED

(Continued on reverse side)

SIGNATURE AND TITLE	DATE	IDENTIFICATION NO.	ORGANIZATION
JOHN W MILLS, Capt, USAF (MC)	21 Oct 58	PHS 10610	Public Health Service

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)	REGISTER NO.	WARD NO.
		3

CONSULTATION SHEET
Standard Form 513

4520th USAF HOSPITAL
NELLIS AFB, NEVADA

U. S. GOVERNMENT PRINTING OFFICE : 1955—O-308652 16—60119-5

CLINICAL RECORD COVER SHEET

8811

1. ADMISSION NOTES

A or N: No

1720 hrs

2. WARD: 2

3. TYPE OF CASE: [X] DIS [ ] INJ [ ] BC

4. LAST NAME — FIRST NAME — MIDDLE INITIAL:

5. SEX: M

6. RELIGION: N

7. PREV. ADM.: [ ] YES [X] NO

8. REGISTER NO.: 24499

9. SERVICE NO.:

10. GRADE: Lt.

11. RATING OR DESIG.: None

12. DEPARTMENT: USPHS

13. ORGANIZATION AND BRANCH OF SERVICE: AEC Branch, Las Vegas

14. FLYING STATUS: No

15. NAME AND ADDRESS OF EMERGENCY ADDRESSEE: (F)

16. AGE: 28

17. RACE: Cau

18. LENGTH OF SERVICE: 3 yrs

19. DATE OF ADMISSION: 15 Sep 58

20. SOURCE OF ADMISSION: From Duty

NOTE: Enter flying Status for AF Military Personnel only. For Civilians, etc., show type (*Dep. of EM, etc.*) in space 13.

21. ADMITTING OFFICER: G AUSTIN SMITH, CAPT USAF (MC)

22. CONTINUATION OF ITEMS 13 AND 20: Camp Mercury, Nevada

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

Dg 1. 6919 Furuncle, n.e.c. multiple due to hemolytic staphylococcus Arms & Body. LD: Yes

PRIVACY ACT MATERIAL REMOVED

24. OPERATIONS AND SPECIAL THERAPEUTIC PROCEDURES (*Show date for each; show anesthetic 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.*)

26. PHYSICAL PROFILE

TYPE	SERIAL						SUFFIX				
	P	U	L	H	E	S	R	T	D	O	N
PREVIOUS											
REVISED											

[ ] PROFILE IS UNCHANGED

27. DAYS DURATION THIS FACILITY

ALL 4 IN HOSPITAL OR INFIRMARY 4 SUBSISTING ELSEWHERE ___ QUARTERS OR DISPENSARY ___ LEAVE ___ OTHER ___

28. NATURE OF DISPOSITION: Duty

29. DATE OF DISPOSITION: 19 Sep 58

30. SIGNATURE OF ATTENDING PHYSICIAN: /s/JOHN W MILLS, CAPT USAF (MC)

31. SIGNATURE OF REGISTRAR OR RECORDS OFFICER: John L [illegible], MAJOR USAF (MSC)

32. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY: 4520th USAF Hospital, Nellis Air Force Base, Nevada

33. REGISTER NUMBER: 24499

DD FORM 1 SEP 52 481-3 Replaces DD 481 (4 part set) which may be used.

☆ U. S. GOVERNMENT PRINTING OFFICE 1956-407134

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, Aggrevated by Service," etc.

35. CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
	THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE *DISEASE, INJURY, or COMPLICATIONS* WHICH CAUSED DEATH	Ia. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(Do not enter more than one cause per line for items Ia, b, and c)	ANTECEDENT CAUSES	b. DUE TO *(Or as the consequence of)*	
	MORBID 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

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