

(b)(2) DETAIN

(b)(3):10 USC §130b,(b)(6)

02 Jul 2002 1359 ACUT 30 BHAA

REF: CMT: SM

RSN: HUNGER STRIKER

Detail Codes:

INSURANCE YES/NO:

BP: PULSE: RESP: TEMP: 97.8 HT: WT: AGE:

ALLERGIES:

Sit p
151
98
101
① hunger striker 5 day by -
tilt

② IV 20g LR to ④ AC Bolus 1 liter *2

AP 151/66 p 1st bag of LR -

Standing
159

117/152

133/77/78 p 2nd bag of LR.

pt stated @ pain.

A fluids (Encouraged H2O & food)

UA obtained

Flu tomorrow CMO.

ADDITIONAL COMMENTS:

(b)(3):10 USC
§130b,(b)(6)

20/888-00-0693 D, JTF000693 K66
18 Jun 2002 MALE W: H:
Spon: D, JTF000693 CIC:
CS: Rank: D:
Unit: RR:

SF600

Printed: 20 Jun 2002@1439

(b)(2)

DETAIN

(b)(3):10 USC §130b,(b)(6)

20 Jun 2002 1426 EST 30

BHA

REF: CMT: JAC

RSN: DYSURIA

Detail Codes:

Pt SEEN IN CELL

INSURANCE YES/NO:

SP: PULSE: RESP: TEMP: HT: WT: AGE:

ALLERGIES:

S: 23 1/3 ° 4/10 DYSURIA 2 DAYS Pt ALSO 4/10
FLANK PAIN (L) ESCALATED SEVERITY AND PAIN
① ADD ② N/A ③ PRESENT, NONE
④ FEVERS, LOW H₂O INTAKE.

⑤: W/N AND US MDX A: ⑥3 ABC'S INACT-
⑦ TESTICULAR TENDERNESS
⑧ ADD TENDERNESS, RIGIDITY OR
⑨ TIP TO ⑩ FLANK.

ADDITIONAL COMMENTS:

A: DYSURIA ? 2" TENDERNESS, SUBTECHNIC

P: ① ~~NO~~ NAPROXEN 500mg T PO BID x 2 weeks

② UA TO BE COLLECTED TOMORROW

③ F/U P UA RESULTS

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

(b)(3):10 USC §130b,(b)(6)

7/1/02 UA ⊖.

20/888-00-0693 D,JTF000693
18 Jun 2002 MALE
Spon: D,JTF000693
CS:
Unit:

K65
W: H:
CIC:
Rank: D:
RR:

SF600

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each page)
4/19/02	JTF -160, Medical Department, Guantanamo Bay, Cuba 09593

INPROCESSING LABORATORY STUDY FOLLOW-UP:

Hep A	NP	Hep C	NP
Hep B s Ag	NP	Hep B s Ab	(+)
HIV	NP	Hep B core Ab	(+)
Malaria smears		G6PD	

Other Labs, if applicable:

CBC	WBC =	LFTs	ALT =
	Hb =		AST =
	HCT =		TBILI =
	PLT =		LDH =
			GGT =
CHEM 7	Na =	Others?	
	K =		
	Cl =		
	HCO3 =		
	BUN =		
	Cr =		
	Glucose =		

Actions Needed to further evaluate this detainee:

1. Consultation to _____ per Dr _____
2. Repeat/further laboratory studies
3. Precaution labels placed on chart for G6 PD deficient detainees
4. No further evaluation or treatment needed.

Signature: (b)(3):10 USC §130b,(b)(6)
(Medical Officer)

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint) Typed Form in Use of STANDARD FORM 500
NAME:
SSN: 988-00-0693
STATUS:
DOB:

MEDICAL RECORD		REPORT OF MEDICAL EXAMINATION		DATE OF EXAM 6/18/02
1. LAST NAME - FIRST NAME - MIDDLE NAME 888-00-0693		2. IDENTIFICATION NUMBER 888-00-0693		3. GRADE AND COMPONENT OR POSITION
4. HOME ADDRESS (Number, street or RFD, city or town, state and ZIP Code)		5. EMERGENCY CONTACT (Name and address of contact)		
6. DATE OF BIRTH Aug 79	7. AGE 23	8. SEX <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE		9. RELATIONSHIP OF CONTACT
10. PLACE OF BIRTH Yemen / Aden		11. RACE <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> AMERICAN INDIAN/ALASKA NATIVE <input type="checkbox"/> HISPANIC WHITE <input type="checkbox"/> HISPANIC BLACK <input type="checkbox"/> ASIAN/PACIFIC ISLANDER		
12a. AGENCY		12b. ORGANIZATION UNIT		13. TOTAL YEARS GOVERNMENT SERVICE a. MILITARY b. CIVILIAN
14. NAME OF EXAMINING FACILITY OR EXAMINER, AND ADDRESS (b)(2)		15. RATING OR SPECIALTY OF EXAMINER FP		
16. PURPOSE OF EXAMINATION Detainment				

17. CLINICAL EVALUATION

NORMAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNORMAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNORMAL
	A. HEAD, FACE, NECK AND SCALP		D. PROSTATE (Over 40 or clinically indicated)	
	B. EARS - GENERAL (INTERNAL CANALS) (Auditory acuity under items 39 and 40)		F. TESTICULAR	
	C. DRUMS (Perforation)		G. ANUS AND RECTUM (Hemorrhoids, Fistulae) (Hemocult Results)	
	D. NOSE		R. ENDOCRINE SYSTEM	
	E. SINUSES		S. G-U SYSTEM	
	F. MOUTH AND THROAT		T. UPPER EXTREMITIES (Strength, range of motion)	
	G. EYES - GENERAL (Visual acuity and refraction under items 26, 29, and 38)		U. FEET	
	H. OPHTHALMOSCOPIC		V. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
	I. PUPILS (Equality and reaction)		W. SPINE, OTHER MUSCULOSKELETAL	
	J. OCULAR MOTILITY (Associated parietal movements nystagmus)		X. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
	K. LUNGS AND CHEST		Y. SKIN, LYMPHATICS	
	L. HEART (Thrust, size, rhythm, sounds)		Z. NEUROLOGIC (Equilibrium tests under item 41)	
	M. VASCULAR SYSTEM (Vasculitis, etc.)		AA. PSYCHIATRIC (Specify any personality deviation)	
	N. ABDOMEN AND VISCERA (Include hernia)		BB. BREASTS	
			CC. PELVIC (Females only)	

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 42 and use additional sheets if necessary.)

AA. ~~SI~~
 X 2cm scar @ forehead, multiple scarring scalp, superficial abrasion @ p. na.
 S- tenderness mid-epigastrium, rebound, guarding @ hypertrophic @ chest

18. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)																REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES										
<table border="0"> <tr> <td>Restorable Teeth</td> <td>Non-restorable Teeth</td> <td>Missing Teeth</td> <td>Replaced by Dentures</td> <td>Fixed Partial Dentures</td> </tr> <tr> <td>1 2 3 32 31 30</td> <td>1 2 3 32 31 30</td> <td>1 2 3 32 31 30</td> <td>1 2 3 32 31 30</td> <td>1 2 3 32 31 30</td> </tr> </table>																Restorable Teeth	Non-restorable Teeth	Missing Teeth	Replaced by Dentures	Fixed Partial Dentures	1 2 3 32 31 30	1 2 3 32 31 30	1 2 3 32 31 30	1 2 3 32 31 30	1 2 3 32 31 30	(b)(3):10 USC §130b.(b)(6)
Restorable Teeth	Non-restorable Teeth	Missing Teeth	Replaced by Dentures	Fixed Partial Dentures																						
1 2 3 32 31 30	1 2 3 32 31 30	1 2 3 32 31 30	1 2 3 32 31 30	1 2 3 32 31 30																						
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L									
I	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	E									
N																	T									

19. TEST RESULTS (Copies of results are preferred as attachments)			
A. URINALYSIS: (1) SPECIFIC GRAVITY		B. CHEST X-RAY OR PPD (Place, date, film number and result)	
(2) URINE ALBUMIN		NAD	
(3) URINE SUGAR			
C. SYPHILIS SEROLOGY (Specify test used and results)		E. BLOOD TYPE AND Rh FACTOR	
		F. OTHER TESTS	

MEASUREMENTS AND OTHER FINDINGS

20. HEIGHT: 67 21. WEIGHT: 172 22. COLOR HAIR: Black 23. COLOR EYES: Brown 24. BUILD: SLENDER MEDIUM HEAVY OBESE 25. TEMPERATURE: 99.6

26. BLOOD PRESSURE (Arm at heart level):
 A. SITTING: SYS. 141, DIAS. 79
 B. RECUMBENT: SYS. [Redacted], DIAS. [Redacted]
 C. STANDING (5 mins.): SYS. [Redacted], DIAS. [Redacted]
 D. AFTER EXERCISE: [Redacted]
 E. 2 MINS. AFTER: [Redacted]

28. DISTANT VISION: RIGHT 20/ CORR. TO 20/ BY S. CX; LEFT 20/ CORR. TO 20/ BY S. CX
 29. REFRACTION: S. CX
 30. NEAR VISION: CORR. TO BY

31. HETEROPHORIA (Specify distance): ESO, EXO, R.H., L.H., PRISM DIV., PRISM CONV. CT, PC, PD

32. ACCOMMODATION: RIGHT, LEFT
 33. COLOR VISION (Test used and result):
 34. DEPTH PERCEPTION (Test used and score): UNCORRECTED, CORRECTED

35. FIELD OF VISION: RIGHT, LEFT
 36. NIGHT VISION (Test used and score):
 37. RED LENS TEST: RIGHT, LEFT
 38. INTRAOCULAR TENSION: RIGHT, LEFT

39. HEARING: RIGHT W/V /15SV /15, LEFT W/V /15SV /15
 40. AUDIOMETER: 250, 500, 1000, 2000, 3000, 4000, 5000, 6000 Hz
 41. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)

42. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY:
 PMH: Kidney stones, ulcers, 4500 eyes ago, no UTI 4-5 yrs ago 2° to stones, no dysuria now
 PSH: [Redacted] still in pain
 Meds: (b)(3):1, 0 USC, §130b
 Allergies: NKDA
 Recent tobacco/drug use: cot (Use additional sheets if necessary)
ID Screening Questions:
 Cough? Y or **N**
 Duration of cough?
 Productive cough? Y or **N**
 Hemoptysis? Y or **N**
 Fever? Y or **N** Duration?
 Night Sweats? Y or **N**
 Diarrhea? Y or **N** Bloody? Y or **N**
 Rash? Y or **N**

43. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers):
 1) No PVD
 2) No neuropathic ulcers or dysuria

44. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify):
 - UA am
 - Redwood further 15 days post op

45A. PHYSICAL PROFILE

P	U	L	H	E	S

46. EXAMINEE (Check):
 A. IS QUALIFIED FOR Reassignment
 B. IS NOT QUALIFIED FOR

45B. PHYSICAL CATEGORY

A	B	C	E

47. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER:
 48. TY: (b)(4), (b)(6)
 49. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which):
 50. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY:
 51. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY:

(b)(3):10 USC §130b, (b)(6)

888-00-0693

DENTAL

HEALTH RECORD

PAGE: 1

SECTION I. PRESENTING DENTAL STATUS

1. PURPOSE OF EXAMINATION

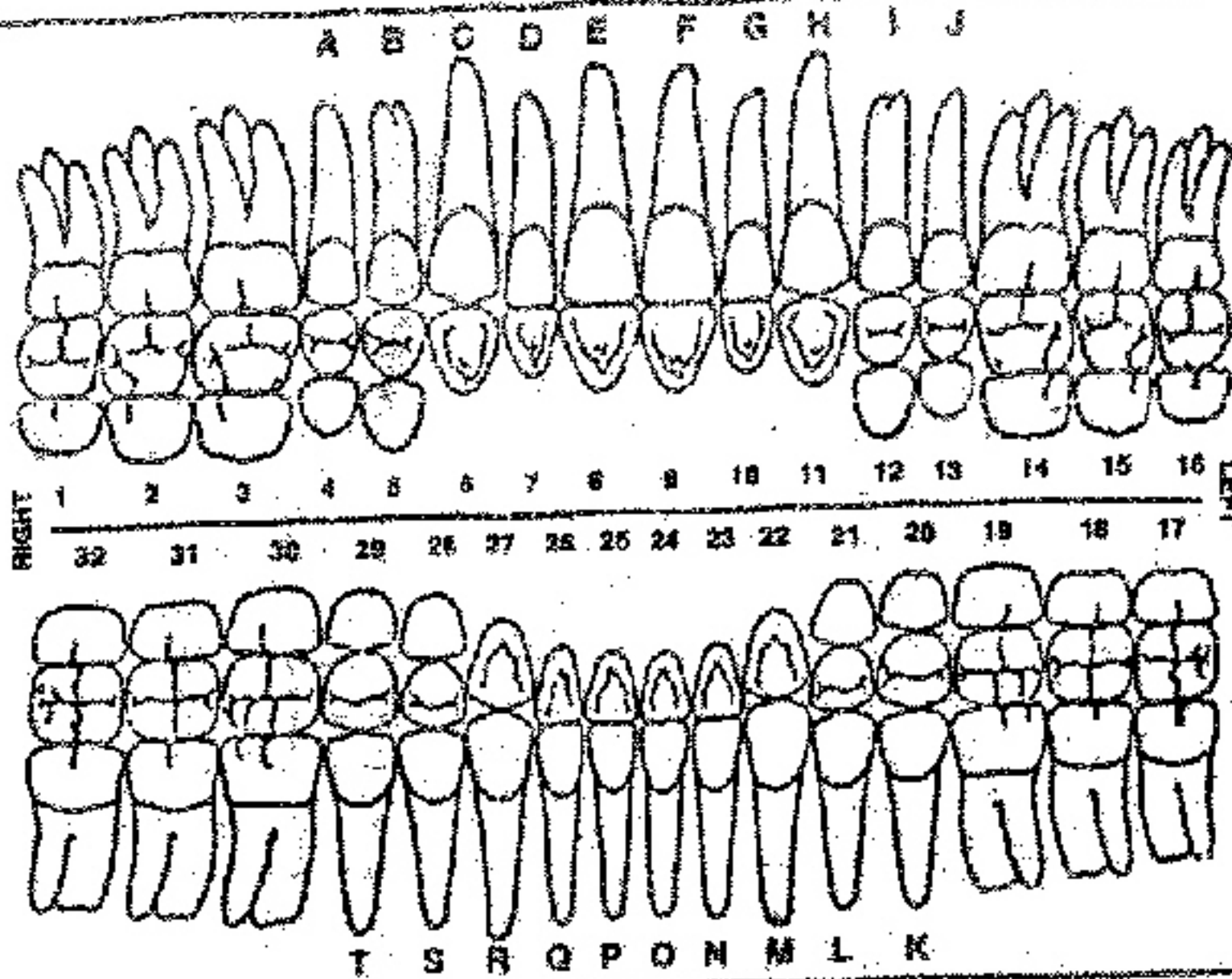
INITIAL SEPARATION OTHER (Specify)

2. TYPE OF EXAM.

3. DENTAL CLASSIFICATION

1	2	3	4	1	2	3	4
---	---	---	---	---	---	---	---

4. MISSING TEETH, EXISTING RESTORATIONS, AND PROSTHETIC APPLIANCES



REMARKS

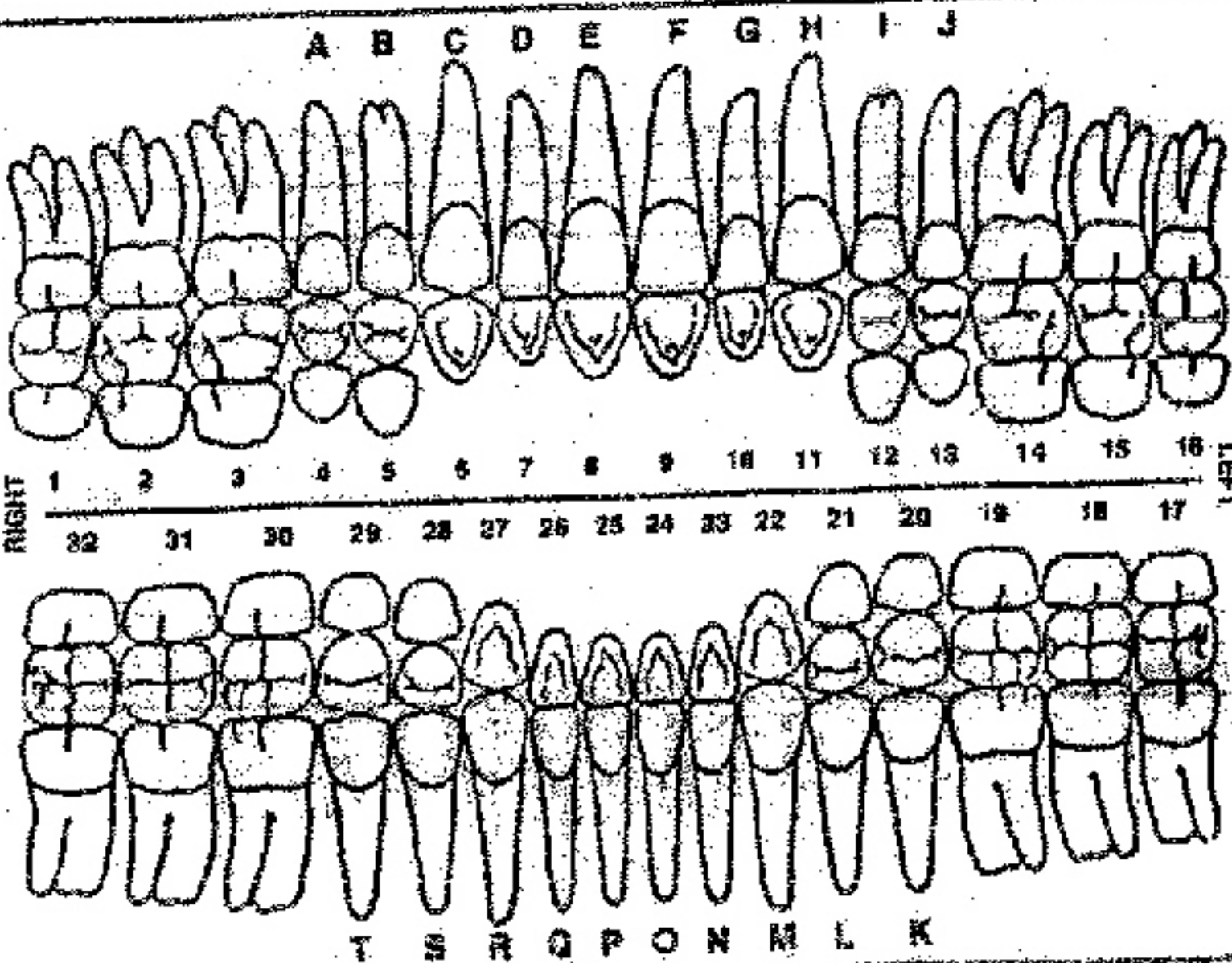
USE ONLY IF DIFFERENT FROM BOX 7 BELOW

PLACE OF EXAMINATION

DATE

SIGNATURE OF DENTIST COMPLETING THIS SECTION

5. DISEASES AND ABNORMALITIES



REMARKS

7. EXAMINING DENTIST AND FACILITY

PLACE OF EXAMINATION

DATE

SIGNATURE OF DENTIST

6. INDICATE X-RAYS USED IN THIS EXAMINATION

PANORAMIC RADIOGRAPHS FULL MOUTH PERIAPICAL POSTERIOR BITE-WINGS OTHER: NONE TAKEN

PATIENT'S IDENTIFICATION (Use this Space for Mechanical Imprint)

PATIENT'S NAME (Last, First, Middle Initial)

SEX

DATE OF BIRTH

RELATIONSHIP TO SPONSOR

COMPONENT/STATUS

DEPART/SERVICE

SPONSOR'S NAME

RANK/GRADE

SSN OR IDENTIFICATION NO.

ORGANIZATION

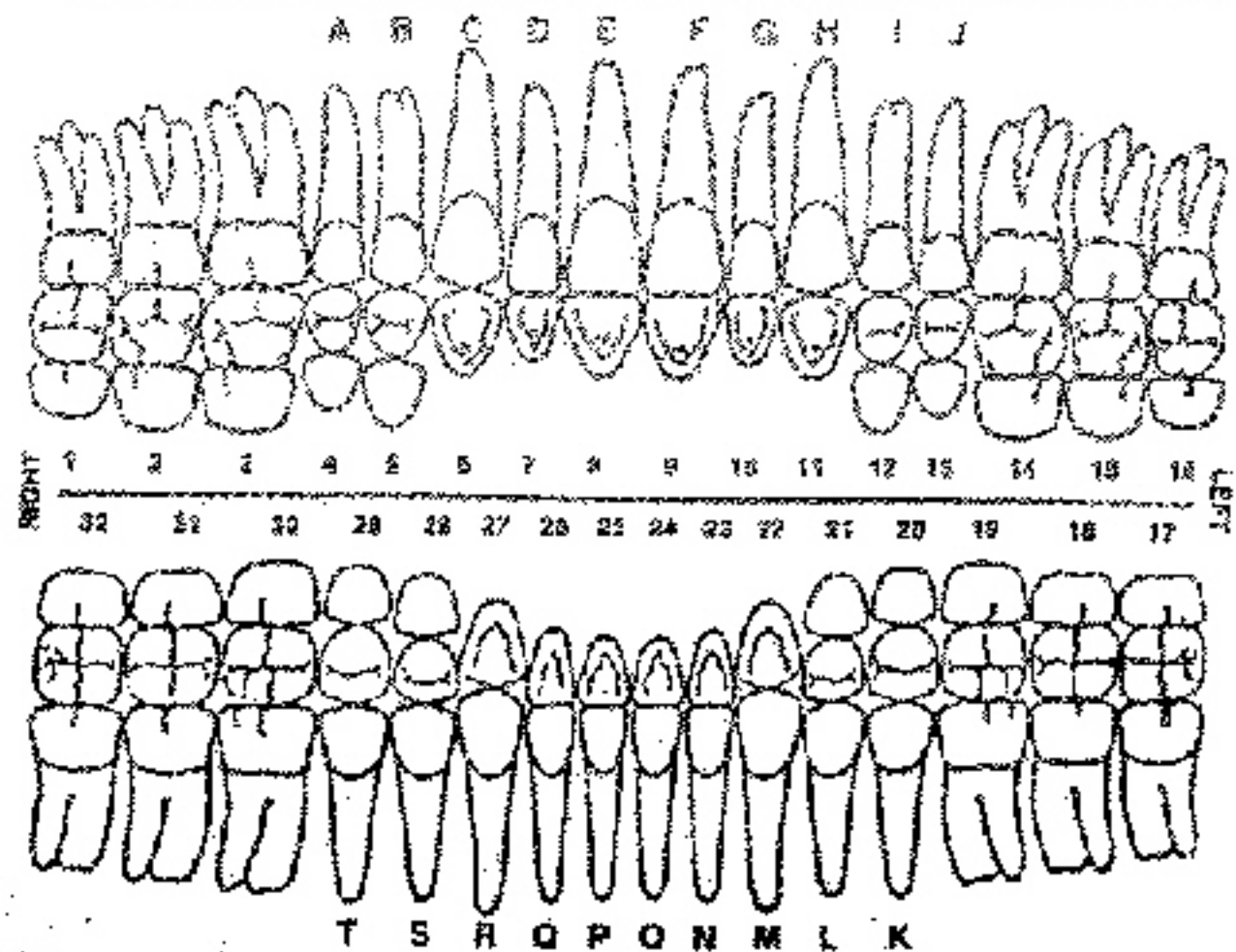
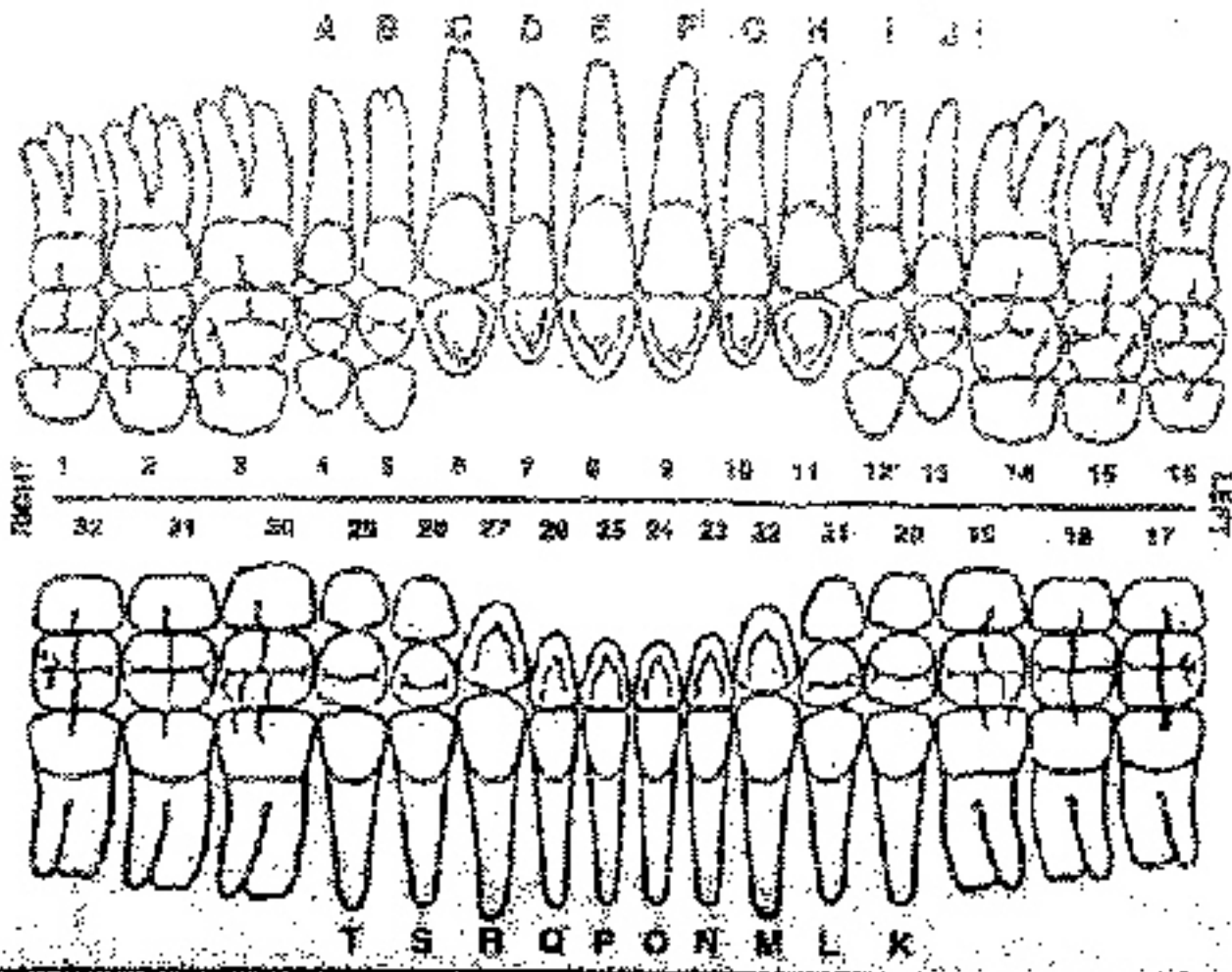
888-00-0693

EXCEPTION TO SF 603 APPROVED BY GSARRMS 191

DENTAL Standard Form 603 (Rev 10-75)

8. RESTORATIONS AND TREATMENTS (Completed during service)

9. SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS

REMARKS

10. SERVICES PROVIDED

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, PROVIDER, TREATMENT FACILITY (Sign each entry)	CLASS

PATIENT'S NAME: _____ SSN: _____

SINGLE ORDERS - PRE-OPERATIVE

MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN			MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN		
	DATE	TIME	INITIAL		DATE	TIME	INITIAL

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSAGE ROUTE OF ADMINISTRATION FREQUENCY <i>See orders first</i>	DOSES GIVEN-SEE MO ORDERS FIRST FOR CONTRAINDICATIONS															
		DATE	TIME	DOSE	INIT.	DATE	TIME	DOSE	INIT.	DATE	TIME	DOSE	INIT.	DATE	TIME	DOSE	INIT.
	Tylenol 650mg or 500 Mg PO Q4-6HR PRN (minor aches, pains, HA)																
	MYLANTA 15-30ML PO Q 4HR PRN (heartburn, indigestion)																
	Benadryl 25-50mg PO Q 6hr PRN (rhinorrhea,sneezing, Watery eyes,itchy rash)																
	Motrin 400-800mg PO TID PRN (moderate pain, headache)																
	Tinactin(tolnaftate) 1% Cream topical AAA BID x 2 wks (athlete's foot, jock itch)																
	Sudafed 30-60mg PO QID PRN (nasal congestion)																
	Cepacol Lozenges 1 PO q 4-6 HR PRN Sore Throat																
		DATE	TIME	DOSE	INIT.												
		DATE	TIME	DOSE	INIT.												

MEDICAL RECORD

MEDICATION ADMINISTRATION RECORD

SCHEDULED DRUGS

MONTH December YEAR 2003 DATES:

ORDER DATE	MEDICATION - DOSAGE - FREQUENCY ROUTE OF ADMINISTRATION	HOURS	14	15	16	17	18	19	20
13Dec02	Azithromycin 250mg	0600	(b)(3):10 USC §130b,(b)(6)						
	po qd		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">(b)(3):10 USC §130b,(b)(6)</div> <div style="border: 1px solid black; padding: 2px;">(b)(3):10 USC §130b,(b)(6)</div> </div>						
16Dec02	Azithromycin								
	500mg (2 tabs) qd	0600							
16Dec02	Azithromycin 250mg	0600							
end 22Dec02	qd								
16Dec02	Azithromycin	0600							
end 21Jan03	250mg po qd x 30 days								

INITIAL CODE

INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE	INITIAL	FULL SIGNATURE & TITLE
(b)(3):10 USC §130b,(b)(6)					
(b)(3):10 USC §130b,(b)(6)					

ADDRESSOGRAPH:

DJTF 000 693
888-0-0693

(b)(2)

Injection Site Code

- 1=left buttock 2=right buttock
- 3=left deltoid 4=right deltoid
- 5=left leg 6=right leg
- 7=left arm 8=right arm
- 9=abdomen

SINGLE ORDERS - PRE-OPERATIVE

MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN			MEDICATION DOSAGE ROUTE OF ADMINISTRATION	GIVEN		
	DATE	TIME	INITIAL		DATE	TIME	INITIAL

PRN AND VARIABLE DOSE MEDICATIONS

DOSES GIVEN-SEE MO ORDERS FIRST FOR CONTRAINDICATIONS

ORDER DATE	MEDICATION-DOSAGE ROUTE OF ADMINISTRATION FREQUENCY <i>See orders first</i>	DATE	TIME	DOSE	INIT.													
	Tylenol 650mg or 500 Mg PO Q4-6HR PRN (minor aches, pains, HA)	DATE	TIME	DOSE	INIT.													
	MYLANTA 15-30ML PO Q 4HR PRN (heartburn, indigestion)	DATE	TIME	DOSE	INIT.													
	Benadryl 25-50mg PO Q 6hr PRN (rhinorrhea, sneezing, Watery eyes, itchy rash)	DATE	TIME	DOSE	INIT.													
	Motrin 400-800mg PO TID PRN (moderate pain, headache)	DATE	TIME	DOSE	INIT.													
	Tinactin (tolnaftate) 1% Cream topical AAA BID x 2 wks (athlete's foot, jock itch)	DATE	TIME	DOSE	INIT.													
	Sudafed 30-60mg PO QID PRN (nasal congestion)	DATE	TIME	DOSE	INIT.													
	Cepacol Lozenges 1 PO q 4-6 HR PRN Sore Throat	DATE	TIME	DOSE	INIT.													
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		DATE	TIME	DOSE	INIT.													
		DATE	TIME	DOSE	INIT.													
		DATE	TIME	DOSE	INIT.													