(b)(6)

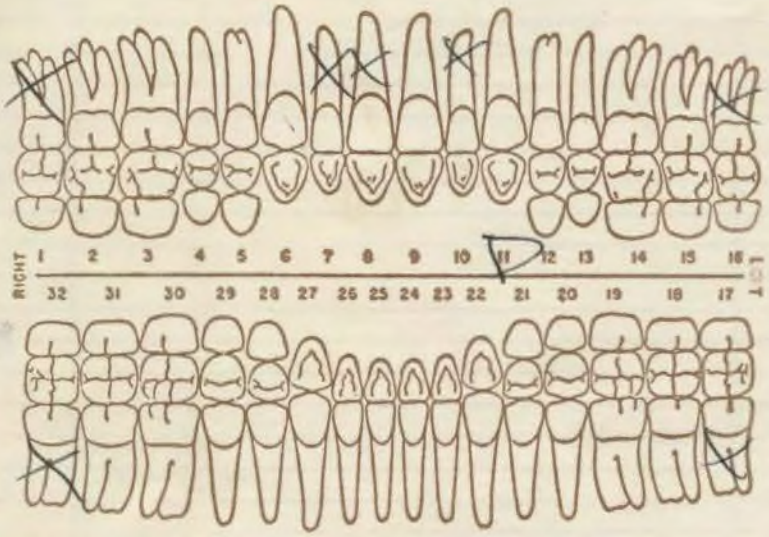
Standard Form 603
Rev. November 1953
Bureau of the Budget
Circular A–32 (Rev.)

HEALTH RECORD — DENTAL

SECTION I. DENTAL EXAMINATION

1. PURPOSE OF EXAMINATION	2. TYPE OF EXAM.	3. DENTAL CLASSIFICATION
INITIAL / SEPARATION / OTHER (Specify)	1 2 3 4	1 2 3 4 5

4. MISSING TEETH AND EXISTING RESTORATIONS



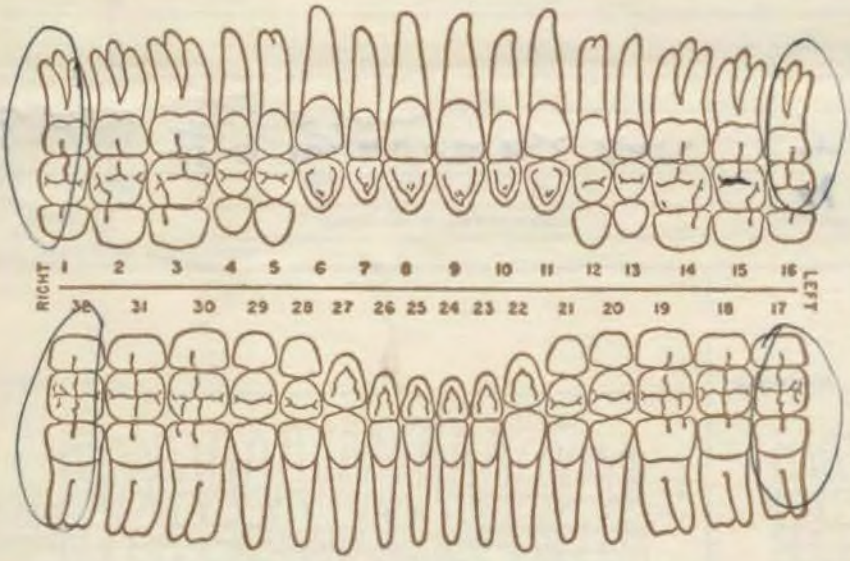
REMARKS

PLACE OF EXAMINATION — DATE 19

(b)(6)

5. DISEASES, ABNORMALITIES, AND X-RAYS

LT N. W. NANNFELDT, DC, USNR



A. CALCULUS — SLIGHT / MODERATE / HEAVY

B. PERIODONTOCLASIA — LOCAL / GENERAL; INCIPIENT / MODERATE / SEVERE

C. STOMATITIS (Specify) — GINGIVITIS / VINCENT'S

D. DENTURES NEEDED (Include dentures needed after indicated extractions)

FULL		PARTIAL	
U	L	U	L

ABNORMALITIES OF OCCLUSION—REMARKS

E. INDICATE X-RAYS USED IN THIS EXAMINATION

FULL MOUTH PERIAPICAL / POSTERIOR BITE-WINGS / OTHER (Specify)

DATE 19 AUG 1974 — PLACE OF EXAMINATION

(b)(6)

LT N. W. NANNFELDT, DC, USNR

SECTION II. PATIENT DATA

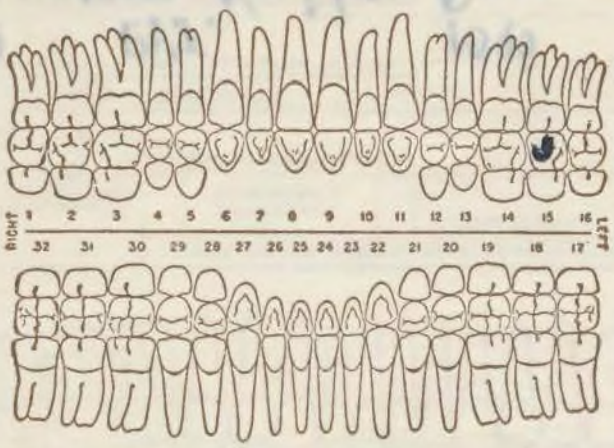
6. SEX	7. RACE	8. GRADE, RATING, OR POSITION	9. ORGANIZATION UNIT	10. COMPONENT OR BRANCH	11. SERVICE, DEPT., OR AGENCY
M	C	P.V.T.	1090	U.S.M.C.	

12. PATIENT'S LAST NAME–FIRST NAME–MIDDLE NAME	13. DATE OF BIRTH (DAY-MONTH-YEAR)	14. IDENTIFICATION NO.
TURNER, Kelton Rena	Jul 15, 1974	4090

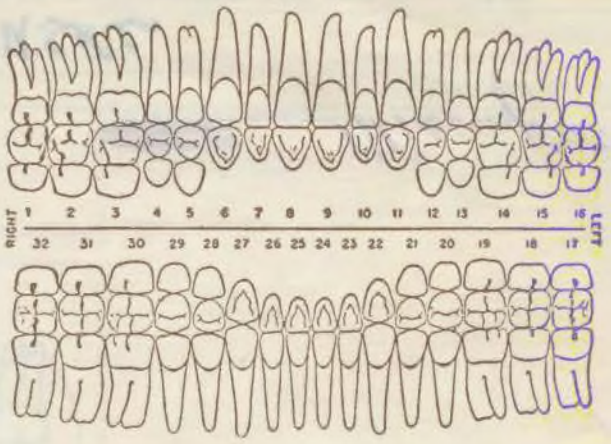
DENTAL
Standard Form 603
603–102–01

SECTION III. ATTENDANCE RECORD

15. RESTORATIONS AND TREATMENTS *(Completed during service)*



16. SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS

REMARKS

17. SERVICES RENDERED

DATE	DIAGNOSIS–TREATMENT	CLASS	OPERATOR AND DENTAL FACILITY	INITIALS
19 AUG 1974	ENTR IN TOOTH BRUSH AFFIDA	4	(b)(6)	
27 AUG 1974	150 AMALGOMS ANS	4		
To 26 05	F3 EXAM	1		

PATIENT'S LAST NAME–FIRST NAME–MIDDLE NAME

☆ U. S. GOVERNMENT PRINTING OFFICE : 1964 O - 741-044

REPORT OF MEDICAL EXAMINATION

1. LAST NAME - FIRST NAME - MIDDLE NAME	2. GRADE AND COMPONENT OF POSITION	3. IDENTIFICATION NO.
TURNER, REGINA		(b)(6)

4. HOME ADDRESS (Number and Street, RFD, City or Town, County, State and ZIP Code)	5. PURPOSE OF EXAMINATION	
2111 - 58th AVE Los Angeles, CA. 90018	Enl - USMC	15 Aug 78

7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE	10. AGENCY	11. ORGANIZATION UNIT
MALE	NEG	MILITARY None CIVILIAN None	USMC	

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
15 July 56	ST. LOUIS, MO.	ESTHER TURNER (mother) SAME AS ~~above~~ 2111 5th Ave LA Calif. 90018

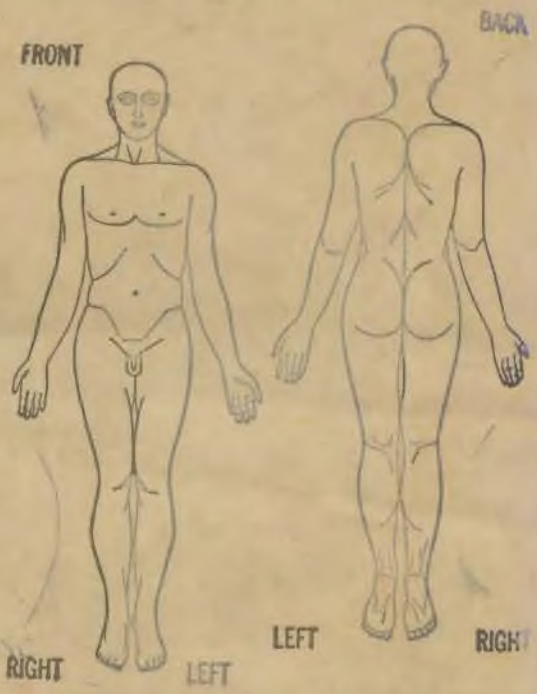
15. EXAMINING FACILITY OR EXAMINER AND ADDRESS	16. OTHER INFORMATION	
4727 Wilshire Blvd, Los Angeles, CA 90010		
17. RATING OR SPECIALTY	TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS

CLINICAL EVALUATION

NOT EXAM	(Check each item as appropriate and enter pertinent data. Enter "NA" if not evaluated.)	ABNORMAL (Explain)
	18. HEAD, FACE, NECK AND SCALP	
	19. NOSE	
	20. SINUSES	
	21. MOUTH AND THROAT	
	22. EARS - GENERAL	
	23. DRUMS (Perforation)	
	24. EYES - GENERAL	
	25. OPHTHALMOSCOPIC	
	26. PUPILS (Equality and Reaction)	
	27. OCULAR MOTILITY	
	28. LUNGS AND CHEST	
	29. HEART	
	30. VASCULAR SYSTEM	
	31. ABDOMEN AND VISCERA	
	32. ANUS AND RECTUM	
	33. ENDOCRINE SYSTEM	
	34. G-U SYSTEM	
	35. UPPER EXTREMITIES	
	36. FEET	
	37. LOWER EXTREMITIES	
	38. SPINE, OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
	40. SKIN, LYMPHATICS	
	41. NEUROLOGIC	
	42. PSYCHIATRIC	
	43. PELVIC (Females only) (Cervix and Uterus) ☐ VAGINAL ☐ RECTAL	

56

NOTES (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)



Mild Scoliosis

(Continue in item 73)

44. DENTAL (Enter appropriate symbol. Indicate by examples above or below number of upper and lower teeth.)

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

(b)(6)

LABORATORY FINDINGS

45. URINALYSIS A. SPECIFIC GRAVITY		46. CHEST X-RAY (Place, date, film number and result)
B. ALBUMIN N.E.G.	D. MICROSCOPIC	70mm X-Ray — NEG 1149
C. SUGAR NEG		
47. SEROLOGY (Specify test and result) RPR NR	48. EKG	49. BLOOD TYPE AND RH FACTOR B+
		50. OTHER TESTS

MEASUREMENTS AND OTHER FINDINGS

31. HEIGHT	32. WEIGHT	33. COLOR HAIR	34. COLOR EYES	35. BUILD	36. TEMPERATURE
5'4"	126	Brown	Brown	☐ SLENDER ☑ MEDIUM ☐ HEAVY ☐ OBESE	

37. BLOOD PRESSURE (Arm at heart level)						38. PULSE (Arm at heart level)				
A. SITTING	SYS. 120	B. RECUMBENT	SYS.	C. STANDING (1 min.)	SYS.	A. SITTING 80	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.
	DIAS. 70		DIAS.		DIAS.					

39. DISTANT VISION		40. REFRACTION			41. NEAR VISION	
RIGHT 20/	20 CORR. TO 20/	BY	S	CX	J-1 CORR. TO	BY
LEFT 20/	20 CORR. TO 20/	BY	S	CX	J-1 CORR. TO	BY

42. HETEROPHORIA (Specify distance)

ET	XT	R.H.	L.H.	PRISM DIV.	PRISM CONV. CT	PC	FD

43. ACCOMMODATION		44. COLOR VISION (Test used and result)	45. DEPTH PERCEPTION (Test used and score)	UNCORRECTED
RIGHT	LEFT			CORRECTED
46. FIELD OF VISION		47. NIGHT VISION (Test used and score)	48. RED LENS TEST	49. INTRAOCULAR TENSION

50. HEARING			51. AUDIOMETER							52. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and scores)
RIGHT WV	/15 SV	/15		500	1000	2000	3000	4000	6000	8000
LEFT WV	/15 SV	/15	RIGHT							
			LEFT							

53. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

Few past

PHYSICAL INSPECTION DATE
AFEES, LOS ANGELES, CA. 90015
No disqualifying defects or communicable diseases were noted this date.

(Use additional sheets if necessary)

54. SUMMARY OF DEFECTS AND DIAGNOSES (Use diagnostic code numbers)

55. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

56. A. PHYSICAL PROFILE

P	U	L	H	E	S
1	1	1	1	1	2

B. PHYSICAL CATEGORY

A	B	C	E
X			

57. EXAMINEE (Check)
a. ☐ IS QUALIFIED FOR
b. ☐ IS NOT QUALIFIED FOR

58. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

59. TYPED OR PRINTED NAME OF PHYSICIAN — (b)(6) — SIGNATURE — (b)(6)

60. TYPED OR PRINTED NAME OF PHYSICIAN — SIGNATURE

61. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate above) — SIGNATURE

62. TYPED OR PRINTED NAME OF REVIEWER — (b)(6) — SIGNATURE — (b)(6) — NUMBER OF ATTACHED SHEETS

DD FORM 1 JUL 68 — U.S. GOVERNMENT PRINTING OFFICE: 1968 O-311-431

STANDARD FORM 93
JANUARY 1971
GSA FPMR 101-11.8

Approved
Budget Bureau of Management and Budget No. 29-R0191

REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. SOCIAL SECURITY OR IDENTIFICATION NO.
TURNER KELTON RENA	(b)(6)
3. HOME ADDRESS (No. street or RFD, city or town, State, and ZIP CODE) 2111 - 5 So Ave Los Angeles, CA. 90018	4. POSITION (Title, grade, component)
5. PURPOSE OF EXAMINATION ENL- USMC	6. DATE OF EXAMINATION 13 AUG 74
7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code) 4727 Wilshire Blvd Los Angeles, CA 90010	

8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

Good !

9. HAVE YOU EVER (Please check each item)

YES	NO	(Check each item)
	X	Lived with anyone who had tuberculosis
	X	Coughed up blood
	X	Bled excessively after injury or tooth extraction
	X	Attempted suicide
	X	Been a sleepwalker

10. DO YOU (Please check each item)

YES	NO	(Check each item)
	X	Wear glasses or contact lenses
X		Have vision in both eyes
	X	Wear a hearing aid
	X	Stutter or stammer habitually
	X	Wear a brace or back support

11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)

YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
	X		Scarlet fever, erysipelas		X		Cramps in your legs		X		"Trick" or locked knee
	X		Rheumatic fever		X		Frequent indigestion		X		Foot trouble
	X		Swollen or painful joints		X		Stomach, liver, or intestinal trouble		X		Neuritis
X			Frequent or severe headache		X		Gall bladder trouble or gallstones		X		Paralysis (include infantile)
	X		Dizziness or fainting spells		X		Jaundice or hepatitis		X		Epilepsy or fits
	X		Eye trouble		X		Adverse reaction to serum, drug, or medicine		X		Car, train, sea or air sickness
	X		Ear, nose, or throat trouble						X		Frequent trouble sleeping
	X		Hearing loss		X		Broken bones		X		Depression or excessive worry
	X		Chronic or frequent colds		X		Tumor, growth, cyst, cancer		X		Loss of memory or amnesia
X			Severe tooth or gum trouble		X		Rupture/hernia		X		Nervous trouble of any sort
	X	X	Sinusitis		X		Piles or rectal disease		X		Periods of unconsciousness
	X		Hay Fever		X		Frequent or painful urination				
	X		Head injury		X		Bed wetting since age 12				
	X		Skin diseases		X		Kidney stone or blood in urine				
	X		Thyroid trouble		X		Sugar or albumin in urine				
	X		Tuberculosis				VD—Syphilis, gonorrhea, etc.				
	X		Asthma		X		Recent gain or loss of weight				
	X		Shortness of breath		X		Arthritis, Rheumatism, or Bursitis				
	X		Pain or pressure in chest		X		Bone, joint or other deformity				
	X		Chronic cough		X		Lameness				
	X		Palpitation or pounding heart		X		Loss of finger or toe	12. FEMALES ONLY: HAVE YOU EVER			
	X		Heart trouble		X		Painful or "trick" shoulder or elbow				Been treated for a female disorder
	X		High or low blood pressure	X			Recurrent back pain				Had a change in menstrual pattern

13. WHAT IS YOUR USUAL OCCUPATION?
None

14. ARE YOU (Check one)
☐ Right handed ☑ Left handed

93-101-01

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	X	15. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.
	X	B. Inability to perform certain motions.
	X	C. Inability to assume certain positions.
	X	D. Other medical reasons (If yes, give reasons.)
	X	16. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details).
	X	17. Have you ever been denied life insurance? (If yes, state reason and give details.)
	X	18. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)
	X	19. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)
	X	20. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)
	X	21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)
	X	22. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.)
	X	23. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.)
	X	24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge.
I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

TYPED OR PRINTED NAME OF EXAMINEE	SIGNATURE
(b)(6)	

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."
25. Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in Items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

Head aches ns - Missing teeth -
G.C. treated
back ns

TYPED OR PRINTED NAME OF PHYSICIAN OR	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS
(b)(6)			

REVERSE OF STANDARD FORM 93

CERTIFICATE OF DEATH (OVERSEAS)
NAVMED 5360/2 (1-72) (Formerly NAVMED N)

S/N 0105-204-5300

1. NAME OF DECEASED (Last, first, middle)	2. GRADE/RATE	3. BRANCH OF SERVICE	4. SOCIAL SECURITY NUMBER
TURNER, Kelton Rena	PVT	USMC	(b)(6)

5. ORGANIZATION	6. DATE OF BIRTH	7. SEX	8. RACE	9. AVIATION
Golf CO., 2ndBn, 9thMar 3rd Marine Division, FMF	15 JUL 56	[X] MALE [ ] FEMALE	Neg	[ ] YES [X] NO

10. MARKS AND SCARS (Noted in Health Record)

Mark on nose.

11. NAME OF NEXT OF KIN OR FRIEND	12. RELATIONSHIP TO DECEASED
(b)(6)	Wife

13. ADDRESS OF NEXT OF KIN OR FRIEND (Number, Street or RFD, City or Town, State and ZIP Code)

2828 Vertavia Forest Place, Birmingham, Alabama 35216

MEDICAL STATEMENT

14. CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH. (This does not mean the mode of dying, e.g. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(a) Unknown: Remains not recovered	
	ANTECEDENT CAUSES. (Morbid conditions, if any giving rise to above cause (a), stating the underlying cause last.)	DUE TO (b) Unknown	Immediate
		DUE TO (c) Unknown	Unknown
	II. OTHER SIGNIFICANT CONDITIONS. (Conditions contributing to death but not related to the disease or condition causing death.)	Helicopter Accident	Immediate

15. MODE OF DEATH	16. AUTOPSY PERFORMED	17. MAJOR FINDINGS OF AUTOPSY	18. CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
NATURAL [X] ACCIDENT SUICIDE HOMICIDE	[ ] YES [X] NO	N/A	Helicopter burned and crashed at sea.

19. TIME OF DEATH (Month) (Day) (Year) (Hour)	20. PLACE OF DEATH
May 15, 1975 1100	Vicinity of Koh Tang Island, Gulf og Thailand

I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.

21. SIGNATURE OF MEDICAL OFFICER	22. GRADE	23. DATE
(b)(6)	LT MC USN	22 May 1975

24. INSTALLATION OR ADDRESS

2nd Battalion, 9th Marines, Battallion Landing Team
3rd Marine Division (-) (Rein) FMF

25. DISPOSITION OF REMAINS

Remains not recovered

26. REMARKS

Passenger in USAF Helicopter which crashed and burned in vicinity of Koh Tang Island, Gulf of Thailand, at 1100 hours on May 15, 1975 during MAYAGUEZ recovery operation. Search and Rescue efforts were negative for remains.

* US GPO 1973 - 714-866/4036

(b)(6)

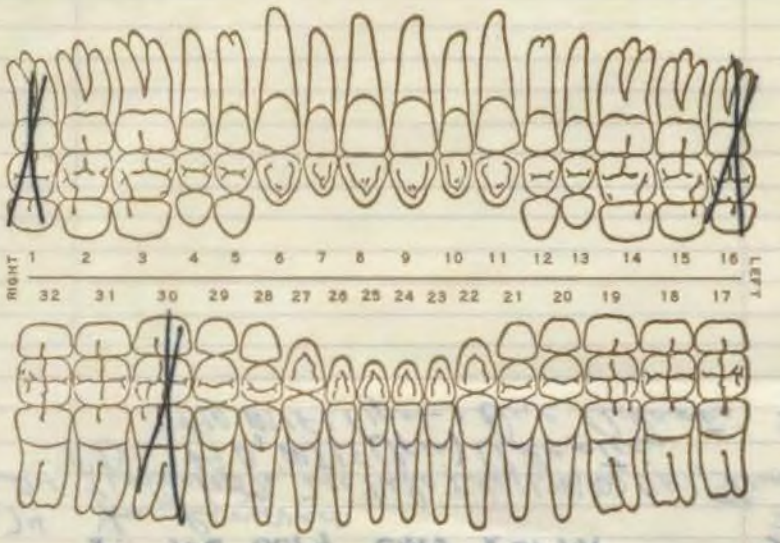
Standard Form 603
Rev. November 1953
Bureau of the Budget
Circular A–32 (Rev.)

HEALTH RECORD — DENTAL

SECTION I. DENTAL EXAMINATION

1. PURPOSE OF EXAMINATION							2. TYPE OF EXAM.							3. DENTAL CLASSIFICATION									
X	INITIAL		SEPARATION		OTHER (Specify)			1	X	2		3		4		1		2		3		4		5

4. MISSING TEETH AND EXISTING RESTORATIONS



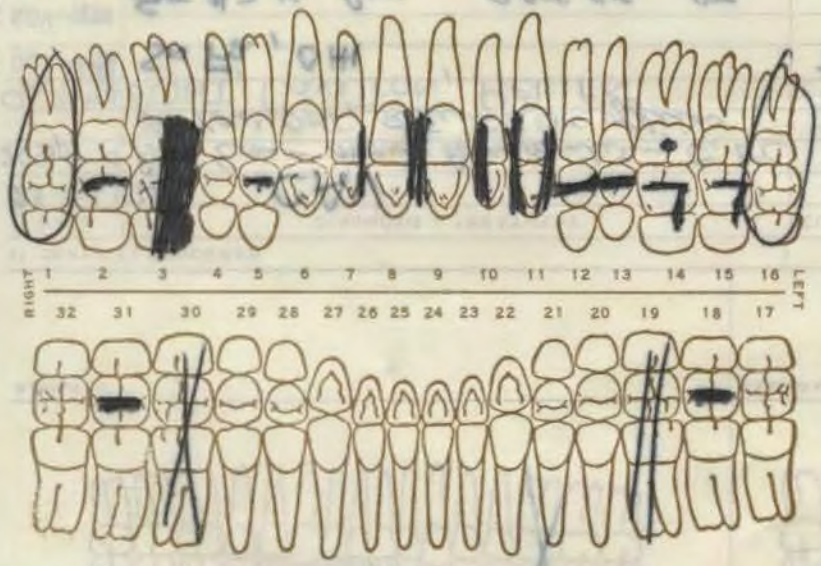
Do Root

PLACE OF EXAMINATION: SAME AS BELOW

DATE: 25 SEP 1970

(b)(6)

5. DISEASES, ABNORMALITIES, AND X-R



A. CALCULUS — SLIGHT | MODERATE | HEAVY

B. PERIODONTOCLASIA — LOCAL | GENERAL — INCIPIENT | MODERATE | SL

C. STOMATITIS (Specify)

GINGIVITIS | VINCENT'S

D. DENTURES NEEDED
(Include dentures needed after Indicated extractions

FULL			
U	L		L

ABNORMALITIES OF OCCLUSION – REMARKS

E. INDICATE X-RAYS USED IN THIS EXAMINATION

FULL MOUTH PERIAPICAL		POSTERIOR BITE-WINGS		OTHER
	X			PANOREX

(b)(6)

DATE | PLACE OF EXAMINATION: MCRD, SAN DIEGO, CALIFORNIA 92140 | …MPLETING THIS SECTION

SECTION II. PATIENT DATA

SOCIAL SECURITY NUMBER	SEX	RACE	DATE OF BIRTH	ORGANIZATION OR UNIT
(b)(6)	M	C	560304	2106

NAME	SERVICE NO.	RANK	COMP. OR BRANCH	SERVICE DEPT. OR AGENCY
SANDOVAL, ANTONIO R		PVT	USMC	DEPT. OF DEFENSE

DENTAL
Standard Form 603
603–102–01

SECTION III. ATTENDANCE RECORD

15. RESTORATIONS AND TREATMENTS (Completed during service)	16. SUBSEQUENT DISEASES AND ABNORMALITIES
(b)(6)	

17. SERVICES RENDERED

DATE	DIAGNOSIS – TREATMENT	CLASS	OPERATOR AND DENTAL FACILITY	INITIALS
25 SEP 1974	CAV		(b)(6)	
25 Sept 74	Perio Exam — marg. Periodontitis, to OIC for cour, OHI, return to OIC officer	3		
9 Oct 74	OHI, CaviTron, Return	3		
16 OCT 1974	Sn F2, OHI	3		
25 NOV 1974	Ext #3, 14 Amal. 2 BS #14. ETC 1 wk for removal. Re. Perio #4 MD x E. No DUTY CHIT x 24 HR	3		LIF
2 Dec 74	Ha Removed	3		
5 Dec 74	1 cc Carbo 3%, 2 cc Xylo 1:80,000 OHI, Stemin R Dem #9 D, MILE (1 pin) Adaptic #10 MIFL (1 pin) Dyc. Adaptic	3		
	(b)(6)			

PATIENT'S LAST NAME - FIRST NAME - MIDDLE NAME

Standard Form 88
Revised April 1968
General Services Administration
Interagency Committee on Medical Records
FPMR 101-11.809-3

REPORT OF MEDICAL EXAMINATION

85-157-04

1. LAST NAME - FIRST NAME - MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
Sandoval Antonio Ramos	~~CIV~~	(b)(6)
4. HOME ADDRESS (Number, street or R.F.D., city or town, State and ZIP Code)	5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
1501 N. Mistletoe St. San Antonio Tex 78207	ENL- MC	13 Aug 74

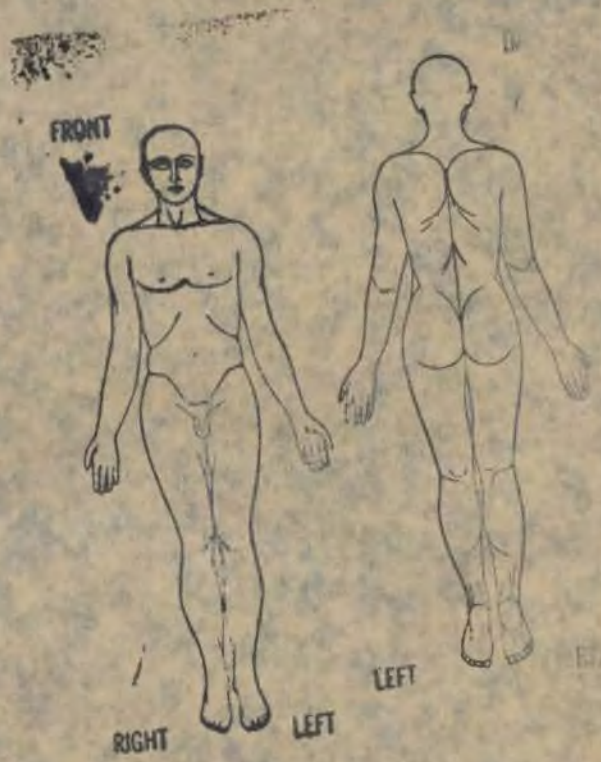
7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE		10. AGENCY	11. ORGANIZATION UNIT
		MILITARY	CIVILIAN		
MALE	Cau.	0	0	DAF (AN) DT	

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
4 MAR 56 (13)	San Antonio Tex	IRENE R. Sandoval Mother 5 same as #4
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS		16. OTHER INFORMATION
AFEES, SAN ANTONIO, TEXAS 78205		
17. RATING OR SPECIALTY	TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS

CLINICAL EVALUATION

NOR MAL	ABNOR MAL	(Check each item in appropriate col. Enter "NE" if not evaluated.)
		18. HEAD, FACE, NECK AND SCALP
		19. NOSE
		20. SINUSES
		21. MOUTH AND THROAT
		22. EARS—GENERAL (Do not include hearing)
		23. EARDRUMS (Perforation)
		24. EYES—GENERAL (Lesions, scars and refractive errors; do not include visual acuities)
		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 (Varicosities, etc.)
		31. ABDOMEN AND VISCERA (Include hernia)
		32. ANUS AND RECTUM (Hemorrhoids, fistulae, fissures, prostate, etc.)
		33. ENDOCRINE SYSTEM
		34. G-U SYSTEM
		35. UPPER EXTREMITIES (Spine, range of motion)
		36. FEET
		37. LOWER EXTREMITIES (Spine, range of motion)
		38. SPINE, OTHER MUSCULOSKELETAL
		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
		40. SKIN, LYMPHATICS
		41. NEUROLOGIC (Explain any traits under item 71)
		42. PSYCHIATRIC (Specify any personality deviation)
		43. PELVIC (Females only) (Check how done) ☐ BIMANUAL ☐ RECTAL

NOTES (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)



(Continue in item 73)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)

Examples: Restorable teeth; Non-restorable teeth; Missing teeth; Replaced by dentures; Fixed Partial dentures

RIGHT																LEFT
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

ace

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY
B. ALBUMIN MULTISTIX (b)(6) C. MICROSCOPIC
C. SUGAR MULTISTIX

46. CHEST X-RAY (Place, date, film number and result) 13 AUG 74
70 MM Chest X-Ray
AFEES, SAN ANTONIO, TEXAS 78205

47. SEROLOGY (Specify test used and result) RPR CARD TEST

48. EKG

49. BLOOD TYPE AND RH (Specify) BT A POS

50. OTHER TESTS

(b)(6)

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD	56. TEMPERATURE
66	110	BLACK	BLACK	[X] SLENDER [ ] MEDIUM [ ] HEAVY [ ] OBESE	

57. BLOOD PRESSURE (Arm at heart level) — 58. PULSE (Arm at heart level)

A. SITTING	SYS. 142 DIAS. 70	B. RECUMBENT	SYS.	C. STANDING (1 MIN.)	SYS.	A. SITTING 58	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.
			DIAS.		DIAS.					

59. DISTANT VISION		60. REFRACTION		61. NEAR VISION	
RIGHT 20/ 40	CORR. TO 20/	SY	S. CX	J-1 CORR. TO	SY
LEFT 20/ 40	CORR. TO 20/	SY	S. CX	J-1 CORR. TO	SY

62. HETEROPHORIA (Specify distance)

EX RED and GREEN - PASS/FAIL — E. H. — L. H. — PRISM DIV. — PRISM CONV. CT FALANT - PASS/FAIL — PC — PD

63. ACCOMMODATION		64. COLOR VISION (Test used and score)	65. DEPTH PERCEPTION (Test used and score)	
RIGHT	LEFT	PIP MISSED 0/14 PASS FAIL		UNCORRECTED
				CORRECTED
66. FIELD OF VISION		67. NIGHT VISION (Test used and score)	68. RED LENS TEST	69. INTRAOCULAR TENSION

70. HEARING			71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)
RIGHT W/V	/15 S/V	/15		256	512	1024	2048	4096	8192	16384	
LEFT W/V	/15 S/V	/15	RIGHT	X	5	5	5	X	30		
			LEFT	X	5	5	5	X	30		

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

AFEES, SAN ANTONIO, TX 78205
NO DISQUALIFYING DEFECTS OR COMMUNICABLE DISEASES WERE NOTED THIS DATE. (b)(6)

	DATE	WEIGHT	SIGNATURE
1.	20 SEP 1974	(b)(6)	
2.			
3.			

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

76. A. PHYSICAL PROFILE

P	U	L	H	E	S
1	1	1	1	2	1

77. EXAMINEE (Check)
A. [X] IS QUALIFIED FOR ENLISTMENT
B. [ ] IS NOT QUALIFIED FOR

12 AUG 1974

B. PHYSICAL CATEGORY

A	B	C	E
	X		

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE	
80. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE	
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which) P. E. CLINIC M. D.	SIGNATURE	
82. TYPED OR PRINTED NAME OF REVIEWING OR ISSUE APPROVING AUTHORITY	SIGNATURE (b)(6)	NUMBER OF ATTACHED SHEETS

ED. 10 Tot. NONE

STANDARD FORM 93
JANUARY 1971
GSA FPMR 101-11.8

Approved
...e of Management and Budget No. 29-R0191

REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. SOCIAL SECURITY OR IDENTIFICATION NO.
Sandoval Antonio Ramos	(b)(6)
3. HOME ADDRESS (No. street or RFD, city or town, State, and ZIP CODE)	**4. POSITION (Title, grade, component)**
1501 W. Mistletoe San Antonio Tex. 78201	Civ.

5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION	7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code)
ENL. U.S.M.C.	12 Aug. 74	AFEES San Antonio, Tex. 78205

8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

Good

NO MEDICATION

9. HAVE YOU EVER (Please check each item)

YES	NO	(Check each item)
	✓	Lived with anyone who had tuberculosis
	✓	Coughed up blood
	✓	Bled excessively after injury or tooth extraction
	✓	Attempted suicide
	✓	Been a sleepwalker

10. DO YOU (Please check each item)

YES	NO	(Check each item)
	✓	Wear glasses or contact lenses
✓		Have vision in both eyes
	✓	Wear a hearing aid
	✓	Stutter or stammer habitually
	✓	Wear a brace or back support

11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)

YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
	✓		Scarlet fever, erysipelas		✓		Cramps in your legs		✓		"Trick" or locked knee
	✓		Rheumatic fever		✓		Frequent indigestion		✓		Foot trouble
	✓		Swollen or painful joints		✓		Stomach, liver, or intestinal trouble		✓		Neuritis
	✓		Frequent or severe headache		✓		Gall bladder trouble or gallstones		✓		Paralysis (include infantile)
	✓		Dizziness or fainting spells		✓		Jaundice or hepatitis		✓		Epilepsy or fits
	✓		Eye trouble		✓		Adverse reaction to serum, drug, or medicine		✓		Car, train, sea or air sickness
	✓		Ear, nose, or throat trouble		✓				✓		Frequent trouble sleeping
	✓		Hearing loss		✓		Broken bones		✓		Depression or excessive worry
	✓		Chronic or frequent colds		✓		Tumor, growth, cyst, cancer		✓		Loss of memory or amnesia
	✓		Severe tooth or gum trouble		✓		Rupture/hernia		✓		Nervous trouble of any sort
	✓		Sinusitis		✓		Piles or rectal disease		✓		Periods of unconsciousness
	✓		Hay Fever		✓		Frequent or painful urination				
	✓		Head injury		✓		Bed wetting since age 12				
	✓		Skin diseases		✓		Kidney stone or blood in urine				
	✓		Thyroid trouble		✓		Sugar or albumin in urine				
	✓		Tuberculosis		✓		VD—Syphilis, gonorrhea, etc.				
	✓		Asthma		✓		Recent gain or loss of weight				
	✓		Shortness of breath		✓		Arthritis, Rheumatism, or Bursitis				
	✓		Pain or pressure in chest		✓		Bone, joint or other deformity				
	✓		Chronic cough		✓		Lameness				
	✓		Palpitation or pounding heart		✓		Loss of finger or toe	**12. FEMALES ONLY: HAVE YOU EVER**			
	✓		Heart trouble		✓		Painful or "trick" shoulder or elbow				Been treated for a female disorder
	✓		High or low blood pressure		✓		Recurrent back pain				Had a change in menstrual pattern

13. WHAT IS YOUR USUAL OCCUPATION?

Student

14. ARE YOU (Check one)

☐ Right handed ☒ Left handed

93-101-01

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	✓	15. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.
	✓	B. Inability to perform certain motions.
	✓	C. Inability to assume certain positions.
	✓	D. Other medical reasons (If yes, give reasons.)
	✓	16. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details).
	✓	17. Have you ever been denied life insurance? (If yes, state reason and give details.)
	✓	18. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)
	✓	19. Have you ever been a patient in any type of hospitals? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)
	✓	20. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)
	✓	21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)
	✓	22. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.)
	✓	23. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.)
	✓	24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge.
I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

TYPED OR PRINTED NAME OF EXAMINEE	SIGNATURE
(b)(6)	(b)(6)

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."
28. Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers to items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

(b)(6)

EXAMINEE DENIES HISTORY OF DRUG AND ALCOHOL ABUSE AND HOMOSEXUALITY

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS
(b)(6)	19 [illegible] 78	(b)(6)	

REVERSE OF STANDARD FORM 93

☆ U.S. GOVERNMENT PRINTING OFFICE: 1981—O—424-008

EX5-MJL-mw
7220/5
(b)(6)
18 Aug 1975

Mrs. Irene R. San Miguel
(b)(6)

Dear Mrs. San Miguel:

Your son, the late Private First Class Antonio R. SANDOVAL, U.S. Marine Corps, designated you to receive his unpaid pay and allowances in the event of his death. However, he had no monies remaining in his pay account on the date of his death, 15 May 1975.

Once again, please accept our sincere condolences in your sorrow.

Sincerely,

(b)(6)
Head, Claims Section
Claims and Separations Branch
Examination Division
By direction of the Commanding Officer

Copy to:
Commandant of the Marine Corps (MSPA-1)

SSN (b)(6)

file

(b)(6)

22 May 1975

(b)(6)

Dear Mr. Sandoval:

I have learned with deep regret of the untimely death of your son, Private First Class Antonio R. Sandoval, U. S. Marine Corps.

Please permit me to express my deepest sympathy and that of his friends in the Corps for you in your bereavement.

Nothing that I might say can minimize your great loss or alleviate your sorrow. However, I am sure you will be comforted in some measure by the knowledge that your son served his country faithfully and that his friends share your grief.

Sincerely,

ROBERT E. CUSHMAN, JR.
General, U. S. Marine Corps
Commandant of the Marine Corps

CASE FILE

(b)(6)

CERTIFICATE OF DEATH (OVERSEAS)
NAVMED 5360/2 (1-72) (Formerly NAVMED N)

S/N 0105-204-5300

1. NAME OF DECEASED (Last, first, middle)	2. GRADE/RATE	3. BRANCH OF SERVICE	4. SOCIAL SECURITY NUMBER
SANDOVAL Antonio Ramos	PFC	USMC	(b)(6)

5. ORGANIZATION	6. DATE OF BIRTH	7. SEX	8. RACE	9. AVIATION
Golf Co., 2ndBn, 9thMar. 3rd Marine Division, FMF	4 Mar 56	XX MALE ☐ FEMALE	Cau	☐ YES XX NO

10. MARKS AND SCARS (Noted in Health Record)

11. NAME OF NEXT OF KIN OR FRIEND	12. RELATIONSHIP TO DECEASED
(b)(6)	Father

13. ADDRESS OF NEXT OF KIN OR FRIEND (Number, Street or RFD, City or Town, State and ZIP Code)
816 Monte, San Antonio, Texas 78207

MEDICAL STATEMENT

14. CAUSE OF DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH. (This does not mean the mode of dying, e.g. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(a)	Unknown: Remains not recovered	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES. (Morbid conditions, if any giving rise to above cause (a), stating the underlying cause last.)	DUE TO (b)	Unknown	Immediate
	DUE TO (c)	Unknown	Unknown
II. OTHER SIGNIFICANT CONDITIONS. (Conditions contributing to death but not related to the disease or condition causing death.)		Helicopter Accident	Immediate

15. MODE OF DEATH	16. AUTOPSY PERFORMED	17. MAJOR FINDINGS OF AUTOPSY	18. CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
NATURAL X ACCIDENT SUICIDE HOMICIDE	☐ YES X NO	N/A	Helicopter burned and crashed at sea

19. TIME OF DEATH (Month) (Day) (Year) (Hour)	20. PLACE OF DEATH
May 15, 1975 1100	Vicinity of Koh Tang Island, Gulf of Thailand

I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.

21. SIGNATURE OF MEDICAL OFFICER	22. GRADE	23. DATE
(b)(6)	MC USN	22 May 1975

24. INSTALLATION OR ADDRESS
2nd Battalion, 9th Marines, Battalion Landing Team
3rd Marine Division (-) (Rein) FMF

25. DISPOSITION OF REMAINS
Remains not recovered

26. REMARKS
Passenger in USAF Helicopter which crashed and burned in vicinity of Koh Tang Island, Gulf of Thailand, at 1100 hours on May 15, 1975 during MAYAGUEZ recovery operation. Search and Rescue efforts were negative for remains.

☆ US GPO 1973 - 714-866/4036

RECORD DATA
(DECEASED AND MISSING PERSONNEL)

CHECK ONE: ☐ DEAD ☐ MISSING

DATE: 7 Aug 70

STATUS

LAST NAME - FIRST NAME - MIDDLE INITIAL	GRADE	SERVICE NUMBER
SANDOVAL, Antonio R.	PFC/E2	None Listed ~~4185 6115~~

ORGANIZATION	FORMER SERVICE NUMBERS
CO G 2DBN 9THMAR 3DMARDIV	SN: ~~None listed~~ 41 8 56 115 SSN: (b)(6)

DATE OF DEATH - MISSING STATUS	CAUSE OF DEATH	PLACE OF DEATH - OR LAST SEEN IF MISSING
15 May 75		Cambodia
DATE OF BIRTH: 4 Mar 56		UTM GC. TS 965 ~~4~~ 400

PHYSICAL CHARACTERISTICS

RACE	CREED	HEIGHT	WEIGHT
Caucasian ~~Caucasoid~~	Catholic	66"	110 lbs

COLOR EYES	COLOR HAIR	SHOE SIZE	BLOOD TYPE
Black	Black	—	A Pos

FRACTURES AND/OR BREAKS	TATTOOS AND SCARS
None listed in Medical Records	None Listed in Medical Records

RECORD INCLOSURES

DENTAL DATA ☐ NONE OF RECORD ☐ INCLOSED (Itemize by Form Number and Date of Record)

SF 603 dtd. 25 SEP 1974 (last entry 5 Dec74)
Panorex undtd

CASUALTY DATA ☐ CASUALTY REPORT ☐ STATEMENTS OF WITNESSES ☐ MISSING PERSONS SUPPLEMENTARY REPORT (AF Form 484) ☐ OTHER (Specify)

DD Form 1300 (3) dtd 25 May 75 (194-75 FINAL TLD/1fr)
NAVMED 5360/2 (1-72) dtd 22 May 1975

ADDITIONAL DATA

Service: U.S. Marines
DOD: 15 May 75
Refno: 2003 0 06
Accno: None Assigned
SF 88: (1) dtd 12 Aug 74
SF 89: (1) dtd 12 Aug 74
Photo: ~~No~~ Yes

DD FORM 1 FEB 54 898 REPLACES OQMG FORM 371, 24 JAN 51, WHICH IS OBSOLETE.

REFNO: 2003-0-0
ACCNO: None Assigned

INFORMATION CONCERNING PLANE CRASH

TYPE OF AIRCRAFT: CH-53A
TAIL NUMBER: 925
DATE OF CRASH: 15 MAY 75
MISSION CODE NAME/NUMBER: RESCUE
CALL SIGN: KNIFE 31 [redacted]
GRID COORD: UTM GC. TS [redacted] 965 400
COUNTRY: CAMBODIA
PROVINCE: Koh Tang Island
NUMBER ABOARD: [redacted] 26
NUMBER DEAD (BNR): [redacted] 13
NUMBER RESOLVED: [redacted] 13

POSITION ON AIRCRAFT	NAME/RANK	SN/SSN	UNIT
CO-PILOT	LT01, USAF VANDEGEER, RICHARD	SN: None listed SSN: (b)(6)	21 SP OP SQ
Medic	HM1, USN GAUSE, Bernard [redacted] JR.	SN: 1330051 SSN: (b)(6)	HQSVC CO SECONDBN NINTHMAR THIRD MARDIV
Medic	HN/E3, USN	SN: 1230201 SSN: (b)(6)	" " "
Passenger	LCPL/E3, USMC GARCIA, Andres [redacted]	SN: [redacted] None listed SSN: (b)(6)	" "
"	PFC/E2, USMC TURNER, Kelton R.	SN: UNK SSN: (b)(6)	" " "
"	PFC/E2, USMC SANDOVAL, Antonio R.	SN: [redacted] None listed SSN: (b)(6)	" "
"	PFC/E2, USMC RIVENBURGH, Richard W.	SN: UNK SSN: (b)(6)	" " "

CONTINUED

Passenger	PFC/E2, USMC	SN: UNK	CO G 2DBN	9THMAR
	MAXWELL, James R.	SSN: (b)(6) redacted	3DMARDIV	
"	PFC/E2, USMC	SN: UNK	"	
	JACQUES, James J.	SSN: (b)(6) redacted		
"	LCPL/E3, USMC	SN: UNK	"	
	COPENHAVER, Gregory S.	SSN: (b)(6) redacted		
"	PFC/E2, USMC	SN: UNK	"	
	BOYD, Walter NMN	SSN: (b)(6) redacted		
"	PFC/E2, USMC	SN: UNK	"	
	BLESSING, Lynn	SSN: (b)(6) redacted		
"	PFC/E2, USMC	SN: UNK	"	
	BENEDETT, Daniel A.	SSN: (b)(6) redacted		

2003

SUMMARY

On 15 May 75, Lt Richard Vandegeer was co-pilot of a CH-53A helicopter involved in rescuing the crew of the SS MAYAGUEZ in the Gulf of Tontin near Cambodia. The aircraft was carrying four crewmembers & 26 passengers when it received anti-aircraft fire & crashed in the vicinity of (b)(5); (b)(6) near the shoreline of Koh Tang Island, Cambodia.

Lt Vandegeer was not seen after the crash, however 13 personnel were rescued. Further search & rescue efforts were not possible due to the hostile environment.

Lt Vandegeer and those not recovered are currenty carried in the status of dead, bodies not recovered.

(b)(6)

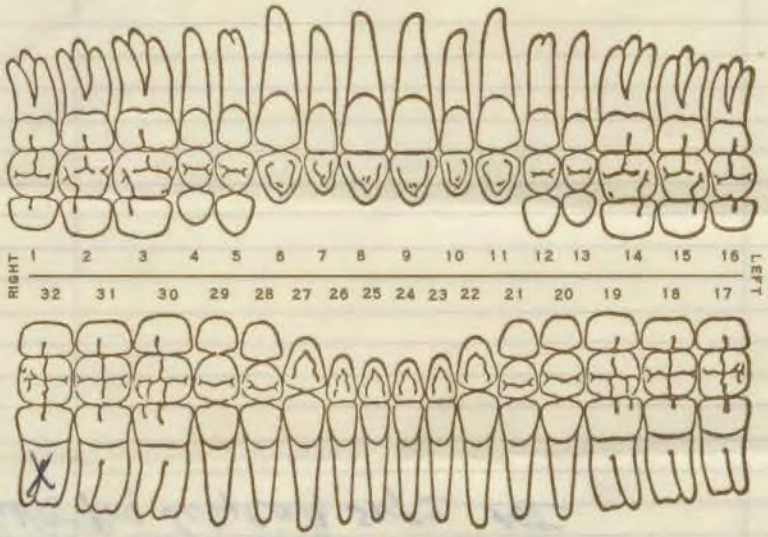
Standard Form 603
Rev. November 1953
Bureau of the Budget
Circular A–32 (Rev.)

HEALTH RECORD — **DENTAL**

SECTION I. DENTAL EXAMINATION

1. PURPOSE OF EXAMINATION						2. TYPE OF EXAM.					3. DENTAL CLASSIFICATION					
X	INITIAL		SEPARATION		OTHER (Specify)	1	X	2	3	4	1	X	2	3	4	5

4. MISSING TEETH AND EXISTING RESTORATIONS

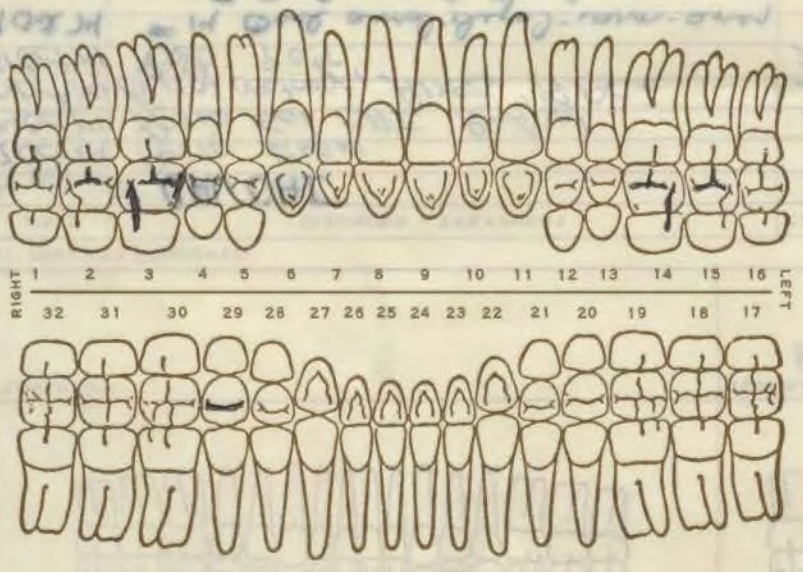


NO Res

PLACE OF EXAMINATION: SAME AS BELOW — DATE: 17 OCT 1974

SIGNATURE OF: (b)(6)

5. DISEASES, ABNORMALITIES, AND X-RAYS



A. CALCULUS: SLIGHT | MODERATE | HEAVY

B. PERIODONTOCLASIA: LOCAL | GENERAL; INCIPIENT | MODERATE | SL

C. STOMATITIS (Specify)

GINGIVITIS | VINCENT'S

D. DENTURES NEEDED
(Include dentures needed after Indicated extractions

FULL			
U	L		L

ABNORMALITIES OF OCCLUSION – REMARKS

E. INDICATE X-RAYS USED IN THIS EXAMINATION

	FULL MOUTH PERIAPICAL	X	POSTERIOR BITE-WINGS		OTHER: PANOREX

DATE: 17 OCT 1974 — PLACE OF EXAMINATION: MCRD, SAN DIEGO, CALIFORNIA 92140 — SIGNATURE: (b)(6)

SECTION II. PATIENT DATA

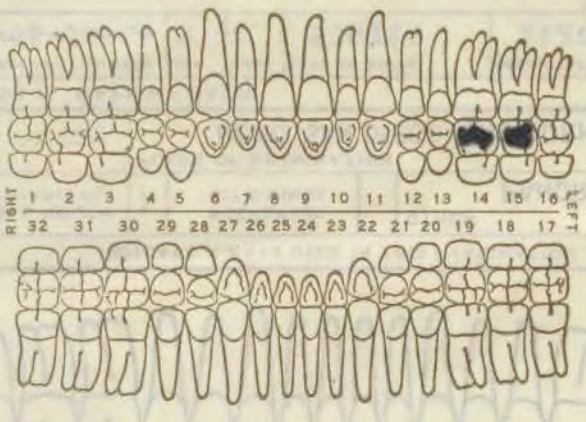
SOCIAL SECURITY NUMBER	SEX	RACE	DATE OF BIRTH	ORGANIZATION OR UNIT
547-98-28-64	M	C	530714	1120

NAME	SERVICE NO.	RANK	COMP. OR BRANCH	SERVICE DEPT. OR AGENCY
RIVENBURGH, RICHARD.		PVT	USMC	DEPT. OF DEFENSE

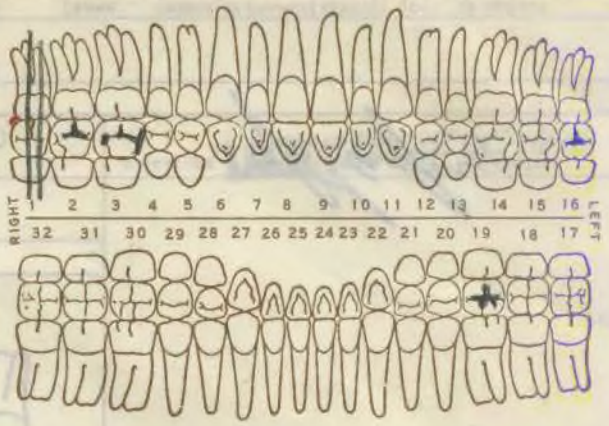
DENTAL
Standard Form 603
S-603-102-01

SECTION III. ATTENDANCE RECORD

15. RESTORATIONS AND TREATMENTS (Completed during service)



16. SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS

REMARKS

Etch M-O, #29, D-#28, D-#19, D-#4

17. SERVICES RENDERED

DATE	DIAGNOSIS – TREATMENT	CLASS	OPERATOR AND DENTAL FACILITY	INITIALS
12 Oct 74	CAU OHI	2	(b)(6)	
12 Oct 74	Perio Exam	2		
24 Oct 74	Perio Scl OHI Re-Appt	2		
30 Oct 74	Gingivectomy, Anes 4 PACs	2		
31 Oct 74	Perio P.O.T.	2		
31 Oct 74	#14 Ocel amal-dycal-varn-amy			
	15 Ocel amal-dycal-varn-amy	2		
5 Nov 74	Perio Exam P.O.T.	2		
19 Feb 75	Exam T-3, equil #12. Scale #12	2		
19 Feb 75	Prop Scl, Cavity SMF2 POT			

PATIENT'S LAST NAME - FIRST NAME - MIDDLE NAME

Standard Form 88
Revised April 1958
General Services Administration
Interagency Committee on Medical Records
FPMR 101-11.809-3

REPORT OF MEDICAL EXAMINATION

74-117-04

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR RATING	3. IDENTIFICATION NO.
RIVENBURGH RICHARD WILLIAM		(b)(6)
4. HOME ADDRESS (Number, street or R.F.D., city or town, State and ZIP Code)	5. PURPOSE OF EXAMINATION	
4573 ACOMA AVE SAN DIEGO CALIF	ENL - USMC	28-JUL-74

7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE		10. AGENCY	11. ORGANIZATION UNIT
		MILITARY	CIVILIAN		
MALE	W	NONE		USMC	

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
(24) 14 JULY-53	SCHENECTADY NEW YORK	4573 ACOMA AVE SAN DIEGO CLINTON LEON RIVENBURGH

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
AFEES LOS ANGELES 4727 WILSHIRE BLVD 90010	

17. RATING OR SPECIALTY	TIME IN THIS CAPACITY (Year)	LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNORMAL
✓	18. HEAD, FACE, NECK AND SCALP	
✓	19. NOSE	
✓	20. SINUSES	
✓	21. MOUTH AND THROAT	
✓	22. EARS—GENERAL (Ear drums see item 23)	
✓	23. DRUMS (Perforation)	
✓	24. EYES—GENERAL (Visual acuity and refraction under items 28, 29, and 87)	
✓	25. OPHTHALMOSCOPIC	
✓	26. PUPILS (Equality and reaction)	
✓	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
✓	28. LUNGS AND CHEST (Include breasts)	
✓	29. HEART (Thrill, size, rhythm, sounds)	
✓	30. VASCULAR SYSTEM (Varicosities, etc.)	
✓	31. ABDOMEN AND VISCERA (Include hernia)	
✓	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Consult 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 (Romberg, tandem walk, finger-to-nose, heel-to-shin)	
✓	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done) ☐ VAGINAL ☐ RECTAL	

55

NOTES (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

(Continue in item 73)

44. DENTAL (Place appropriate symbols shown in examples, above or below number of upper and lower teeth.)

Restorable teeth — Non restorable teeth — Missing teeth — Replaced by dentures — Fixed Partial dentures

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

LABORATORY FINDINGS

45. URINALYSIS A. SPECIFIC GRAVITY		(b)(6)
B. ALBUMIN NEG.	D. MICROSCOPIC	
C. SUGAR NEG.		
47. SEROLOGY (Specify test used and result) RPR N/R	48. EKG	49. BLOOD TYPE AND RH FACTOR B1+A POS

MEASUREMENTS AND OTHER FINDINGS

50. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD	56. TEMPERATURE
72	172	BRN	HZ	☐ SLENDER ☑ MEDIUM ☐ HEAVY ☐ OBESE	

57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)				
A. SITTING	SYS. 120 DIAS. 70	B. RECUMBENT	SYS. DIAS.	C. STANDING (3 min.)	SYS. DIAS.	A. SITTING 80	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.

59. DISTANT VISION	60. REFRACTION	61. NEAR VISION
RIGHT 20/ 200 CORR. TO 20/ 20	RE +3.25 ⊖ +2.00 ax 105	CORR. TO J1 BY
LEFT 20/ 200 CORR. TO 20/ 40	LE +2.75 ⊖ +2.25 ax 076	CORR. TO J6 BY

62. HETEROPHORIA (Specify distance)

ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. CT PC FD

63. ACCOMMODATION		64. COLOR VISION (Test used and result)	65. DEPTH PERCEPTION (Test used and score)	UNCORRECTED
RIGHT	LEFT	PLATES 14/14 Passed		CORRECTED
66. FIELD OF VISION		67. NIGHT VISION (Test used and score)	68. RED LENS TEST	69. INTRAOCULAR TENSION

70. HEARING			71. AUDIOMETER AUS 69								72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and scores)
RIGHT W/V	/15 S/V	/15		500 cps	1000 cps	2000 cps	3000 cps	4000 cps	6000 cps	8000 cps	
LEFT W/V	/15 S/V	/15	RIGHT	X	15	10	5	X	5	X	
			LEFT	X	15	10	10	X	10	X	

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

#64 FALANT pan

OCT 11 1974

PHYSICAL INSPECTION DATE SEP 23 1974

AFEES, LOS ANGELES, CA. 90015

No disqualifying defects or communicable diseases were noted [illegible]

(b)(6)

(b)(6)

RICHARD BOLD
CPT, MC

(Typed or printed name)

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnosis with item numbers)

(27) as Audiogram Ambiguous dv

50 REFRACTIVE ERROR OD 1

75. RECOMMENDATIONS – FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

76. A. PHYSICAL PROFILE

P	U	L	H	E	S
1	1	1	1	2	1

77. EXAMINEE (Class)

A. ☑ IS QUALIFIED FOR INDUCTION/ENLISTMENT OCT 11 1974

B. ☐ IS NOT QUALIFIED SEP 23 1974

SEP 23 1974 MEDICAL CATEGORY OCT 11 1974

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

B.	C.	F.
1	X	

79. TYPED OR PRINTED NAME OF PHYSICIAN (b)(6) SIGNATURE (b)(6)

80. TYPED OR PRINTED NAME OF PHYSICIAN SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which) SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY RICHARD BOLD SIGNATURE (b)(6) NUMBER OF ATTACHED SHEETS

DD FORM 1807 1 JUL 70 EDITION OF 1 JUN 66 IS OBSOLETE. U.S. GOVERNMENT PRINTING OFFICE: 1970 O-389-549

CERTIFICATE OF DEATH (OVERSEAS)
NAVMED 5360/2 (1-72) (Formerly NAVMED M)

63 263

S/N 0105-204-5300

1. NAME OF DECEASED (Last, first, middle)	2. GRADE/RATE	3. BRANCH OF SERVICE	4. SOCIAL SECURITY NUMBER
RIVENBURGH Richard William	PFC	USMC	(b)(6)

5. ORGANIZATION	6. DATE OF BIRTH	7. SEX	8. RACE	9. AVIATION
Golf Co., 2ndBn 9thMar 3rd Marine Division =	14 Jul 53	[X] MALE [ ] FEMALE	Cauc	[ ] YES [X] NO

10. MARKS AND SCARS (Noted in Health Record)

S Rt. Arm, S Lt, Arm, S Rt. Foot, S Lt. Hand

11. NAME OF NEXT OF KIN OR FRIEND	12. RELATIONSHIP TO DECEASED
(b)(6)	Father

13. ADDRESS OF NEXT OF KIN OR FRIEND (Number, Street or RFD, City or Town, State and ZIP Code)
4573 Acoma Ave., San Diego, Calif. 92117

MEDICAL STATEMENT

14. CAUSE OF DEATH			
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH. (This does not mean the mode of dying, e.g. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(a) Unknown: Remains not recovered	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES. (Morbid conditions, if any giving rise to above cause (a), stating the underlying cause last.)	DUE TO (b) Unknown	Immediate
		DUE TO (c) Unknown	Unknown
	II. OTHER SIGNIFICANT CONDITIONS. (Conditions contributing to death but not related to the disease or condition causing death.)	Helicopter Accident	Immediate

16. MODE OF DEATH	16. AUTOPSY PERFORMED	17. MAJOR FINDINGS OF AUTOPSY	18. CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
[ ] NATURAL [X] ACCIDENT [ ] SUICIDE [ ] HOMICIDE	[ ] YES [X] NO	N/A	Helicopter burned and crashed at sea.

19. TIME OF DEATH (Month) (Day) (Year) (Hour)	20. PLACE OF DEATH
May 15, 1975, 1100	Vicinity of Koh Tang Island, Gulf of Thailand

I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.

21. SIGNATURE OF MEDICAL OFFICER	22. GRADE	23. DATE
(b)(6)	MC USN	22 May 1975

24. INSTALLATION OR ADDRESS
2nd Battalion, 9th Marines, Battalion Landing Team
3rd Marine Division (-)(Rein)FMF

25. DISPOSITION OF REMAINS

Remains not recovered

26. REMARKS

Passenger in USAF Helicopter which crashed and burned in vicinity of Koh Tang Island, Gulf of Thailand, at 1100 hours on May 15, 1975 during MAYAGUEZ recovery operation. Search and Rescue efforts were negative for remains

☆ US GPO 1973 - 714-866/4036

STANDARD FORM 93
JANUARY 1971
GSA FPMR 101-11.8

Approved
Office of Management and Budget No. 29-R0191

REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. SOCIAL SECURITY OR IDENTIFICATION NO.
RIVENBURGH RICHARD WILLIAM	(b)(6)
3. HOME ADDRESS (No. street or RFD, city or town, State, and ZIP CODE)	4. POSITION (Title, grade, component)
4573 ALOMA AVE SAN DIEGO CALIF	
5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
ENL- USN	28-JUL
7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code)	4727 WILSHIRE BLVD
AFEES LOS ANGELES 90010	

8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

GOOD

9. HAVE YOU EVER (Please check each item)

YES	NO	(Check each item)
	✓	Lived with anyone who had tuberculosis
	✓	Coughed up blood
	✓	Bled excessively after injury or tooth extraction
	✓	Attempted suicide
	✓	Been a sleepwalker

10. DO YOU (Please check each item)

YES	NO	(Check each item)
✓		Wear glasses or contact lenses
✓		Have vision in both eyes
	✓	Wear a hearing aid
	✓	Stutter or stammer habitually
	✓	Wear a brace or back support

11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)

YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
	✓		Scarlet fever, erysipelas		✓		Cramps in your legs		✓		"Trick" or locked knee
		✓	Rheumatic fever		✓		Frequent indigestion		✓		Foot trouble
	✓		Swollen or painful joints		✓		Stomach, liver, or intestinal trouble		✓		Neuritis
	✓		Frequent or severe headache		✓		Gall bladder trouble or gallstones		✓		Paralysis (include infantile)
	✓		Dizziness or fainting spells			✓	Jaundice or hepatitis		✓		Epilepsy or fits
✓			Eye trouble				Adverse reaction to serum, drug,			✓	Car, train, sea or air sickness
	✓		Ear, nose, or throat trouble		✓		or medicine		✓		Frequent trouble sleeping
	✓		Hearing loss		✓		Broken bones		✓		Depression or excessive worry
	✓		Chronic or frequent colds		✓		Tumor, growth, cyst, cancer		✓		Loss of memory or amnesia
✓			Severe tooth or gum trouble		✓		Rupture/hernia		✓		Nervous trouble of any sort
		✓	Sinusitis		✓		Piles or rectal disease		✓		Periods of unconsciousness
	✓		Hay Fever		✓		Frequent or painful urination				
	✓		Head injury		✓		Bed wetting since age 12				
	✓		Skin diseases		✓		Kidney stone or blood in urine				
	✓		Thyroid trouble			✓	Sugar or albumin in urine				
	✓		Tuberculosis		✓		VD—Syphilis, gonorrhea, etc.				
	✓		Asthma		✓		Recent gain or loss of weight				
✓			Shortness of breath		✓		Arthritis, Rheumatism, or Bursitis				
	✓		Pain or pressure in chest		✓		Bone, joint or other deformity				
✓			Chronic cough		✓		Lameness				
	✓		Palpitation or pounding heart		✓		Loss of finger or toe	12. FEMALES ONLY: HAVE YOU EVER			
	✓		Heart trouble		✓		Painful or "trick" shoulder or elbow				Been treated for a female disorder
	✓	X	High or low blood pressure		✓		Recurrent back pain				Had a change in menstrual pattern

13. WHAT IS YOUR USUAL OCCUPATION?

NONE

14. ARE YOU (Check one)

✓ Right handed ☐ Left handed

93-101-01

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT	
	Y	15. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.	
	X	B. Inability to perform certain motions.	
	X	C. Inability to assume certain positions.	
	X	D. Other medical reasons (If yes, give reasons.)	
	X	16. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details).	
	X	17. Have you ever been denied life insurance? (If yes, state reason and give details.)	
	X	18. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)	
X		19. Have you ever been a patient in any type of hospitals? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)	Injury of right foot
	X	20. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)	
X		21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)	
	X	22. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.)	
	X	23. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.)	
	X	24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)	

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge.
I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

TYPED OR PRINTED NAME OF EXAMINEE	SIGNATURE
(b)(6)	

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

25. Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

Patient did not
Recently progress
Stated comp - Amon
HBO

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS
(b)(6)	JUL 1974	(b)(6)	

REVERSE OF STANDARD FORM 93

U.S. GOVERNMENT PRINTING OFFICE: 1971—O—424-008

(b)(6)

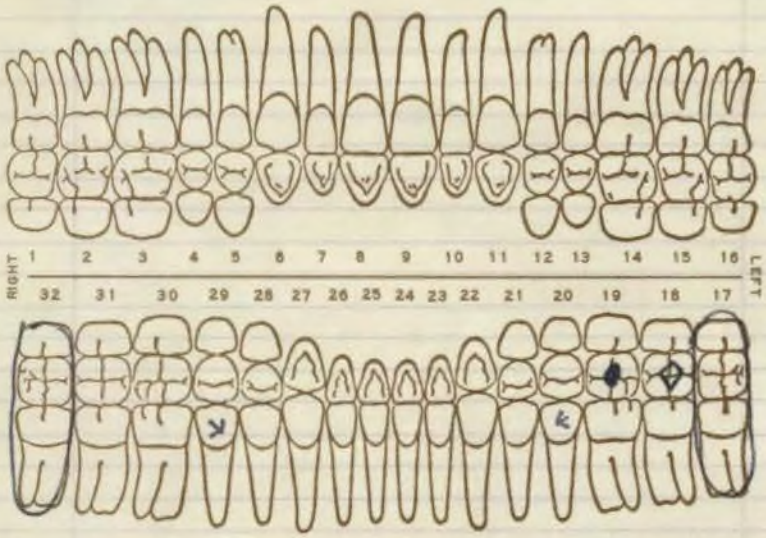
Standard Form 603
Rev. November 1953
Bureau of the Budget
Circular A-32 (Rev.)

HEALTH RECORD — **DENTAL**

SECTION I. DENTAL EXAMINATION

1. PURPOSE OF EXAMINATION						2. TYPE OF EXAM.					3. DENTAL CLASSIFICATION					
X	INITIAL		SEPARATION		OTHER (Specify)		1	X	2	3	4	1	2	X	3	4	5

4. MISSING TEETH AND EXISTING RESTORATIONS

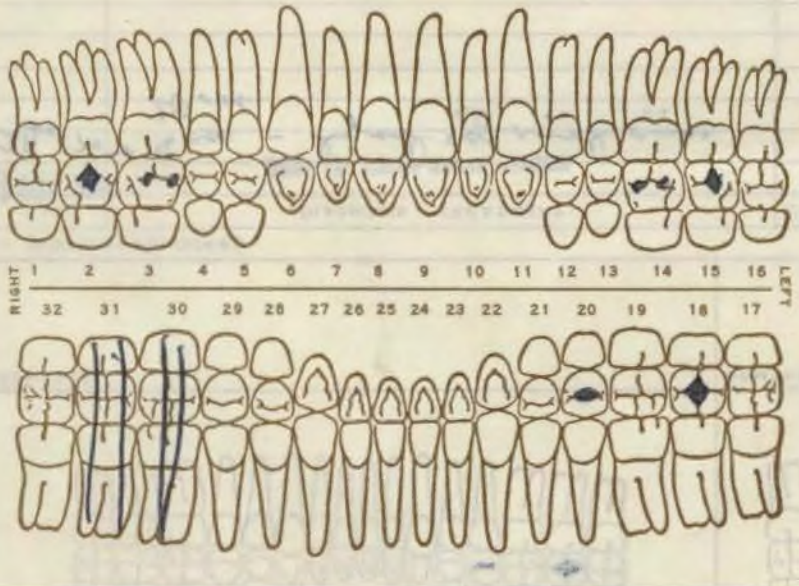


PLACE OF EXAMINATION: SAME AS BELOW

DATE: 7 OCT 1974

SIGNATURE OF DENTIST COMPLETING THIS SECTION: (b)(6)

5. DISEASES, ABNORMALITIES, AND X-RAYS



A. CALCULUS: SLIGHT | MODERATE | X HEAVY

B. PERIODONTOCLASIA: LOCAL | GENERAL; INCIPIENT | MODERATE | SL

C. STOMATITIS (Specify): GINGIVITIS | VINCENT'S

D. DENTURES NEEDED (Include dentures needed after Indicated extractions)

FULL			
U	L		L

ABNORMALITIES OF OCCLUSION – REMARKS

E. INDICATE X-RAYS USED IN THIS EXAMINATION

	FULL MOUTH PERIAPICAL	X	POSTERIOR BITE-WINGS		OTHER: PANOREX

DATE: 7 OCT 1974

PLACE OF EXAMINATION: MCRD, SAN DIEGO, CALIFORNIA 92140

SIGNATURE OF DENTIST COMPLETING THIS SECTION: (b)(6)

SECTION II. PATIENT DATA

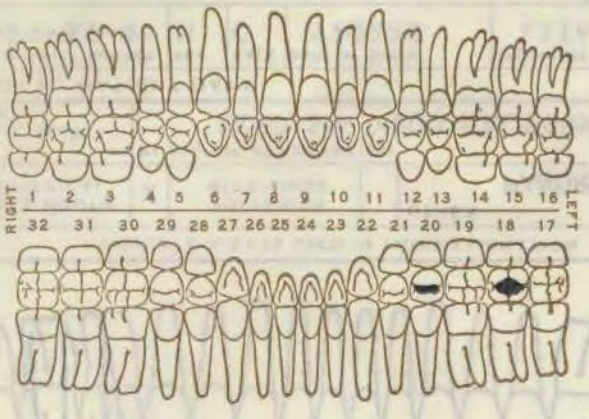
SOCIAL SECURITY NUMBER	SEX	RACE	DATE OF BIRTH	ORGANIZATION OR UNIT
(b)(6)	M	C	570220	1116

NAME	SERVICE NO.	RANK	COMP. OR BRANCH	SERVICE DEPT. OR AGENCY
MAXWELL, JAMES R.		PVT	USMC	DEPT. OF DEFENSE

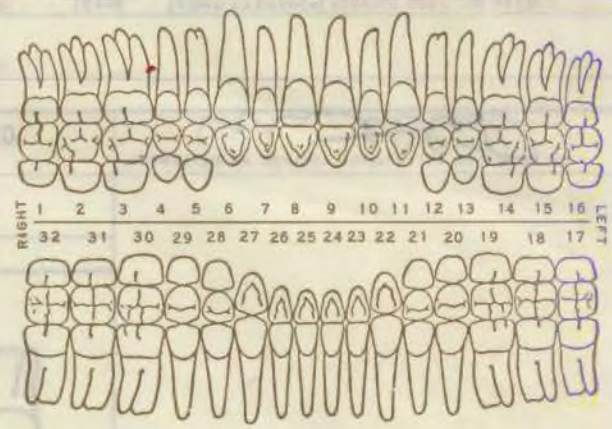
DENTAL
Standard Form 603
603-102-01

SECTION III. ATTENDANCE RECORD

15. RESTORATIONS AND TREATMENTS (Completed during service)



16. SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS

REMARKS

17. SERVICES RENDERED

DATE	DIAGNOSIS - TREATMENT	CLASS	OPERATOR AND DENTAL FACILITY	INITIALS
~~2007~~	[illegible] TOOTH BRUSH [illegible]	3	(b)(6)	
2Dec74	#18 mo - lgnd cap and amal			
	20 mo - [illegible]	3		

PATIENT'S LAST NAME - FIRST NAME - MIDDLE NAME

Standard Form 88
Revised April 1969
General Services Administration
Interagency Comm. on Medical Records
FPMR 101-11.809-5

REPORT OF MEDICAL EXAMINATION

88-117.04

1. LAST NAME - FIRST NAME - MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
MAXWELL, JAMES KINSEY	CIVILIAN PWT	(b)(6)
4. HOME ADDRESS (Number, street or R.F.D., city or town, State and ZIP Code)	5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
P.O. BOX 3 CENTER RIDGE, CONWAY, AR 72027	Enl in USN MC	KM 19 JUN 74

7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE		10. AGENCY	11. ORGANIZATION UNIT
MALE	CAU	MILITARY 0	CIVILIAN 0		

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
20 FEB 57 (17)	MEMPHIS, TN	Laura MAXWELL SAME AS NUMBER 4 Mother

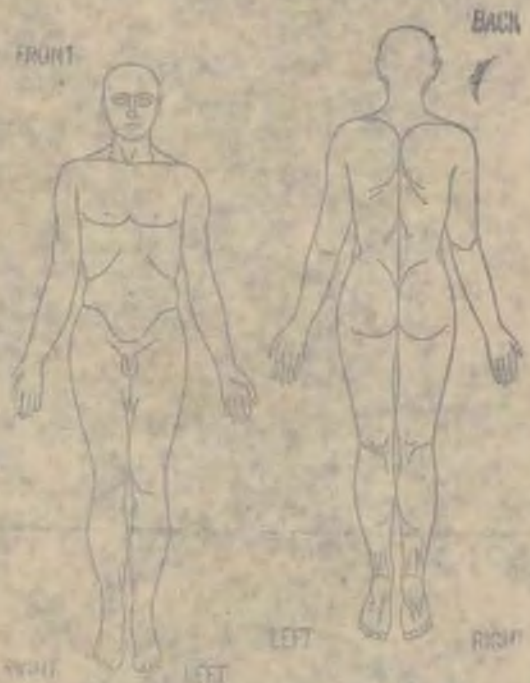
15. EXAMINING FACILITY OR EXAMINER AND ADDRESS	16. OTHER INFORMATION
AFEES, P.O. BOX 989, LITTLE ROCK, AR 72203	SEL SVC #

17. RATING OR SPECIALTY	TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNORMAL
	18. HEAD, FACE, NECK AND SCALP	
	19. NOSE	
	20. SINUSES	
	21. MOUTH AND THROAT	
	22. EARS—GENERAL (Incl. hearing test(s) (Audiometry results under items 70 and 71)	
	23. DRUMS (Perforation)	
	24. EYES—GENERAL (Visual acuity and refraction under items 18, 90 and 91)	
	25. OPHTHALMOSCOPIC	
	26. PUPILS (Equality and reaction)	
	27. OCULAR MOTILITY (Associated paralytic squint, nystagmus)	
	28. LUNGS AND CHEST (Include breasts)	
	29. HEART (Thrills, size, rhythm, sounds)	
	30. VASCULAR SYSTEM (Varicosities, etc.)	
	31. ABDOMEN AND VISCERA (Include hernia)	
	32. ANUS AND RECTUM (Hemorrhoids, fistulae, fissures, 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.)



(Continue in item 73)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)

Examples: Restorable teeth; Non-restorable teeth; Missing teeth; Replaced by dentures; Fixed Partial dentures

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Accept

LABORATORY FINDINGS — AFEES, P.O. BOX 989, LITTLE ROCK, AR

URISTIX

45. URINALYSIS: A. SPECIFIC GRAVITY
B. ALBUMIN
C. SUGAR
D. MICROSCOPIC

46. CHEST X-RAY (Place, date, film number and result) JUN 2 7 1974
FILM # 37 RESULTS

47. SEROLOGY (Specify test used and result)
RPR Non-reactive

48. EKG

49. BLOOD TYPE AND RH FACTOR
BT O POS

50. OTHER TESTS

74

CERTIFICATE OF DEATH (OVERSEAS)
NAVMED 5360/2 (1-72) (Formerly NAVMED N)

S/N 0105-204-5300

1. NAME OF DECEASED (Last, first, middle)	2. GRADE/RATE	3. BRANCH OF SERVICE	4. SOCIAL SECURITY NUMBER
MAXWELL James Rickey	Pvt	USMC	(b)(6)

5. ORGANIZATION	6. DATE OF BIRTH	7. SEX	8. RACE	9. AVIATION
Golf Co., 2ndBn, 9thMar 3rd Marine DivisionFMF	20 Feb 57	[X] MALE [ ] FEMALE		[ ] YES [X] NO

10. MARKS AND SCARS (Noted in Health Record)

11. NAME OF NEXT OF KIN OR FRIEND	12. RELATIONSHIP TO DECEASED
(b)(6)	Wife

13. ADDRESS OF NEXT OF KIN OR FRIEND (Number, Street or RFD, City or Town, State and ZIP Code)

Box 3, Center Ridge, Arizona 72027

MEDICAL STATEMENT

14. CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH. (This does not mean the mode of dying, e.g. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(a) Unknown: Remains not recovered	
	ANTECEDENT CAUSES. (Morbid conditions, if any giving rise to above cause (a), stating the underlying cause last.)	DUE TO (b) Unknown	Immediate
		DUE TO (c) Unknown	Unknown
	II. OTHER SIGNIFICANT CONDITIONS. (Conditions contributing to death but not related to the disease or condition causing death.)	Helicopter Accident	Immediate

15. MODE OF DEATH	16. AUTOPSY PERFORMED	17. MAJOR FINDINGS OF AUTOPSY	18. CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
[ ] NATURAL [X] ACCIDENT [ ] SUICIDE [ ] HOMICIDE	[ ] YES [X] NO	N/A	Helicopter burned and crashed at sea.

19. TIME OF DEATH (Month) (Day) (Year) (Hour)	20. PLACE OF DEATH
May 15, 1975, 1100	Vicinity of Koh Tang Island, Gulf of Thailand

I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.

21. SIGNATURE OF MEDICAL OFFICER	22. GRADE	23. DATE
(b)(6)	MC USN	22 May 1975

24. INSTALLATION OR ADDRESS
2nd Battalion, 9th Marines, Battalion Landing Team
3rd Marine Divison (-)(Rein) FMF

25. DISPOSITION OF REMAINS

Remains not recovered

26. REMARKS

Passenger in USAF Helicopter which crashed and burned in vicinity of Koh Tang Island, Gulf of Thailand, at 1100 hours on May 15, 1975 during MAYAGUEZ recovery operation. Search and Rescue efforts were negative for remains.

☆ US GPO 1973 - 714-866/4036

STANDARD FORM 93
JANUARY 1971
GSA FPMR 101-11.6

Approved
Office of Management and Budget No. 29-R0191

REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. SOCIAL SECURITY OR IDENTIFICATION NO.
[illegible], JAMES RICKEY	(b)(6)
3. HOME ADDRESS (No. street or RFD, city or town, State, and ZIP CODE)	**4. POSITION** (Title, grade, component)
P.O. BOX 3 CENTER POINT, AR 72027	
5. PURPOSE OF EXAMINATION	**6. DATE OF EXAMINATION**
Enl in USN	RM 27 JUL 74
7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code)	
OLD POST OFFICE BUILDING SECOND AND CHERRY STREETS LITTLE ROCK, ARKANSAS 72201	

8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complete exists)

NONE.

9. HAVE YOU EVER (Please check each item)

YES	NO	(Check each item)
	√	Lived with anyone who had tuberculosis
	√	Coughed up blood
	√	Bled excessively after injury or tooth extraction
	√	Attempted suicide
	√	Been a sleepwalker

10. DO YOU (Please check each item)

YES	NO	(Check each item)
	√	Wear glasses or contact lenses
√		Have vision in both eyes
	√	Wear a hearing aid
	√	Stutter or stammer habitually
	√	Wear a brace or back support

11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)

YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
	√		Scarlet fever, erysipelas		√		Cramps in your legs		√		"Trick" or locked knee
	√		Rheumatic fever		√		Frequent indigestion		√		Foot trouble
	√		Swollen or painful joints		√		Stomach, liver, or intestinal trouble		√		Neuritis
	√		Frequent or severe headache		√		Gall bladder trouble or gallstones		√		Paralysis (include infantile)
	√		Dizziness or fainting spells		√		Jaundice or hepatitis		√		Epilepsy or fits
	√		Eye trouble				Adverse reaction to serum, drug,		√		Car, train, sea or air sickness
	√		Ear, nose, or throat trouble		√		or medicine		√		Frequent trouble sleeping
	√		Hearing loss		√		Broken bones		√		Depression or excessive worry
	√		Chronic or frequent colds		√		Tumor, growth, cyst, cancer		√		Loss of memory or amnesia
	√		Severe tooth or gum trouble		√		Rupture/hernia		√		Nervous trouble of any sort
	√		Sinusitis		√		Piles or rectal disease		√		Periods of unconsciousness
	√		Hay Fever		√		Frequent or painful urination		√		
	√		Head injury		√		Bed wetting since age 12		√		
	√		Skin diseases		√		Kidney stone or blood in urine		√		
	√		Thyroid trouble		√		Sugar or albumin in urine		√		
	√		Tuberculosis		√		VD—Syphilis, gonorrhea, etc.		√		
	√		Asthma		√		Recent gain or loss of weight		√		
	√		Shortness of breath		√		Arthritis, Rheumatism, or Bursitis		√		
	√		Pain or pressure in chest		√		Bone, joint or other deformity		√		
	√		Chronic cough		√		Lameness		√		
	√		Palpitation or pounding heart		√		Loss of finger or toe	**12. FEMALES ONLY: HAVE YOU EVER**			
	√		Heart trouble		√		Painful or "trick" shoulder or elbow				Been treated for a female disorder
	√		High or low blood pressure		√		Recurrent back pain				Had a change in menstrual pattern
	√				√						
	√				√						

13. WHAT IS YOUR USUAL OCCUPATION?

Work loading Hay

14. ARE YOU (Check one)

☑ Right handed ☐ Left handed

93-101-01

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	✓	15. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.
	✓	B. Inability to perform certain motions.
	✓	C. Inability to assume certain positions.
	✓	D. Other medical reasons (If yes, give reasons.)
	✓	16. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details).
	✓	17. Have you ever been denied life insurance? (If yes, state reason and give details.)
	✓	18. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)
	✓	19. Have you ever been a patient in any type of hospitals? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)
	✓	20. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)
	✓	21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)
	✓	22. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.)
	✓	23. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.)
	✓	24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge.
I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

TYPED OR PRINTED NAME OF EXAMINEE	SIGNATURE
(b)(6)	

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

25. Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

8 24 Renal WNL ad

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS
(b)(6) GOR MC	6/5/2012	(b)(6)	

REVERSE OF STANDARD FORM 93

U.S. GOVERNMENT PRINTING OFFICE: 1971—O—424-008

(b)(6)

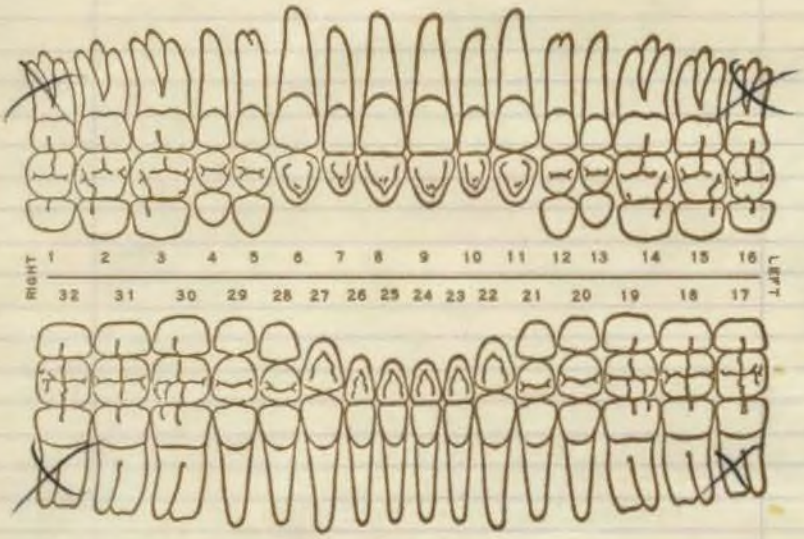
Standard Form 603
Rev. November 1953
Bureau of the Budget
Circular A–32 (Rev.)

HEALTH RECORD — DENTAL

SECTION I. DENTAL EXAMINATION

1. PURPOSE OF EXAMINATION						2. TYPE OF EXAM.					3. DENTAL CLASSIFICATION					
X	INITIAL		SEPARATION		OTHER (Specify)		1	X	2	3	4		1	X	2	3	4	5

4. MISSING TEETH AND EXISTING RESTORATIONS

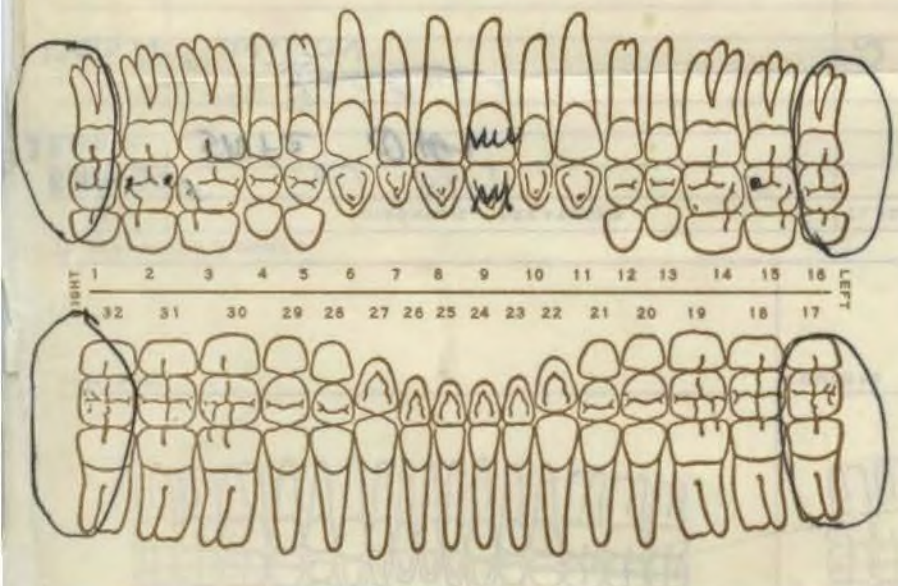


No Rpt.

PLACE OF EXAMINATION	DATE
SAME AS BELOW	5 NOV 1974

(b)(6)

5. DISEASES, ABNORMALITIES, AND X-RAYS



A. CALCULUS — SLIGHT | MODERATE | HEAVY

B. PERIODONTOCLASIA — LOCAL | GENERAL; INCIPIENT | MODERATE | SL

C. STOMATITIS (Specify)

GINGIVITIS | VINCENT'S

D. DENTURES NEEDED
(Include dentures needed after Indicated extractions

FULL			
U	L		L

ABNORMALITIES OF OCCLUSION – REMARKS

E. INDICATE X-RAYS USED IN THIS EXAMINATION

	FULL MOUTH PERIAPICAL 5 NOV 1974	X	POSTERIOR BITE-WINGS		OTHER PANOREX

DATE	PLACE OF EXAMINATION
	MCRD, SAN DIEGO, CALIFORNIA 92140

(b)(6)

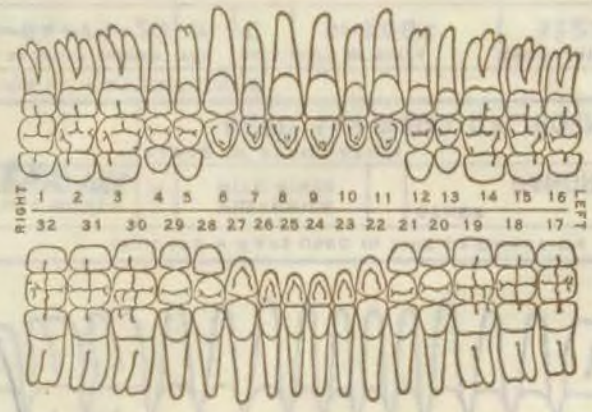
SECTION II. PATIENT DATA

SOCIAL SECURITY NUMBER	SEX	RACE	DATE OF BIRTH	ORGANIZATION OR UNIT
(b)(6)	M	C	561009	3122

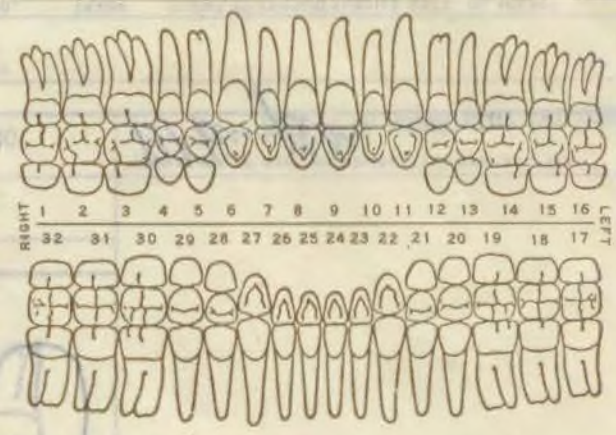
NAME	SERVICE NO.	RANK	COMP. OR BRANCH	SERVICE DEPT. OR AGENCY
JACQUES, JAMES J.		PVT	USMC	DEPT. OF DEFENSE

SECTION III. ATTENDANCE RECORD

15. RESTORATIONS AND TREATMENTS (Completed during service)



16. SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS

REMARKS

17. SERVICES RENDERED

DATE	DIAGNOSIS – TREATMENT	CLASS	OPERATOR AND DENTAL FACILITY	INITIALS
5 NOV 1974	Cav Off		(b)(6)	
12 NOV	SNF2 Oint			
	~~Fac Que~~			
12 NOV 74	Cavitron	2		

PATIENT'S LAST NAME - FIRST NAME - MIDDLE NAME

Standard Form 88
Revised April 1968
General Services Administration
Interagency Committee on Medical Records
FPMR (41 CFR) 101-11.906-1

REPORT OF MEDICAL EXAMINATION

AR-117-04

1. LAST NAME - FIRST NAME - MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
[illegible]	CIV	
4. HOME ADDRESS (Number and street or R.F.D., city or town, State and ZIP Code)	5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
179 W Cedar [illegible]		26 Jul 64

7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE: MILITARY	CIVILIAN	10. AGENCY	11. ORGANIZATION UNIT
M					

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN
9 Oct 44	Kahuta, Utah	[illegible]

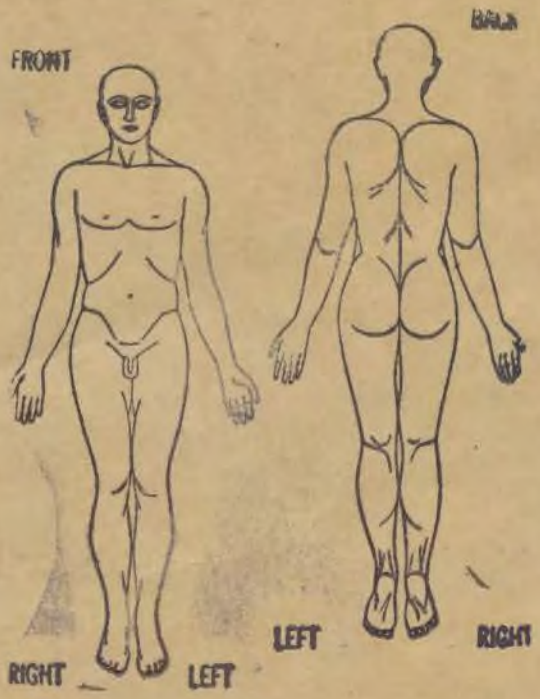
15. EXAMINING FACILITY OR EXAMINER AND ADDRESS	16. OTHER INFORMATION
AFEES, DENVER, COLO.	
17. RATING OR SPECIALTY	TIME IN THIS CAPACITY (Type) / LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	(Check each item as appropriate and enter "NE" if not evaluated)	ABNORMAL
	18. HEAD, FACE, NECK, AND SCALP	
	19. NOSE	
	20. SINUSES	
	21. MOUTH AND THROAT	
	22. EARS - GENERAL (Do not include hearing)	
	23. DRUMS (Perforation)	
	24. EYES - GENERAL (Pupils, muscle balance, lids, conjunctiva, cornea, sclera, iris, and lens)	
	25. OPHTHALMOSCOPIC	
	26. PUPILS (Equality and reaction)	
	27. OCULAR MOTILITY (Examination of ocular motor nerves, eye movements)	
	28. LUNGS AND CHEST (Including breasts)	
	29. HEART (Thrill, size, rhythm, sounds)	
	30. VASCULAR SYSTEM (Varicosities, etc.)	
	31. ABDOMEN AND VISCERA (Including hernia)	
	32. ANUS AND RECTUM (Hemorrhoids, fistula, fissure, prostate)	
	33. ENDOCRINE SYSTEM	
	34. G.U. SYSTEM	
	35. UPPER EXTREMITIES (Including strength, range of motion)	
	36. FEET	
	37. LOWER EXTREMITIES (Except feet) (Including strength, range of motion)	
	38. SPINE, OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
	40. SKIN, LYMPHATICS	
	41. NEUROLOGIC (Explain any items under item 42)	
	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Female only) (Pap smear done) ☐ VAGINAL ☐ RECTAL	

38

NOTES (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)



(Continue in item 73)

44. DENTAL (Place appropriate symbols, shown in examples above, in below number of upper and lower teeth.)

Missing teeth — Restorations inlay — Crown — Bridge abutment — Removable appliances — Fixed Partial dentures

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

[illegible]

MULTI-STIX

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY

B. ALBUMIN [illegible]

C. SUGAR [illegible]

D. MICROSCOPIC

46. CHEST X-RAY (Place, date, film number and result)
AFEES, DENVER, COLO. 70mm
DATED AS ABOVE RESULTS: [illegible]

47. SEROLOGY (Specify test used and result)
RPR [illegible]

48. EKG

49. BLOOD TYPE AND RH FACTOR
BT B POS

50. OTHER TESTS

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD	56. TEMPERATURE
66 1/4	138	BR	BR	☐ SLENDER ☒ MEDIUM ☐ HEAVY ☐ OBESE	

57. BLOOD PRESSURE (Arm at heart level) — 58. PULSE (Arm at heart level)

A. SITTING SYS.	A. SITTING DIAS.	B. RECUMBENT SYS.	B. RECUMBENT DIAS.	C. STANDING (3 min.) SYS.	C. STANDING (3 min.) DIAS.	A. SITTING	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.
132	80					76	104	74		

59. DISTANT VISION		60. REFRACTION			61. NEAR VISION	
RIGHT 20/ 20	CORR. TO 20/	BY	S	CX	J1 CORR. TO	BY
LEFT 20/ 20	CORR. TO 20/	BY	S	CX	J1 CORR. TO	BY

62. HETEROPHORIA (Specify distance)

ES* EX* R. H. L. H. PRISM DIV. PRISM CONV. CT FALANTE / PC RUN(S) / PD 0 ERRORS

63. ACCOMMODATION RIGHT	LEFT	64. COLOR VISION (Test used and result) PIP MISSED 6/14	65. DEPTH PERCEPTION (Test used and score)	UNCORRECTED / CORRECTED
66. FIELD OF VISION		67. NIGHT VISION (Test used and score)	68. RED LENS TEST	69. INTRAOCULAR TENSION

70. HEARING

RIGHT WV /15 SV /15

LEFT WV /15 SV /15

71. ANSI-1969 AUDIOMETER

	250 Hz	500 Hz	1000 1KC	2000 2KC	3000 3KC	4000 4KC	6000 6KC	8000 8KC
RIGHT	15	15	10	5	5	10	20	15
LEFT	15	15	10	10	10	5	20	15

72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)

31 OCT 1974

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

NO DISQUALIFYING DEFECTS OR COMMUNICABLE DISEASES WERE NOTED THIS DATE 31 OCT 1974

(b)(6)

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnosis with item numbers)

75. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

76. A. PHYSICAL PROFILE

P	U	L	H	E	S
1	1	1	1	1	1

77. EXAMINEE (Check)

A. ☐ IS QUALIFIED FOR (X) ENLISTMENT ( ) APPOINTMENT

B. ☐ IS NOT QUALIFIED FOR

B. PHYSICAL CATEGORY 2

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

A	B	C	E
✓			

79. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
80. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)	SIGNATURE
82. TYPED OR PRINTED NAME OF (b)(6)	SIGNATURE (b)(6)

NUMBER OF ATTACHED SHEETS

GOVERNMENT PRINTING OFFICE: 1974 625-145

CERTIFICATE OF DEATH (OVERSEAS)
NAVMED 5360/2 (1-72) (Formerly NAVMED N)

S/N 0105-204-5300

1. NAME OF DECEASED (Last, first, middle)	2. GRADE/RATE	3. BRANCH OF SERVICE	4. SOCIAL SECURITY NUMBER
JACQUES James Joseph	Pfc	USMC	(b)(6)

5. ORGANIZATION	6. DATE OF BIRTH	7. SEX	8. RACE	9. AVIATION
Golf Co., 2ndBn, 9thMar 3rd Marine Division FMF	9 Oct 56	[X] MALE [ ] FEMALE	Cauc	[ ] YES [X] NO

10. MARKS AND SCARS (Noted in Health Record)

11. NAME OF NEXT OF KIN OR FRIEND
(b)(6)

12. RELATIONSHIP TO DECEASED
Father

13. ADDRESS OF NEXT OF KIN OR FRIEND (Number, Street or RFD, City or Town, State and ZIP Code)
179 W. Cedar, Denver, Colorado 80203

MEDICAL STATEMENT

14. CAUSE OF DEATH

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH. (This does not mean the mode of dying, e.g. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(a) Unknown: Remains not recovered	
ANTECEDENT CAUSES. (Morbid conditions, if any giving rise to above cause (a), stating the underlying cause last.)	DUE TO (b) Unknown	Immediate
	DUE TO (c) Unknown	Unknown
II. OTHER SIGNIFICANT CONDITIONS. (Conditions contributing to death but not related to the disease or condition causing death.)	Helicopter Accident	Immediate

15. MODE OF DEATH	16. AUTOPSY PERFORMED	17. MAJOR FINDINGS OF AUTOPSY	18. CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
[ ] NATURAL [X] ACCIDENT [ ] SUICIDE [ ] HOMICIDE	[ ] YES [X] NO	N/A	Helicopter burned and crashed at sea.

19. TIME OF DEATH (Month) (Day) (Year) (Hour)	20. PLACE OF DEATH
May 15, 1975, 1100	Vicinity of Koh Tang Island, Gulf of Thailand

I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.

21. SIGNATURE OF MEDICAL OFFICER	22. GRADE	23. DATE
(b)(6)	LT MC USN	22 May 1975

24. INSTALLATION OR ADDRESS
2nd Battalion, 9th Marines, Battalion Landing Team
3rd Marine Division (-)(Rein)FMF

25. DISPOSITION OF REMAINS
Remains not recovered

26. REMARKS
Passenger in USAF Helicopter which crashed and burned in vicinity of Koh Tang Island, Gulf of Thailand, at 1100 hours on May 15, 1975 during MAYAGUEZ recovery operation. Search and Rescue efforts were negative for remains.

☆ US GPO 1973 - 714-866/4036

STANDARD FORM 93
JANUARY 1971
GSA FPMR 101-11.8

Approved
Office of Management and Budget No. 29-R0191

REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. SOCIAL SECURITY OR IDENTIFICATION NO.
Jones Joseph	(b)(6)
3. HOME ADDRESS (No. street or RFD, city or town, State, and ZIP CODE)	4. [illegible] (Title, grade, component)
[illegible]	O1B

5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION	7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code)
~~[illegible]~~ USPHS	26 Oct 71	26 Oct 71

8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

After 3rd Primakaine [illegible] 10 mg [illegible]

9. HAVE YOU EVER (Please check each item)

YES	NO	(Check each item)
	X	Lived with anyone who had tuberculosis
	X	Coughed up blood
	X	Bled excessively after injury or tooth extraction
	X	Attempted suicide
	X	Been a sleepwalker

10. DO YOU (Please check each item)

YES	NO	(Check each item)
	X	Wear glasses or contact lenses
X		Have vision in both eyes
	X	Wear a hearing aid
	X	Stutter or stammer habitually
	X	Wear a brace or back support

11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)

YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
	X		Scarlet fever, erysipelas		X		Cramps in your legs		X		"Trick" or locked knee
	X		Rheumatic fever		X		Frequent indigestion		X		Foot trouble
	X		Swollen or painful joints		X		Stomach, liver, or intestinal trouble		X		Neuritis
	X		Frequent or severe headache		X		Gall bladder trouble or gallstones		X		Paralysis (include infantile)
	X		Dizziness or fainting spells		X		Jaundice or hepatitis		X		Epilepsy or fits
	X		Eye trouble		X		Adverse reaction to serum, drug, or medicine		X		Car, train, sea or air sickness
	X		Ear, nose, or throat trouble		X				X		Frequent trouble sleeping
	X		Hearing loss		X		Broken bones		X		Depression or excessive worry
	X		Chronic or frequent colds		X		Tumor, growth, cyst, cancer		X		Loss of memory or amnesia
	X		Severe tooth or gum trouble		X		Rupture/hernia		X		Nervous trouble of any sort
	X		Sinusitis		X		Piles or rectal disease		X		Periods of unconsciousness
	X		Hay Fever		X		Frequent or painful urination		X		
	X		Head injury		X		Bed wetting since age 12		X		
	X		Skin diseases		X		Kidney stone or blood in urine		X		
	X		Thyroid trouble		X		Sugar or albumin in urine		X		
	X		Tuberculosis		X		VD—Syphilis, gonorrhea, etc.		X		
	X		Asthma		X		Recent gain or loss of weight		X		
	X		Shortness of breath		X		Arthritis, Rheumatism, or Bursitis		X		
	X		Pain or pressure in chest		X		Bone, joint or other deformity		X		
	X		Chronic cough		X		Lameness				
	X		Palpitation or pounding heart		X		Loss of finger or toe	12. FEMALES ONLY: HAVE YOU EVER			
	X		Heart trouble		X		Painful or "trick" shoulder or elbow				Been treated for a female disorder
	X		High or low blood pressure		X		Recurrent back pain				Had a change in menstrual pattern

13. WHAT IS YOUR USUAL OCCUPATION?

14. ARE YOU (Check one)

[X] Right handed [ ] Left handed

93-101-01

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
		15. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.
		B. Inability to perform certain motions.
		C. Inability to assume certain positions.
		D. Other medical reasons (*If yes, give reasons.*)
		16. Have you ever been treated for a mental condition? (*If yes, specify when, where, and give details.*)
		17. Have you ever been denied life insurance? (*If yes, state reason and give details.*)
		18. Have you had, or have you been advised to have, any operations? (*If yes, describe and give age at which occurred.*)
		19. Have you ever been a patient in any type of hospitals? (*If yes, specify when, where, why, and name of doctor and complete address of hospital.*)
		20. Have you ever had any illness or injury other than those already noted? (*If yes, specify when, where, and give details.*)
		21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (*If yes, give complete address of doctor, hospital, clinic, and details.*)
		22. Have you ever been rejected for military service because of physical, mental, or other reasons? (*If yes, give date and reason for rejection.*)
		23. Have you ever been discharged from military service because of physical, mental, or other reasons? (*If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.*)
		24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (*If yes, specify what kind, granted by whom, and what amount, when, why.*)

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge.
I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

TYPED OR PRINTED NAME OF EXAMINEE	SIGNATURE
[illegible]	

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."
25. Physician's summary and elaboration of all pertinent data (*Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.*)

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS
(b)(6)	26 OCT 1976	(b)(6)	

REVERSE OF STANDARD FORM 93

☆ U.S. GOVERNMENT PRINTING OFFICE: 1971—O—421-038

(b)(6)

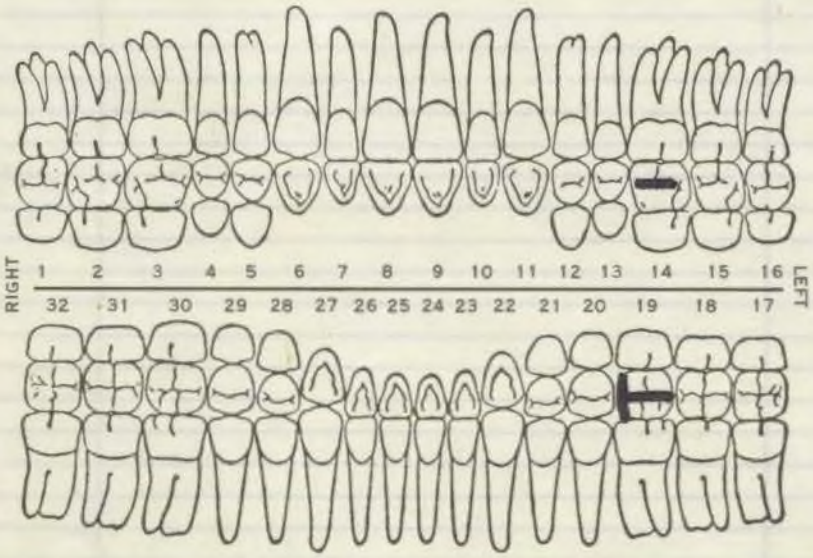
Standard Form 603
Rev. November 1953
Bureau of the Budget
Circular A – 32 (Rev.)

HEALTH RECORD — DENTAL

SECTION I. DENTAL EXAMINATION

1. PURPOSE OF EXAMINATION								2. TYPE OF EXAM.					3. DENTAL CLASSIFICATION								
X	INITIAL		SEPARATION		OTHER (Specify)				1	X	2	3	4		1	X	2	3	4		5

4. MISSING TEETH AND EXISTING RESTORATIONS



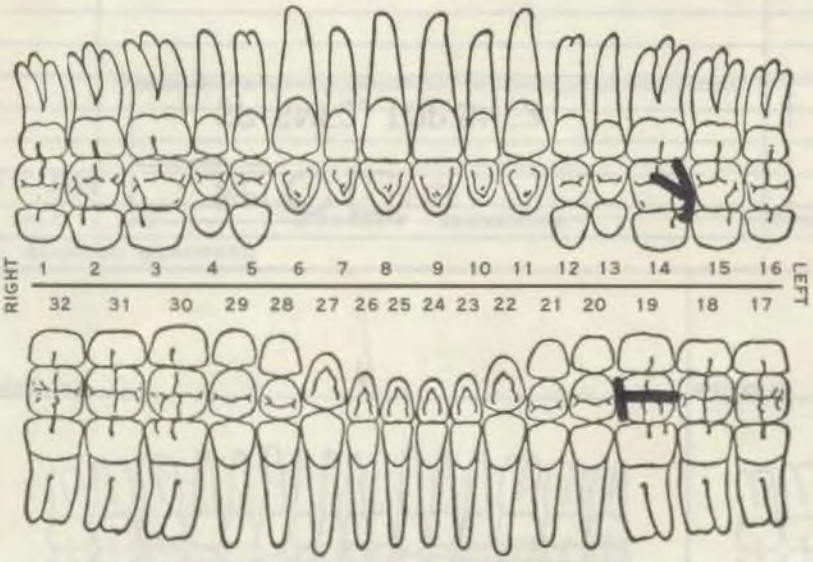
REMARKS

PLACE OF EXAMINATION: SAME AS BELOW

DATE: OCT 22 1974

SIGNATURE OF DENTIST COMPLETING THIS SECTION

5. DISEASES, ABNORMALITIES, AND X-RAYS



A. CALCULUS

	SLIGHT		MODERATE		HEAVY

B. PERIODONTOCLASIA

	LOCAL		GENERAL
	INCIPIENT	MODERATE	SEVERE

C. STOMATITIS (Specify)

	GINGIVITIS		VINCENT'S

D. DENTURES NEEDED
(Include dentures needed after Indicated extractions)

FULL		PARTIAL	
U	L	U	L

ABNORMALITIES OF OCCLUSION - REMARKS

E. INDICATE X-RAYS USED IN THIS EXAMINATION

	FULL MOUTH PERIAPICAL	X	POSTERIOR BITE-WINGS		OTHER (Specify)

DATE: OCT 22 1974

PLACE OF EXAMINATION: MCRD, PARRIS ISLAND, S. C. 29905

(b)(6)

SECTION II. PATIENT DATA

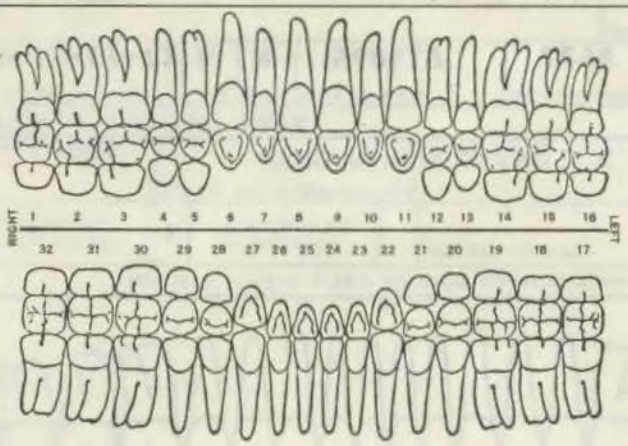
SOCIAL SECURITY NUMBER	SEX	RACE	DATE OF BIRTH	ORGANIZATION OR UNIT
(b)(6)	M	N	560417	2298

NAME	SERVICE NO.	RANK	COMP. OR BRANCH	SERVICE DEPT. OR AGENCY
BOYD, WALTER.		PVT	USMC	DEPT. OF DEFENSE

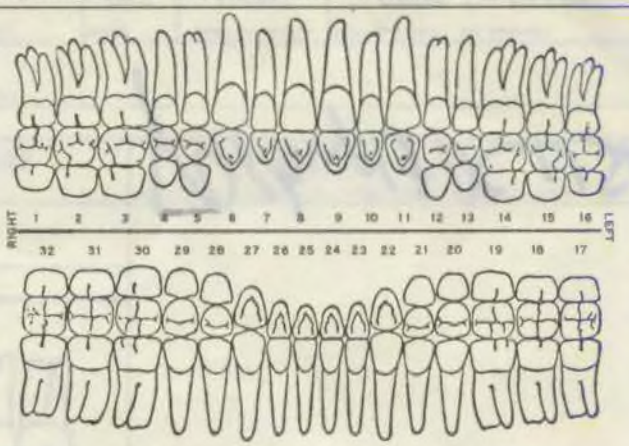
DENTAL
Standard Form 603
603 – 102 – 01

SECTION III. ATTENDANCE RECORD

15. RESTORATIONS AND TREATMENTS (Completed during service)



16. SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS

REMARKS

17. SERVICES RENDERED

DATE	DIAGNOSIS - TREATMENT	CLASS	OPERATOR AND DENTAL FACILITY	INITIALS
OCT 22 1974	NPI ○ □ ,PCI		MCRD, PISC	
	SP-SNF2, TOP-SNF2		MCRD, PISC	

PATIENT'S LAST NAME - FIRST NAME - MIDDLE NAME

Standard Form 88
Revised April 1965
General Services Administration
Federal Property Management Regulations
FPMR 101-11.601.3

REPORT OF MEDICAL EXAMINATION

1. LAST NAME - FIRST NAME - MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
BOYD, Marion	Applicant	(b)(6)
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code)	5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
459 Chapel St Norfolk, Va 23504	Enlistment	12 Sept 74

7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE	10. AGENCY	11. ORGANIZATION UNIT
F	Negro	MILITARY NONE CIVILIAN NONE		

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
17 Apr 56 (18)	Portsmouth, Va	Marion BOYD (Mother) 459 Chapel St. Norfolk, Va 23504

15. EXAMINING FACILITY OR EXAMINER AND ADDRESS	16. OTHER INFORMATION
AFEES Richmond VA. 23206	

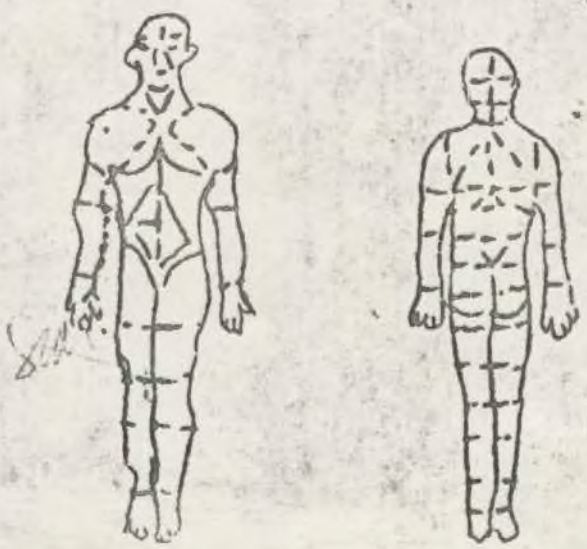
17. RATING OR SPECIALTY	TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNORMAL
	18. HEAD, FACE, NECK AND SCALP	
	19. NOSE	
	20. SINUSES	
	21. MOUTH AND THROAT	
	22. EARS - GENERAL (Do not include hearing unless done under items 70 and 71)	
	23. DRUMS (Perforation)	
	24. EYES - GENERAL (Except vision and refraction, under items 25 and 27)	
	25. OPHTHALMOSCOPIC	
	26. PUPILS (Equality and reaction)	
	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
	28. LUNGS AND CHEST (Include breasts)	
	29. HEART (Thyroid, size, rhythm, sounds)	
	30. VASCULAR SYSTEM (Varicosities, etc.)	
	31. ABDOMEN AND VISCERA (Include hernia)	
	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, see item 36)	
	38. SPINE, OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
	40. SKIN, LYMPHATICS	
	41. NEUROLOGIC (Equilibrium tests under item 73)	
	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.)

847



(Continue in item 73)

44. DENTAL (Place appropriate symbols shown in examples, above or below number of upper and lower teeth)

Restorable teeth — Non-restorable teeth — Missing teeth — Replaced by dentures — Fixed-Partial dentures

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
RIGHT																	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Class 1

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY Not Done

B. ALBUMIN Not Done MICROSCOPIC Not Done

C. SUGAR

47. [illegible] 48. EKG 49. BLOOD TYPE AND RH FACTOR O+

46. CHEST X-RAY (Place, date, film number and result) 9 Oct 74 AFEES Richmond, Va. Negative SEP 82

OTHER TESTS Film

HPR Not Done Not Done

Date Date

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD	56. TEMPERATURE
70	190	Black	Black	☐ SLENDER ☐ MEDIUM ☐ HEAVY ☐ OBESE	

57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)				
A SITTING	SYS. 139 DIAS. 72	B RECUMBENT	SYS.	C STANDING (3 min.)	ST.	A SITTING 58	B AFTER EXERCISE	C 1 MIN AFTER	D. RECUMBENT	E AFTER STANDING 3 MIN.
			DIAS.		DIAS.					

59. DISTANT VISION		60. REFRACTION		61. NEAR VISION	
RIGHT 20/ 20	CORR. TO 20/	BY S.	CX	J 1 CORR. TO	BY
LEFT 20/ 20	CORR. TO 20/	BY S.	CX	J 1 CORR. TO	BY

62. HETEROPHORIA (Specify distance)

ES°	EX°	R. H.	L. H.	PRISM DIV.	PRISM CONV. CT	PC	PD

63. ACCOMMODATION		64. COLOR VISION (Test used and result)	65. DEPTH PERCEPTION (Test used and score)	UNCORRECTED
RIGHT	LEFT	P.I.P. Plates 0/14 Pass		CORRECTED
66. FIELD OF VISION		67. NIGHT VISION (Test used and score)	68. RED LENS TEST	69. INTRAOCULAR TENSION

70. HEARING			71. AUDIOMETER							72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)
RIGHT WV	/15 SV	/15		250 Hz	500 1kHz	1000 2kHz	2000 4kHz	3000 6kHz	4000 8kHz	6000 8kHz	8000 8kHz	
LEFT WV	/15 SV	/15	RIGHT		25 15 15			5				
			LEFT		45 20 5			5				

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

"NO DISQUALIFING DEFECTS OR COMMUNICABLE DISEASES WERE NOTED THIS EXAM & PQ"

(b)(6)

FARNSWORTH TEST
DATE 28 SEP 2004 PASS / FAIL

71 DEFECTIVE HEARING

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

76 A. PHYSICAL PROFILE

P	U	L	H	E	S
1	1	1	2	1	1

PHYSICAL CATEGORY: 1

A	B	C	F
	X		

77. EXAMINEE (Check)

A ☐ IS QUALIFIED FOR
B ☐ IS NOT QUALIFIED FOR

78. IF NOT QUALIFIED LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN (b)(6) SIGNATURE (b)(6)

80. TYPED OR PRINTED NAME OF PHYSICIAN SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which) SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY (b)(6) SIGNATURE (b)(6) NUMBER OF ATTACHED SHEETS

STANDARD FORM 93
JANUARY 1971
GSA FPMR 101-11.8

Approved
Office of Management and Budget No. 25-R0191

REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. SOCIAL SECURITY OR IDENTIFICATION NO.
[redacted]	(b)(6)
3. HOME ADDRESS (No., street or RFD, city or town, State, and ZIP CODE)	**4. POSITION** (Title, grade, component)
459 Chapel St. Norfolk, Va 23504	Applicant (USCG)
5. PURPOSE OF EXAMINATION	**6. DATE OF EXAMINATION**
Enlistment	1 Sept. 14
7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code)	
AFEES Richmond, Va 23206	

8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

Good.
no medications

9. HAVE YOU EVER (Please check each item)

YES	NO	(Check each item)
	✓	Lived with anyone who had tuberculosis
	✓	Coughed up blood
	✓	Bled excessively after injury or tooth extraction
	✓	Attempted suicide
	✓	Been a sleep-walker

10. DO YOU (Please check each item)

YES	NO	(Check each item)
	✓	Wear glasses or contact lenses
✓		Have vision in both eyes
	✓	Wear a hearing aid
	✓	Stutter or stammer habitually
	✓	Wear a brace or back support

11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)

YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
✓			Scarlet fever, erysipelas		✓		Cramps in your legs		✓		"Trick" or locked knee
	✓		Rheumatic fever		✓		Frequent indigestion		✓		Foot trouble
	✓		Swollen or painful joints		✓		Stomach, liver, or intestinal trouble		✓		Neuritis
	✓		Frequent or severe headache		✓		Gall bladder trouble or gallstones		✓		Paralysis (include infantile)
	✓		Dizziness or fainting spells		✓		Jaundice or hepatitis		✓		Epilepsy or fits
	✓		Eye trouble		✓		Adverse reaction to serum, drug or medicine		✓		Car, train, sea or air sickness
	✓		Ear, nose, or throat trouble								Frequent trouble sleeping
	✓		Hearing loss		✓		Broken bones		✓		Depression or excessive worry
	✓		Chronic or frequent colds		✓		Tumor, growth, cyst, cancer		✓		Loss of memory or amnesia
	✓		Severe tooth or gum trouble		✓		Ruptures				Nervous trouble of any sort
	✓		Sinusitis		✓		Piles or rectal disease				Periods of unconsciousness
	✓		Hay Fever		✓		Frequent or painful urination				
	✓		Head injury		✓		Bed wetting since age 12				
	✓		Skin diseases		✓		Kidney stone or blood in urine				
	✓		Thyroid trouble		✓		Sugar or albumin in urine				
	✓		Tuberculosis		✓		VD—Syphilis, gonorrhea, etc.				
	✓		Asthma		✓		Recent gain or loss of weight				
	✓		Shortness of breath		✓		Arthritis, Rheumatism, or Bursitis				
	✓		Pain or pressure in chest		✓		Bone, joint or other deformity				
	✓		Chronic cough		✓		Lameness				
	✓		Palpitation or pounding heart		✓		Loss of finger or toe				
	✓		Heart trouble		✓		Painful or "trick" shoulder or elbow				
	✓		High or low blood pressure		✓		Recurrent back pain				

12. FEMALES ONLY: HAVE YOU EVER

Ever treated for a female disorder
Had a change in menstrual pattern

13. WHAT IS YOUR USUAL OCCUPATION?

N/A

14. ARE YOU (Check one)

☑ Right handed ☐ Left handed

93-101-01

YES	NO	CHECK EACH ITEM WITH YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	No	15. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.
	No	B. Inability to perform certain motions.
	No	C. Inability to assume certain positions.
	No	D. Other medical reasons (If yes, give reasons.)
	No	16. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details).
	No	17. Have you ever been denied life insurance? (If yes, state reason and give details.)
	No	18. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)
	No	19. Have you ever been a patient in any type of hospitals? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)
	No	20. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)
	No	21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)
	No	22. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.)
	No	23. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.)
	No	24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge.
I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

TYPED OR PRINTED NAME OF EXAMINEE: (b)(6)

SIGNATURE: (b)(6)

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

25. Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

Result for Chest X-ray

(b)(6)

TYPED OR PRINTED NAME OF EXAMINER

DATE

SIGNATURE

(b)(6)

NUMBER OF ATTACHED SHEETS

REVERSE OF STANDARD FORM 93

Standard Form 88
Revised April 1968
General Services Administration
Interagency Comm. on Medical Records
FPMR 101-11.809-3

REPORT OF MEDICAL EXAMINATION

88-117

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
BLESSING Lynn	Cpt	(b)(6)

4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code)	5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
8 Garden Court Apt 6 Lancaster, Pa. 17602	MC	07 AUG 197

7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE		10. AGENCY	11. ORGANIZATION UNIT
		MILITARY	CIVILIAN		
Male	Cauc				

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
16 Jan 1957	Lancaster, Pa.	(b)(6) SAME AS BLOCK #1

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
AFEES, WILKES-BARRE, PA.	393-0318 (717)

17. RATING OR SPECIALTY	TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNORMAL
✓	18. HEAD, FACE, NECK AND SCALP	
✓	19. NOSE	
✓	20. SINUSES	
✓	21. MOUTH AND THROAT	
✓	22. EARS—GENERAL (Ext. & ext. canals) (Auditory acuity under items 70 and 71)	
✓	23. DRUMS (Perforation)	
✓	24. EYES—GENERAL (Visual acuity and refraction under items 58, 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 (Varicosities, etc.)	
✓	31. ABDOMEN AND VISCERA (Include hernia)	
✓	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.)

39. SCAR right elbow & right wrist, TATTOO on right shoulder

(Continue in item 73)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)

0 1 2 3 Restorable teeth (1/32, 31/30) — 0

/ 1 2 3 Non restorable teeth (1/32, 31/30) — /

x 1 2 3 Missing teeth (1/32, 31/30) — x

x x x Replaced by dentures (1/32, 31/30) — x

(x) Fixed Partial dentures (1/32, 31/30) — (x)

RIGHT																	LEFT
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES: Acceptable

LABSTIX

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY		46. CHEST X-RAY (Place, date, film number and result)
B. ALBUMIN: Neg.	D. MICROSCOPIC	AFEES, WILKES-BARRE, PENNSYLVANIA 70 mm PIR [illegible] DATE 07 AUG 197
C. SUGAR: Neg.		

47. SEROLOGY (Specify test used and result)	48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
R PR TEST NR		A+	

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD	56. TEMPERATURE
68	139	BROWN	Blue	☐ SLENDER ☒ MEDIUM ☐ HEAVY ☐ OBESE	

57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)				
A. SITTING	SYS. 122 DIAS. 80	B. RECUMBENT	SYS. DIAS.	C. STANDING (3 min.)	SYS. DIAS.	A. SITTING 74	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.

59. DISTANT VISION	60. REFRACTION	61. NEAR VISION
RIGHT 20/ 20 CORR. TO 20/	BY S. CX	) — CORR. TO BY
LEFT 20/ 20 CORR. TO 20/	BY S. CX	) — CORR. TO BY

62. HETEROPHORIA (Specify distance)

ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. CT PC PD

63. ACCOMMODATION		64. COLOR VISION (Test used and result)	65. DEPTH PERCEPTION (Test used and score)	UNCORRECTED
RIGHT	LEFT	P/P PASS 14/14 Ishihara PASS		CORRECTED
66. FIELD OF VISION		67. NIGHT VISION (Test used and score)	68. RED LENS TEST	69. INTRAOCULAR TENSION

70. HEARING

RIGHT WV /15 SV /15

LEFT WV /15 SV /15

71. AUDIOMETER ANSI 1969

	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192
RIGHT	X	15	5	5	X	15		
LEFT	X	25	5	0	X	15		

72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

76. A. PHYSICAL PROFILE

P	U	L	H	E	S
1	1	1	1	1	1

77. EXAMINEE (Check)

A. ☑ IS QUALIFIED FOR

B. ☐ IS NOT QUALIFIED FOR ENLISTMENT

X B. PHYSICAL CATEGORY

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

A	B	C	E
✓			

79. TYPED OR PRINTED NAME OF PHYSICIAN — SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN — SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which) — SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY (b)(6) (b)(6) NUMBER OF ATTACHED SHEETS

GOVERNMENT PRINTING OFFICE : 1970 O—388-259

RECORD DATA
(DECEASED AND MISSING PERSONNEL)

CHECK ONE: ☐ DEAD ☐ MISSING

DATE: 10 Aug 90

STATUS

LAST NAME - FIRST NAME - MIDDLE INITIAL	GRADE	SERVICE NUMBER
BLESSING, Lynn NMI	PFC/E2	UNK

ORGANIZATION: CO G 2DBN 9THMAR 3DMARDIV

FORMER SERVICE NUMBERS

SSN: (b)(6)

DATE OF DEATH - MISSING STATUS	CAUSE OF DEATH	PLACE OF DEATH - OR LAST SEEN IF MISSING
15 May 75		Cambodia
DATE OF BIRTH: 16 Jan 57		UTM GC. 965 400

PHYSICAL CHARACTERISTICS

RACE	CREED	HEIGHT	WEIGHT
Caucasian. ~~Caucasoid~~	No Preference	68"	139 lbs

COLOR EYES	COLOR HAIR	SHOE SIZE	BLOOD TYPE
Blue	Brown	—	A Pos

FRACTURES AND/OR BREAKS: None listed

TATTOOS AND SCARS: Scar rt elbow; rt wrist; ant. rt thigh
Tattoo on rt shoulder

RECORD INCLOSURES

DENTAL DATA ☐ NONE OF RECORD ☐ INCLOSED *(Itemize by Form Number and Date of Record)*

None avail

CASUALTY DATA ☐ CASUALTY REPORT ☐ STATEMENTS OF WITNESSES ☐ MISSING PERSONS SUPPLEMENTARY REPORT *(AF Form 484)* ☐ OTHER *(Specify)*

DD Form 1300 dtd 22 May 75

ADDITIONAL DATA

Service: U.S. Marine Corp
DOD: 15 May 75
Tmpno: 2003-0-3/12
Accno: None assigned
SF 88: (1) dtd 7 Aug 74
SF ~~88~~ 93 (1) dtd 7 Aug 74
Photo: No

DD FORM 1 FEB 88 898 REPLACES OQMG FORM 371, 24 JAN 51, WHICH IS OBSOLETE.

REFNO: 2003-0-[redacted]12
ACCNO: None Assigned

INFORMATION CONCERNING PLANE CRASH

TYPE OF AIRCRAFT: CH-53A
TAIL NUMBER: 925
DATE OF CRASH: 15 MAY 75
MISSION CODE NAME/NUMBER: RESCUE
CALL SIGN: KNIFE 31 [redacted]
GRID COORD: UTM GC. TS [redacted]965 400
COUNTRY: CAMBODIA
PROVINCE: Koh Tang Island
NUMBER ABOARD: [redacted] 26
NUMBER DEAD (BNR): [redacted] 13
NUMBER RESOLVED: [redacted] 13

POSITION ON AIRCRAFT	NAME/RANK	SN/SSN	UNIT
CO-PILOT	LTJG, USAF VANDEGEER, RICHARD	SN: None Listed SSN: (b)(6)	21 SP OP SQ
Medic	HM1, USN GAUSE, Bernard Hank JR.	SN: 1330005(illegible) SSN: (b)(6)	HQSVC CO SECONDBN NINTHMAR THIRD MARDIV
Medic	HM/E3, USN	SN: 1230201 SSN: (b)(6)	" " "
Passenger	LCPL/E3, USMC GARCIA, Andres [redacted]	SN: 298 54356 (?) SSN: (b)(6)	" " "
"	PFC/E2, USMC TURNER, Kelton R.	SN: UNK SSN: (b)(6)	" " "
"	PFC/E3, USMC SANDOVAL, Antonio R.	SN: 418561153 SSN: (b)(6)	" " "
"	PFC/E2, USMC RIVENBURGH, Richard W.	SN: UNK SSN: (b)(6)	" " "

CONTINUED

Passenger	PFC/E2, USMC	SN: UNK	CO G 2DBN	9THMAR
	MAXWELL, James R.	SSN: (b)(6)	3DMARDIV	
"	PFC/E2, USMC	SN: UNK	"	
	JACQUES, James J.	SSN: (b)(6)		
"	LCPL/E3, USMC	SN: UNK	"	
	COPENHAVER, Gregory S.	SSN: (b)(6)		
"	PFC/E2, USMC	SN: UNK	"	
	BOYD, Walter NMN	SSN: (b)(6)		
"	PFC/E2, USMC	SN: UNK	"	
	BLESSING, Lynn	SSN: (b)(6)		
"	PFC/E2, USMC	SN: UNK	"	
	BENEDETT, Daniel A.	SSN: (b)(6)		

2003-0-12

SUMMARY

On 15 May 75, Lt Richard Vandegeer was co-pilot of a CH-53A helicopter involved in rescuing the crew of the SS MAYAGUEZ in the Gulf of Tontin near Cambodia. The aircraft was carrying four USAF Crewmembers + ~~26~~ 22 passengers when it received anti-aircraft fire + crashed in the vicinity of (b)(5); (b)(6) near the shoreline of Koh Tang Island, Cambodia.

Lt Vandegeer was not seen after the crash, however 13 personnel were rescued. Further search + rescue efforts were not possible due to the hostile environment.

Lt Vandegeer and those not recovered are currenty carried in the status of dead, bodies not recovered.

STANDARD FORM 93
JANUARY 1971
GSA FPMR 101–11.8

Approved
Office of Management and Budget No. 29–R0191

REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. SOCIAL SECURITY OR IDENTIFICATION NO.
BLESSING Lynn	(b)(6)
3. HOME ADDRESS (No. street or RFD, city or town, State, and ZIP CODE)	**4. POSITION (Title, grade, component)**
8 Garden Court Apt 6 Lancaster, Pa. 17602	Cut
5. PURPOSE OF EXAMINATION	**6. DATE OF EXAMINATION**
MC	07 AUG 1974

7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code)

USAEPS, Wilkes-Barre, Pa

8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

good

no medication

9. HAVE YOU EVER (Please check each item)

YES	NO	(Check each item)
	X	Lived with anyone who had tuberculosis
	X	Coughed up blood
	X	Bled excessively after injury or tooth extraction
	X	Attempted suicide
	X	Been a sleepwalker

10. DO YOU (Please check each item)

YES	NO	(Check each item)
	X	Wear glasses or contact lenses
X		Have vision in both eyes
	X	Wear a hearing aid
	X	Stutter or stammer habitually
	X	Wear a brace or back support

11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)

YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
	X		Scarlet fever, erysipelas		X		Cramps in your legs		X		"Trick" or locked knee
	X		Rheumatic fever		X		Frequent indigestion		X		Foot trouble
	X		Swollen or painful joints		X		Stomach, liver, or intestinal trouble		X		Neuritis
	X		Frequent or severe headache		X		Gall bladder trouble or gallstones		X		Paralysis (include infantile)
	X		Dizziness or fainting spells		X		Jaundice or hepatitis		X		Epilepsy or fits
	X		Eye trouble		X		Adverse reaction to serum, drug, or medicine		X		Car, train, sea or air sickness
	X		Ear, nose, or throat trouble						X		Frequent trouble sleeping
	X		Hearing loss		X		Broken bones		X		Depression or excessive worry
	X		Chronic or frequent colds	X	X		Tumor, growth, cyst, cancer		X		Loss of memory or amnesia
X			Severe tooth or gum trouble		X		Rupture/hernia		X		Nervous trouble of any sort
	X		Sinusitis		X		Piles or rectal disease		X		Periods of unconsciousness
	X		Hay Fever		X		Frequent or painful urination				
	X		Head injury		X		Bed wetting since age 12				
	X		Skin diseases		X		Kidney stone or blood in urine				
	X		Thyroid trouble		X		Sugar or albumin in urine				
	X		Tuberculosis		X		VD—Syphilis, gonorrhea, etc.				
	X		Asthma		X		Recent gain or loss of weight				
	X		Shortness of breath		X		Arthritis, Rheumatism, or Bursitis				
	X		Pain or pressure in chest		X		Bone, joint or other deformity				
	X		Chronic cough		X		Lameness				
	X		Palpitation or pounding heart		X		Loss of finger or toe	**12. FEMALES ONLY: HAVE YOU EVER**			
	X		Heart trouble		X		Painful or "trick" shoulder or elbow				Been treated for a female disorder
	X		High or low blood pressure		X		Recurrent back pain				Had a change in menstrual pattern

13. WHAT IS YOUR USUAL OCCUPATION?

Die Cast Set Up Trainee

14. ARE YOU (Check one)

☒ Right handed ☐ Left handed

93–101–01

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	X	15. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.
	X	B. Inability to perform certain motions.
	X	C. Inability to assume certain positions.
	X	D. Other medical reasons (*If yes, give reasons.*)
	X	16. Have you ever been treated for a mental condition? (*If yes, specify when, where, and give details*).
	X	17. Have you ever been denied life insurance? (*If yes, state reason and give details.*)
	X	18. Have you had, or have you been advised to have, any operations? (*If yes, describe and give age at which occurred.*)
	X	19. Have you ever been a patient in any type of hospitals? (*If yes, specify when, where, why, and name of doctor and complete address of hospital.*)
	X	20. Have you ever had any illness or injury other than those already noted? (*If yes, specify when, where, and give details.*)
	X	21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (*If yes, give complete address of doctor, hospital, clinic, and details.*)
	X	22. Have you ever been rejected for military service because of physical, mental, or other reasons? (*If yes, give date and reason for rejection.*)
	X	23. Have you ever been discharged from military service because of physical, mental, or other reasons? (*If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.*)
	X	24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (*If yes, specify what kind, granted by whom, and what amount, when, why.*)

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge.
I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

TYPED OR PRINTED NAME OF EXAMINEE	SIGNATURE
Lynn Blessing	Lynn Blessing

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."
25. Physician's summary and elaboration of all pertinent data (*Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.*)

⊕D+H

1. Cavities
2. Small cyst ? epidermal ant @ thigh. NCP

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE		NUMBER OF ATTACHED SHEETS
(b)(6)	7 AUG 19	(b)(6)	

REVERSE OF STANDARD FORM 93

☆ U.S. GOVERNMENT PRINTING OFFICE: 1971—O—424-008

(b)(6)

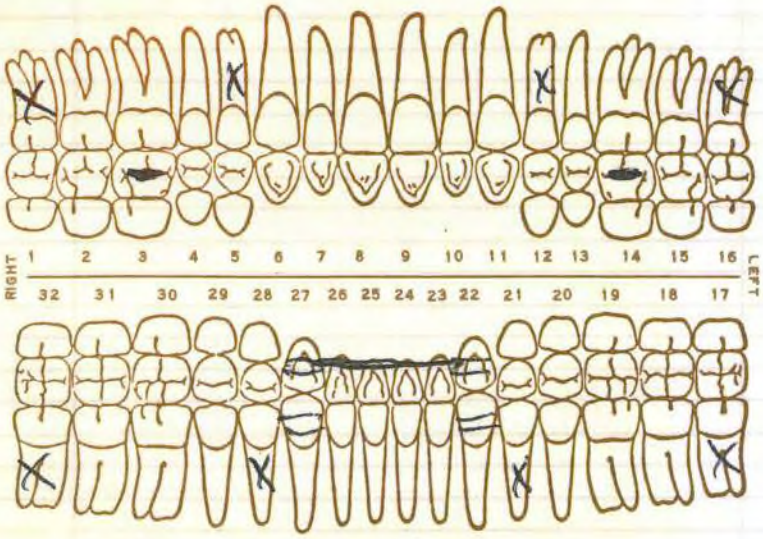
Standard Form 603
Rev. November 1953
Bureau of the Budget
Circular A–32 (Rev.)

HEALTH RECORD — **DENTAL**

SECTION I. DENTAL EXAMINATION

1. PURPOSE OF EXAMINATION							2. TYPE OF EXAM.					3. DENTAL CLASSIFICATION					
X	INITIAL		SEPARATION		OTHER (Specify)		1	X	2		3		4	X	1	2	3	4	5

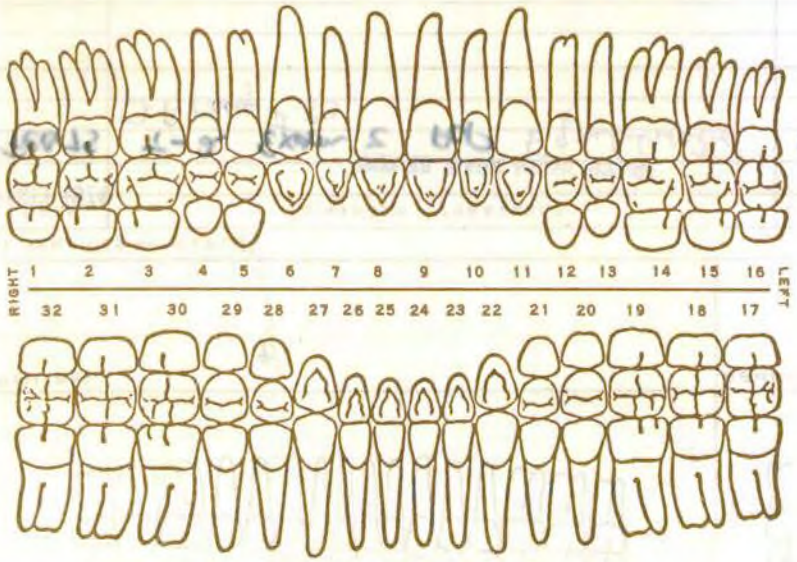
4. MISSING TEETH AND EXISTING RESTORATIONS



#22-27 LINGUAL RETAINER

PLACE OF EXAMINATION: SAME AS BELOW
DATE: 30 OCT 1974
SIGNATURE OF DENTIST COMPLETING THIS SECTION: (b)(6)

5. DISEASES, ABNORMALITIES, AND X-RAYS



A. CALCULUS
	SLIGHT		MODERATE		HEAVY

B. PERIODONTOCLASIA
	LOCAL		GENERAL
	INCIPIENT		MODERATE		SL

C. STOMATITIS (Specify)

	GINGIVITIS		VINCENT'S

D. DENTURES NEEDED
(Include dentures needed after Indicated extractions

FULL	
U L	L

ABNORMALITIES OF OCCLUSION – REMARKS

E. INDICATE X-RAYS USED IN THIS EXAMINATION

	FULL MOUTH PERIAPICAL	X	POSTERIOR BITE-WINGS		OTHER: PANOREX

DATE: 30 OCT 1974
PLACE OF EXAMINATION: MCRD, SAN DIEGO, CALIFORNIA 92140
SIGNATURE OF DENTIST COMPLETING THIS SECTION: (b)(6)

SECTION II. PATIENT DATA

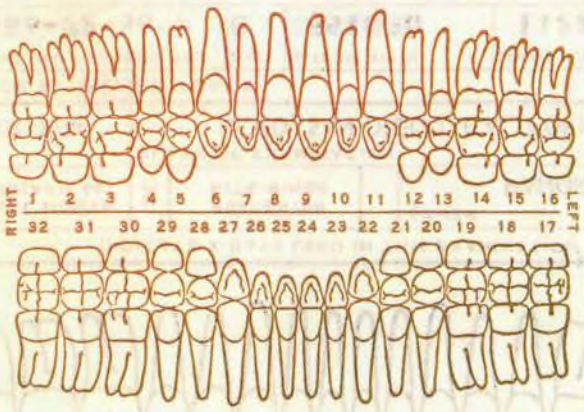
SOCIAL SECURITY NUMBER	SEX	RACE	DATE OF BIRTH	ORGANIZATION OR UNIT
535-56-22-36	M	C	551030	1122

NAME	SERVICE NO.	RANK	COMP. OR BRANCH	SERVICE DEPT. OR AGENCY
BENEDETT, DANIEL A.		PVT	USMC	DEPT. OF DEFENSE

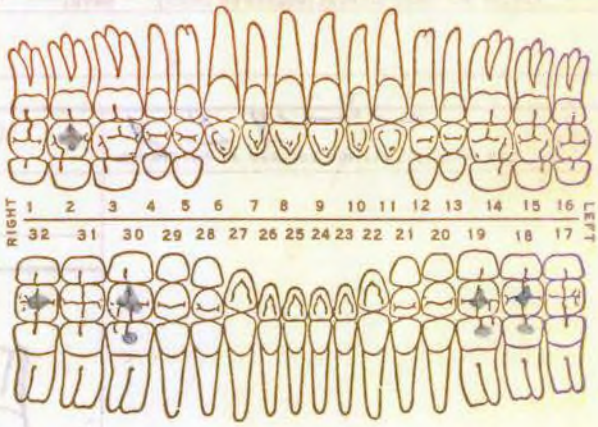
DENTAL
Standard Form 603
603–102–01

SECTION III. ATTENDANCE RECORD

15. RESTORATIONS AND TREATMENTS (Completed during service)



16. SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS

REMARKS

17. SERVICES RENDERED

DATE	DIAGNOSIS – TREATMENT	CLASS	OPERATOR AND DENTAL FACILITY	INITIALS
3 Feb 75	T-2 Exam & PCP Equilibrated DB Clasp #30	2	(b)(6)	

PATIENT'S LAST NAME - FIRST NAME - MIDDLE NAME

Standard Form 88
Revised April 1968
General Services Administration
Interagency Committee on Medical Records
FPMR 101-11.601-3

REPORT OF MEDICAL EXAMINATION

88-117-04

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
BENEDETT, DANIEL ANDREW		(b)(6)

4. HOME ADDRESS (Number, street or R.F.D., city or town, State and ZIP Code)	5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
813 26th St. SE, AUBURN, WA 98002	USMC	8May74

7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE		10. AGENCY	11. ORGANIZATION UNIT
male	cau	MILITARY None	CIVILIAN None	USMC	

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
300ct55 (18)	LOS ANGELES CA	(b)(6)

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
AFEES, SEATTLE, WN.	45 5 55 1108

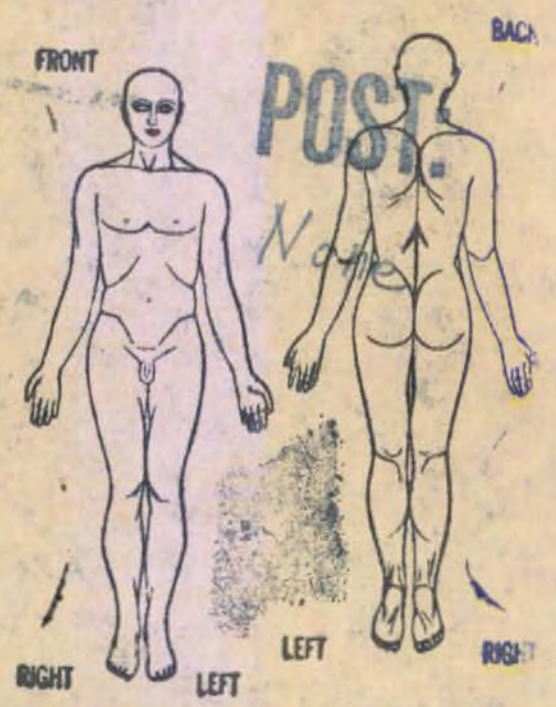
17. RATING OR SPECIALTY	TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	(Check each item in appropriate column; enter "NE" if not evaluated)	ABNORMAL
✓	18. HEAD, FACE, NECK, AND SCALP	
✓	19. NOSE	
✓	20. SINUSES	
✓	21. MOUTH AND THROAT	
✓	22. EARS—GENERAL (Ear drums and auditory acuity under items 70 and 71)	
✓	23. DRUMS (Perforation)	
✓	24. EYES—GENERAL (Visual acuity and refraction under items 58, 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 (Pulse, size, rhythm, sounds)	
✓	30. VASCULAR SYSTEM (Varicosities, etc.)	
✓	31. ABDOMEN AND VISCERA (Include hernia)	
✓	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.)

ANT:
None



(Continue in item 73)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)

Restorable teeth (D) — Non-restorable teeth (I) — Missing teeth (X) — Replaced by dentures — Fitted Partial dentures

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Acc

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY

B. ALBUMIN neg COMBISTIX

C. SUGAR neg COMBISTIX

D. MICROSCOPIC

46. AFEES, SEATTLE, WN DATE 8 May 74
ROMM WNL CHEST No. 14

47. SEROLOGY (Specify test used and result)
RPR NR

48. EKG

49. BLOOD TYPE AND RH FACTOR
BT O POS

50. OTHER TESTS

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD	56. TEMPERATURE
67	149	brown	brown	☐ SLENDER ☑ MEDIUM ☐ HEAVY ☐ OBESE	

57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)				
A. SITTING	SYS. 138 DIAS. 78	B. RECUMBENT	SYS. DIAS.	C. STANDING (3 min.)	SYS. DIAS.	A. SITTING 72	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.

59. DISTANT VISION		60. REFRACTION		61. NEAR VISION	
RIGHT 20/ 500	CORR. TO 20/ 20	BY -4.00 -2.00 CX 175		J-6 CORR. TO J-1	BY
LEFT 20/ 400	CORR. TO 20/ 20	BY -3.25 -1.00 CX 10		J-4 CORR. TO J-1	BY

62. HETEROPHORIA (Specify distance)

ES°	EX°	R. H.	L. H.	PRISM DIV.	PRISM CONV. CT	PC	PD

63. ACCOMMODATION		64. COLOR VISION (Test used and result)	65. DEPTH PERCEPTION (Test used and score)	UNCORRECTED
RIGHT	LEFT	HP PASS 14		CORRECTED
66. FIELD OF VISION		67. NIGHT VISION (Test used and score) RUDMOSE ANSI 1969	68. RED LENS TEST	69. INTRAOCULAR TENSION

70. HEARING			71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)
RIGHT WV	/15 SV	/15		250	500	1000	2000	3000	4000	6000	8000
LEFT WV	/15 SV	/15	RIGHT	X	15	5	5	A	5	1	X
			LEFT		15	5	5				

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

FALANT

LETTER REVIEWED AND CONSIDERED IN EXAMINEE'S PHYSICAL PROFILE

(b)(6)

No disqualifying defects or communicable diseases were noted this date. 24 MAY 1974

(b)(6)

(b)(6)

No disqualifying defects or communicable diseases were noted this date. 24 OCT 1974

(b)(6)

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

(54) Def. hemm. contra. Manifest Hyperation.

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

manifest hyperation

76. A. PHYSICAL PROFILE

P	U	L	H	V	S
1	1	1	1	2	1

B. PHYSICAL CATEGORY

A	B	C	E

77. EXAMINEE (Check)

A. ☑ IS QUALIFIED FOR ENLISTMENT/INDUCTION

B. ☐ IS NOT QUALIFIED FOR

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME (b)(6)

80. TYPED OR PRINTED NAME OF EXAMINER

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which) SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY (b)(6) 24 MAY 1974 SIGNATURE (b)(6) NUMBER OF ATTACHED SHEETS

U.S. GOVERNMENT PRINTING OFFICE: 1973-470-143

CERTIFICATE OF DEATH (OVERSEAS)
NAVMED 5360/2 (1-72) (Formerly NAVMED N)

90 226

S/N 0105-204-5300

1. NAME OF DECEASED (Last, first, middle)	2. GRADE/RATE	3. BRANCH OF SERVICE	4. SOCIAL SECURITY NUMBER
BENEDETT Daniel Andrew	Pfc	USMC	(b)(6)

5. ORGANIZATION	6. DATE OF BIRTH	7. SEX	8. RACE	9. AVIATION
Golf Co., 2ndBn 9thMar 3rd Marine Division	30 Oct 55	[X] MALE [ ] FEMALE	Cauc	[ ] YES [X] NO

10. MARKS AND SCARS (Noted in Health Record)

11. NAME OF NEXT OF KIN OR FRIEND	12. RELATIONSHIP TO DECEASED
(b)(6)	Father

13. ADDRESS OF NEXT OF KIN OR FRIEND (Number, Street or RFD, City or Town, State and ZIP Code)

(b)(6)

MEDICAL STATEMENT

14. CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH. (This does not mean the mode of dying, e.g. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(a) Unknown: Remains not recovered	
	ANTECEDENT CAUSES. (Morbid conditions, if any giving rise to above cause (a), stating the underlying cause last.)	DUE TO (b) Unknown	Immediate
		DUE TO (c) Unknown	Unknown
	II. OTHER SIGNIFICANT CONDITIONS. (Conditions contributing to death but not related to the disease or condition causing death.)	Helicopter Accident	Immediate

16. MODE OF DEATH	18. AUTOPSY PERFORMED	17. MAJOR FINDINGS OF AUTOPSY	18. CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
[ ] NATURAL [X] ACCIDENT [ ] SUICIDE [ ] HOMICIDE	[ ] YES [X] NO	N/A	Helicopter burned and crashed at sea.

19. TIME OF DEATH (Month) (Day) (Year) (Hour)	20. PLACE OF DEATH
May 15, 1975, 1100	Vicinity of Koh Tang Island, Gulf of Thailand

I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.

(b)(6)	[illegible] MC USN	23. DATE 22 May 1975

24. INSTALLATION OR ADDRESS
2nd Battalion, 9th Marines, Battalion Landing Team
3rd Marine Division (-)(Rein)FMF

25. DISPOSITION OF REMAINS

Remains not recovered

26. REMARKS

Passenger in USAF Helicopter which crashed and burned in vicinity of Koh Tang Island, Gulf of Thailand, at 1100 hours on May 15, 1975 during MAYAGUEZ recovery operation. Search and Rescue efforts were negative for remains.

☆ US GPO 1973 - 714-866/4036

STANDARD FORM 93
JANUARY 1971
GSA FPMR 101-11.8

Approved
Office of Management and Budget No. 29-R0191

REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME: Benedett Daniel Andrew

2. SOCIAL SECURITY OR IDENTIFICATION NO.: (b)(6)

3. HOME ADDRESS (No. street or RFD, city or town, State, and ZIP CODE): 813 26TH ST SE. Auburn, Wash. 98002

4. POSITION (Title, grade, component):

5. PURPOSE OF EXAMINATION: USMC

6. DATE OF EXAMINATION: 5/8/74

7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code): AFEES-SEATTLE 98119

8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists):

I am in Good Health

9. HAVE YOU EVER (Please check each item)

YES	NO	(Check each item)
	✓	Lived with anyone who had tuberculosis
	✓	Coughed up blood
	✓	Bled excessively after injury or tooth extraction
	✓	Attempted suicide
	✓	Been a sleepwalker

10. DO YOU (Please check each item)

YES	NO	(Check each item)
✓		Wear glasses or contact lenses
✓		Have vision in both eyes
	✓	Wear a hearing aid
	✓	Stutter or stammer habitually
	✓	Wear a brace or back support

11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)

YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
	✓		Scarlet fever, erysipelas		✓		Cramps in your legs			✓	"Trick" or locked knee
	✓		Rheumatic fever		✓		Frequent indigestion		✓		Foot trouble
	✓		Swollen or painful joints		✓		Stomach, liver, or intestinal trouble		✓		Neuritis
	✓		Frequent or severe headache		✓		Gall bladder trouble or gallstones		✓		Paralysis (include infantile)
	✓		Dizziness or fainting spells		✓		Jaundice or hepatitis		✓		Epilepsy or fits
	✓		Eye trouble				Adverse reaction to serum, drug		✓		Car, train, sea or air sickness
	✓		Ear, nose, or throat trouble		✓		or medicine		✓		Frequent trouble sleeping
	✓		Hearing loss	✓			Broken bones		✓		Depression or excessive worry
	✓		Chronic or frequent colds		✓		Tumor, growth, cyst, cancer		✓		Loss of memory or amnesia
	✓		Severe tooth or gum trouble		✓		Rupture/hernia		✓		Nervous trouble of any sort
	✓		Sinusitis		✓		Piles or rectal disease		✓		Periods of unconsciousness
	✓		Hay Fever		✓		Frequent or painful urination		✓		Mistaken
	✓		Head injury		✓		Bed wetting since age 12		✓		For other Cuban
		✓	Skin diseases		✓		Kidney stone or blood in urine		✓		
	✓		Thyroid trouble		✓		Sugar or albumin in urine		✓		
	✓		Tuberculosis		✓		VD—Syphilis, gonorrhea, etc.		✓		
	✓		Asthma		✓		Recent gain or loss of weight		✓		
	✓		Shortness of breath		✓		Arthritis, Rheumatism, or Bursitis		✓		
	✓		Pain or pressure in chest		✓		Bone, joint or other deformity		✓		
	✓		Chronic cough		✓		Lameness		✓		
	✓		Palpitation or pounding heart		✓		Loss of finger or toe				
	✓		Heart trouble		✓		Painful or "trick" shoulder or elbow				
	✓		High or low blood pressure		✓		Recurrent back pain				

12. FEMALES ONLY: HAVE YOU EVER

			Been treated for a female disorder
			Had a change in menstrual pattern

13. WHAT IS YOUR USUAL OCCUPATION: Dry Cleaning

14. ARE YOU (Check one)
☑ Right handed ☐ Left handed

93-101-01

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	✓	15. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.
	✓	B. Inability to perform certain motions.
	✓	C. Inability to assume certain positions.
	✓	D. Other medical reasons (If yes, give reasons.)
	✓	16. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details).
	✓	17. Have you ever been denied life insurance? (If yes, state reason and give details.)
	✓	18. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)
✓		19. Have you ever been a patient in any type of hospitals? (If yes, specify when, where, why, and name of doctor and complete address of hospital.) — 19. When 7 yrs. old, had tonsils out at Auburn General Hospital
	✓	20. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)
	✓	21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)
	✓	22. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.)
	✓	23. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.)
	✓	24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge.
I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

TYPED OR PRINTED NAME OF EXAMINEE	SIGNATURE
Daniel Andrew Benedett	Daniel Andrew Benedett

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

25. Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

Fracture distal + ulna 1948 -

In good health

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAM	DATE	SIGN	NUMBER OF ATTACHED SHEETS
(b)(6)	8 May 74	(b)(6)	

REVERSE OF STANDARD FORM 93

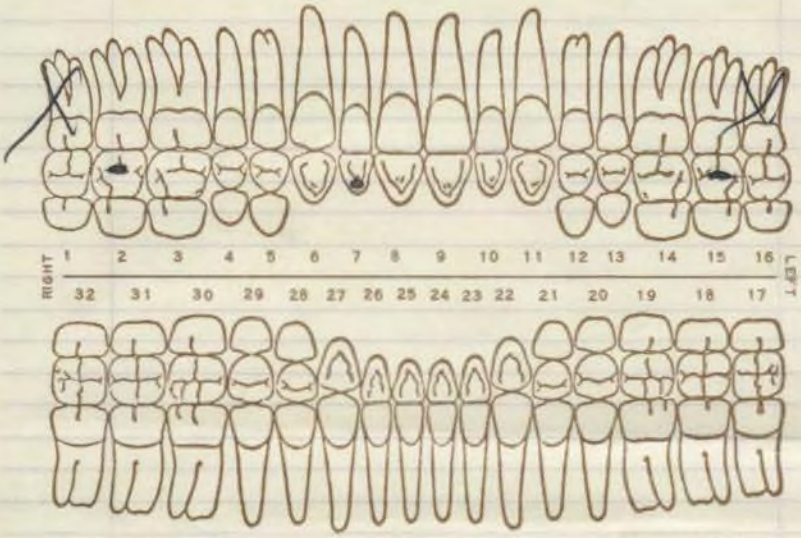
Standard Form 603
Rev. November 1953
Bureau of the Budget
Circular A--32 (Rev.)

HEALTH RECORD — DENTAL

SECTION I. DENTAL EXAMINATION

1. PURPOSE OF EXAMINATION			2. TYPE OF EXAM.	3. DENTAL CLASSIFICATION
X INITIAL	SEPARATION	OTHER (Specify)	1 X 2 3 4	1 2 3 4 5

4. MISSING TEETH AND EXISTING RESTORATIONS



No Rest

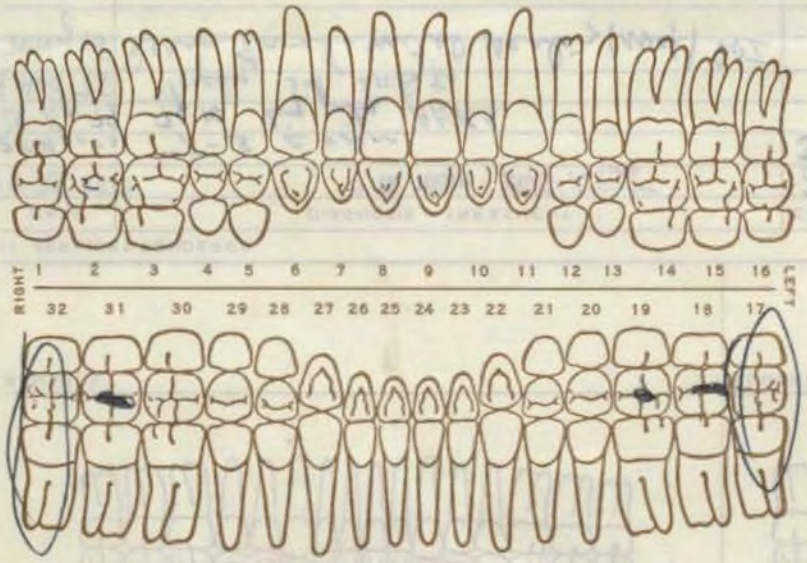
PLACE OF EXAMINATION: SAME AS BELOW

DATE: 12 JUL 1973

(b)(6)

SECTION: LT DC USNR

5. DISEASES, ABNORMALITIES, AND X-RAYS



A. CALCULUS: SLIGHT | MODERATE | HEAVY

B. PERIODONTOCLASIA: LOCAL | GENERAL; INCIPIENT | MODERATE | SL

C. STOMATITIS (Specify): GINGIVITIS | VINCENT'S

D. DENTURES NEEDED (Include dentures needed after indicated extraction)

FULL			
U	L		L

ABNORMALITIES OF OCCLUSION – REMARKS

E. INDICATE X-RAYS USED IN THIS EXAMINATION

FULL MOUTH PERIAPICAL		X	POSTERIOR BITE-WINGS		OTHER: PANOREX

DATE: 12 JUL 1973

PLACE OF EXAMINATION: MCRD, SAN DIEGO, CALIFORNIA 92140

(b)(6)

SECTION: LT DC USNR

SECTION II. PATIENT DATA

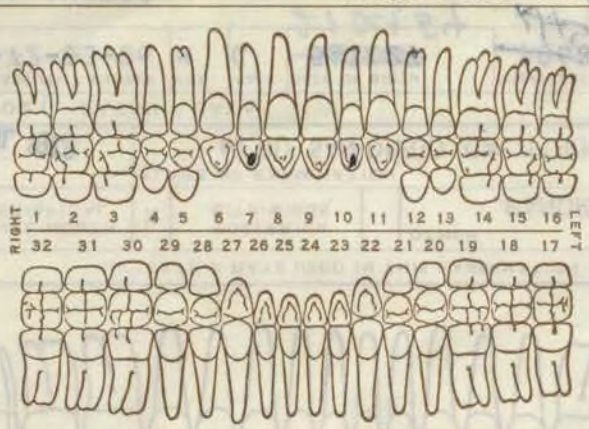
SOCIAL SECURITY NUMBER	SEX	RACE	DATE OF BIRTH	ORGANIZATION OR UNIT	SERVICE NO.	RANK	COMP. OR BRANCH	SERVICE DEPT. OR AGENCY
(b)(6)	M	C	~~[illegible]~~ 27 Oct 54	~~3068~~ 2/9 HHS		~~PVT~~ Sgt	USMC	DEPT. OF DEFENSE

NAME: GARCIA, ANDRES

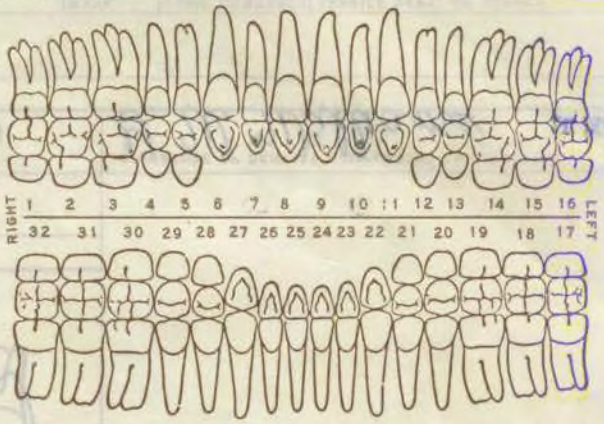
DENTAL
Standard Form 603
603--102--01

SECTION III. ATTENDANCE RECORD

15. RESTORATIONS AND TREATMENTS (Completed during service)



16. SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS

REMARKS

17. SERVICES RENDERED

DATE	DIAGNOSIS – TREATMENT	CLASS	OPERATOR AND DENTAL FACILITY	INITIALS
19 JUL 1973	TR. TOOTH	3	(b)(6)	
28 Mar 75	T-3 EXAM	3		
28 Apr 75	7 & 10 Lingivitis ANES	1		
28 Apr 75	Prophy Full Instr	1		
6 May 75	Perio Eval - initial scaling (mod) PCT			

PATIENT'S LAST NAME - FIRST NAME - MIDDLE NAME

Standard Form 88
Revised April 1968
General Services Administration
Interagency Comm. on Medical Records
FPMR 101-11.809-5

REPORT OF MEDICAL EXAMINATION

XXX

88-117

1. LAST NAME–FIRST NAME–MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
GARCIA, ANDRES	LCPL	(b)(6)
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
212 E. Rose, Carlsbad, NM 88220	Enl MC	30 May 73

7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE		10. AGENCY	11. ORGANIZATION UNIT
		MILITARY	CIVILIAN		
Male	Cau				

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
27 Oct 54	Carlsbad, NM	Manuela Garcia - mother same as 4

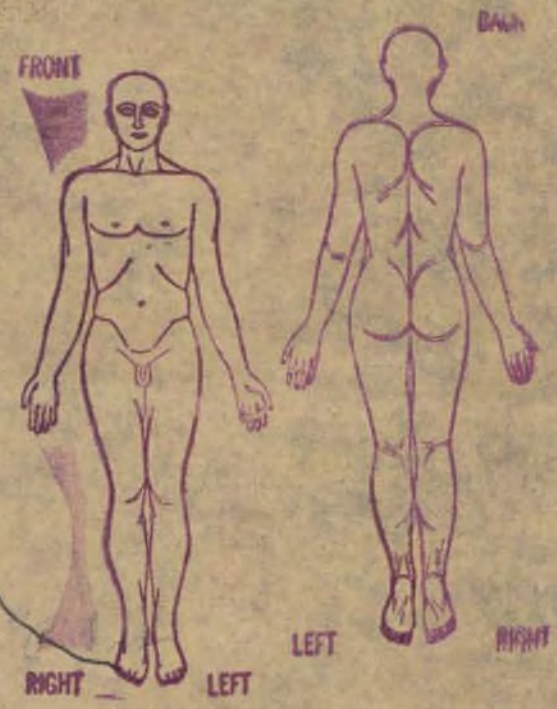
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
AFEES, EL PASO, TEXAS	29 8 54 356

17. RATING OR SPECIALTY	TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS

CLINICAL EVALUATION

NOR-MAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR-MAL
✓	18. HEAD, FACE, NECK AND SCALP	
✓	19. NOSE	
✓	20. SINUSES	
✓	21. MOUTH AND THROAT	
✓	22. EARS–GENERAL (Incl. A. ext. canals.) (Auditory acuity whisper (done 72 and 73))	
✓	23. DRUMS (Perforation)	
✓	24. EYES–GENERAL (Visual acuity with refraction under item 25, if indicated (72))	
✓	25. OPHTHALMOSCOPIC	
✓	26. PUPILS (Equality and reaction)	
✓	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
✓	28. LUNGS AND CHEST (Pathology, breasts)	
✓	29. HEART (Thoracic, size, rhythm, sounds)	
✓	30. VASCULAR SYSTEM (Varicosities, etc.)	
✓	31. ABDOMEN AND VISCERA (Including hernia)	
✓	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.)



(Continue in item 73)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)

Examples: Restorable teeth; Non-restorable teeth; Missing teeth; Replaced by denture; Fixed Partial denture

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

NOT EXAMINED BY A DENTAL OFFICER
ACCEPTABLE

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY	46. CHEST X-RAY (Place, date, film number and result)
B. ALBUMIN: Trace C. MICROSCOPIC	30 MAY 1973 09991 NOT DRY READING WOMD EL PASO, TEXAS
C. SUGAR: Trace	

47. SEROLOGY (Specify test used and result)	48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
		BT O POS	

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD	56. TEMPERATURE
71	147	BROWN	GREEN	☒ SLENDER ☐ MEDIUM ☐ HEAVY ☐ OBESE	

57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)				
A. SITTING	SYS. 110 / DIAS. 64	B. RECUMBENT	SYS. / DIAS.	C. STANDING (3 min.)	SYS. / DIAS.	A. SITTING 64	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 1 MIN.

59. DISTANT VISION	60. REFRACTION	61. NEAR VISION
RIGHT 20/ 2nd CORR. TO 20/ 20	BY -.50 S Spt CX	J-6 CORR. TO J-2 BY
LEFT 20/ 2nd CORR. TO 20/ 20	BY -.50 S Spt CX	J-6 CORR. TO J-2 BY

62. HETEROPHORIA (Specify distance)

ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. CT PC PD

63. ACCOMMODATION	64. COLOR VISION (Test used and result)	65. DEPTH PERCEPTION (Test used and score)	UNCORRECTED
RIGHT LEFT	Ishihara 9/9		CORRECTED
66. FIELD OF VISION	67. NIGHT VISION (Test used and score)	68. RED LENS TEST	69. INTRAOCULAR TENSION

70. HEARING	71. AUDIOMETER HFSI	72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)
RIGHT WV /15 SV /15		Medical Inspection Date 06 JUL 1973
LEFT WV /15 SV /15		Arces El Paso Texas

	250	500	1000	2000	3000	4000	6000	8000
RIGHT	/	0	0	0	/	0	/	/
LEFT	/	0	0	0	/	0	/	/

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

AFQT 80 score 62 cat IIA

Failed + Passed

No disqualifying defects or Communicable diseases were noted during exam.

(b)(6)

CPT, MC

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

Cy Failed 1st Plt Passed Failed 2nd Plt Passed

75. RECOMMENDATIONS — FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)	76. A. PHYSICAL PROFILE

P	U	L	H	E	S
7	1	1	1	1	1

77. EXAMINEE (Check)

A. ☐ IS QUALIFIED FOR ENLISTMENT

B. ☐ IS NOT QUALIFIED FOR

B. PHYSICAL CATEGORY X

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

A	B	C	E
X			

79. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
80. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)	SIGNATURE
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY (b)(6)	SIGNATURE (b)(6) NUMBER OF ATTACHED SHEETS

GOVERNMENT PRINTING OFFICE : 1970 O - 388-729

CERTIFICATE OF DEATH (OVERSEAS)
NAVMED 5360/2 (1-72) (Formerly NAVMED N)

S/N 0105-204-5300

1. NAME OF DECEASED (Last, first, middle)	2. GRADE/RATE	3. BRANCH OF SERVICE	4. SOCIAL SECURITY NUMBER
GARCIA Andres	LCPL	USMC	(b)(6)

5. ORGANIZATION	6. DATE OF BIRTH	7. SEX	8. RACE	9. AVIATION
H&SCo., 2ndBn, 9thMar 3rd Marine Division FMF	27 Oct 54	[X] MALE [ ] FEMALE	Cauc	[ ] YES [X] NO

10. MARKS AND SCARS (Noted in Health Record)

11. NAME OF NEXT OF KIN OR FRIEND	12. RELATIONSHIP TO DECEASED
(b)(6)	Mother

13. ADDRESS OF NEXT OF KIN OR FRIEND (Number, Street or RFD, City or Town, State and ZIP Code)

212 E. Rose, Carlsbad, New Mexico 88220

MEDICAL STATEMENT

14. CAUSE OF DEATH

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH. (This does not mean the mode of dying, e.g. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (a)	Unknown: Remains not recovered	
ANTECEDENT CAUSES. (Morbid conditions, if any giving rise to above cause (a), stating the underlying cause last.) DUE TO (b)	Unknown	Immediate
DUE TO (c)	Unknown	Unknown
II. OTHER SIGNIFICANT CONDITIONS. (Conditions contributing to death but not related to the disease or condition causing death.)	Helicopter Accident	Immediate

15. MODE OF DEATH	16. AUTOPSY PERFORMED	17. MAJOR FINDINGS OF AUTOPSY	18. CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
[ ] NATURAL [X] ACCIDENT [ ] SUICIDE [ ] HOMICIDE	[ ] YES [X] NO	N/A	Helicopter burned and crashed at sea.

19. TIME OF DEATH (Month) (Day) (Year) (Hour)	20. PLACE OF DEATH
May 15, 1975, 1100	Vicinity of Koh Tang Island, Gulf of Thailand

I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.

21. SIGNATURE OF MEDICAL OFFICER	22. GRADE	23. DATE
(b)(6)	LT MC USN	22 May 1975

2nd Battalion, 9th Marines, Battalion Landing Team
3rd Marine Division (-)(Rein)FMF

25. DISPOSITION OF REMAINS

Remains not recovered

26. REMARKS

Passenger in USAF Helicopter which crashed and burned in vicinity of Koh Tang Island, Gulf of Thailand, at 1100 hours on May 15, 1975 during MAYAGUEZ recovery operation. Search and Rescue efforts were negative for remains.

☆ US GPO 1973 - 714-866/4036

RECORD DATA
(DECEASED AND MISSING PERSONNEL)

CHECK ONE: ☐ DEAD ☐ MISSING

DATE: 07 Aug 90

STATUS

LAST NAME - FIRST NAME - MIDDLE INITIAL	GRADE	SERVICE NUMBER
GARCIA, Andres G.	LCPL /E3	None Listed

ORGANIZATION	FORMER SERVICE NUMBERS
HQSVCCO 2DBN 9THMAR 3DMARDIV	SN: 2985 4356
	SSN: (b)(6)

DATE OF DEATH - MISSING STATUS	CAUSE OF DEATH	PLACE OF DEATH - OR LAST SEEN IF MISSING
15 May 75		Cambodia
DATE OF BIRTH: 27 Oct 54		NTM GC. TS 965 400

PHYSICAL CHARACTERISTICS

RACE	CREED	HEIGHT	WEIGHT
Caucasian Caucasoid	Catholic	71"	147 lbs.

COLOR EYES	COLOR HAIR	SHOE SIZE	BLOOD TYPE
Green	Brown	Unk	O Pos

FRACTURES AND/OR BREAKS: Note listed in Medical Records

TATTOOS AND SCARS: None listed in Medical Records

RECORD INCLOSURES

DENTAL DATA ☐ NONE OF RECORD ☐ INCLOSED *(Itemize by Form Number and Date of Record)*

SF 603 dtd 12 JUL 1973 (last entry 6 May 75)

CASUALTY DATA ☐ CASUALTY REPORT ☐ STATEMENTS OF WITNESSES ☐ MISSING PERSONS SUPPLEMENTARY REPORT (AF Form 484) ☐ OTHER *(Specify)*

DD Form 1300 dtd 23 May 75 (204-75 FINAL TLD/kfg)

NAVMED 5360/2 (1-72) dtd 22 May 1975

ADDITIONAL DATA

Service: U.S. Marines
DOD: 15 May 75
~~Casualty~~:
Refno: 2003-0-04
Accno: None Assigned
SF 88: (1) dtd 30 May 73
SF 89 (1) dtd 30 May 73
Photo: No
DD369 dtd Jul 23 1973

DD FORM 1 FEB 54 898 REPLACES OQMG FORM 371, 24 JAN 51, WHICH IS OBSOLETE.

2003-0-04

SUMMARY

On 15 May 75, Lt Richard Vandegeer was co-pilot of a CH-53A helicopter involved in rescuing the crew of the SS MAYAGUEZ in the Gulf of Tontin near Cambodia. The aircraft was carrying four crewmembers + 26 passengers when it received anti-aircraft fire + crashed in the vicinity of (b)(5); (b)(6) near the shoreline of Koh Tang Island, Cambodia.

Lt Vandegeer was not seen after the crash, however 13 personnel were rescued. Further search + rescue efforts were not possible due to the hostile environment.

Lt Vandegeer and those not recovered are currently carried in the status of dead, bodies not recovered.

REFNO: 2003-0-04
ACCNO: None Assigned

INFORMATION CONCERNING PLANE CRASH

TYPE OF AIRCRAFT: CH-53A
TAIL NUMBER: 925
DATE OF CRASH: 15 MAY 75
MISSION CODE NAME/NUMBER: RESCUE
CALL SIGN: KNIFE 31 [redacted]
GRID COORD: UTM GC. TS [redacted]965 400
COUNTRY: CAMBODIA
PROVINCE: Koh Tang Island
NUMBER ABOARD: [redacted] 26
NUMBER DEAD (BNR): [redacted] 13
NUMBER RESOLVED: [redacted] 13

POSITION ON AIRCRAFT	NAME/RANK	SN/SSN	UNIT
CO-PILOT	LTJG, USAF VANDEGEER, RICHARD IEb	SN: None Listed SSN: (b)(6)	21 SP OP SQ
Medic	HM1, USN GAUSE, Bernard NMN Jr.	SN: 1330005(illegible) SSN: (b)(6)	HQSVC CO SECONDBN NINTHMAR THIRD MARDIV
Medic	HM/E3, USN	SN: 1230207 SSN: (b)(6)	" " "
Passenger	LCPL/E3, USMC GARCIA, Andres NMN	SN: 298 54356 (?) SSN: (b)(6)	" " "
"	PFC/E2, USMC TURNER, Kelton R.	SN: UNK SSN: (b)(6)	" " "
"	PFC/E3, USMC SANDOVAL, Antonio R.	SN: 41856115(?) SSN: (b)(6)	" " "
"	PFC/E2, USMC RIVENBURGH, Richard W.	SN: UNK SSN: (b)(6)	" " "

CONTINUED

Passenger	MAXWELL, James R.	SSN: (b)(6)	3DMARDIV	
"	PFC/E2, USMC	SN: UNK	"	
"	JACQUES, James J.	SSN: (b)(6)		
"	LCPL/E3, USMC	SN: UNK	"	
"	COPENHAVER, Gregory S.	SSN: (b)(6)		
"	PFC/E2, USMC	SN: UNK	"	
"	BOYD, Walter NMN	SSN: (b)(6)		
"	PFC/E2, USMC	SN: UNK	"	
"	BLESSING, Lynn	SSN: (b)(6)		
"	PFC/E2, USMC	SN: UNK	"	
"	BENEDETTI, Daniel A.	SSN: (b)(6)		

REFNO: 2039 2 Apr 76

(U) CASE SUMMARY

1. On 15 May 1975, LCPL Andres Garcia, PFC Kelton R. Turner, PFC Antonio R. Sandoval, PFC Richard W. Rivenburgh, PFC James R. Maxwell, PFC James J. Jacques, LCPL Gregory S. Copenhaver, PFC Walter Boyd, PFC Lynn Blessing, and PFC Daniel A. Benedett were aboard a helicopter which was engaged in efforts to rescue the crew of the SS MAYAGUEZ when it crashed off the coast of Cambodia in the general vicinity of grid coordinates (b)(3):10 USC § 455 (Ref 1)

2. An Overwater/At-Sea Casualty Resolution Operation was conducted during the period of July through September 1973 to determine the feasibility/desirability of expanding such operations to be used in cases such as this. Based on the combined factors of cost and lack of any positive results whatsoever, the At-Sea Operations were terminated. These individuals' names and identifying data were turned over to the Four-Party Joint Military Team with a request for any information available. No response was forthcoming. All personnel involved in this case are currently carried in the status of Dead, Body Not Recovered.

REFERENCE USED

1. RPT (U), HQ, CAS Section, PER AFF BR, DD Forms 1300, 23 May 75.

ASSOCIATED INDIVIDUALS

1.	Andres Garcia	2039-0-01
2.	Kelton R. Turner	2039-0-02
3.	Antonio R. Sandoval	2039-0-03
4.	Richard W. Rivenburgh	2039-0-04
5.	James R. Maxwell	2039-0-05

6.	James J. Jacques	2039-0-06
7.	Gregory S. Copenhaver	2039-0-07
8.	Walter Boyd	2039-0-08
9.	Lynn Blessing	2039-0-09
10.	Daniel A. Benedett	2039-0-10

STANDARD FORM 93
JANUARY 1971
GSA FPMR 101-11.8

Approved
Office of Management and Budget No. 29-R0191

REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. SOCIAL SECURITY OR IDENTIFICATION NO.
GARCIA ANDRES GARCIA	(b)(6)
3. HOME ADDRESS (No. street or RFD, city or town, State, and ZIP CODE)	4. POSITION (Title, grade, component)
212 E ROSE CARLSBAD N.M 88220	
5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
USMC	30 MAY 1973
7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code)	
AFEES, EL PASO, TEXAS	

8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

Good

9. HAVE YOU EVER (Please check each item)

YES	NO	(Check each item)
	✓	Lived with anyone who had tuberculosis
	✓	Coughed up blood
	✓	Bled excessively after injury or tooth extraction
	✓	Attempted suicide
	✓	Been a sleepwalker

10. DO YOU (Please check each item)

YES	NO	(Check each item)
✓		Wear glasses or contact lenses G.W.S
✓		Have vision in both eyes
	✓	Wear a hearing aid
	✓	Stutter or stammer habitually
	✓	Wear a brace or back support

11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)

YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
	✓		Scarlet fever, erysipelas		✓		Cramps in your legs		✓		"Trick" or locked knee
	✓		Rheumatic fever		✓		Frequent indigestion		✓		Foot trouble
	✓		Swollen or painful joints		✓		Stomach, liver, or intestinal trouble		✓		Neuritis
	✓		Frequent or severe headache		✓		Gall bladder trouble or gallstones		✓		Paralysis (include infantile)
	✓		Dizziness or fainting spells		✓		Jaundice or hepatitis		✓		Epilepsy or fits
	✓		Eye trouble				Adverse reaction to serum, drug		✓		Car, train, sea or air sickness
	✓		Ear, nose, or throat trouble		✓		or medicine		✓		Frequent trouble sleeping
	✓		Hearing loss		✓		Broken bones		✓		Depression or excessive worry
	✓		Chronic or frequent colds		✓		Tumor, growth, cyst, cancer		✓		Loss of memory or amnesia
	✓		Severe tooth or gum trouble		✓		Rupture/hernia		✓		Nervous trouble of any sort
	✓		Sinusitis		✓		Piles or rectal disease		✓		Periods of unconsciousness
	✓		Hay Fever		✓		Frequent or painful urination		✓		D.G
	✓		Head injury		✓		Bed wetting since age 12		✓		D.G
	✓		Skin diseases		✓		Kidney stone or blood in urine		✓		D.G
	✓		Thyroid trouble		✓		Sugar or albumin in urine		✓		D.G
	✓		Tuberculosis		✓		VD—Syphilis, gonorrhea, etc.		✓		D.G
	✓		Asthma		✓		Recent gain or loss of weight		✓		D.G
	✓		Shortness of breath		✓		Arthritis, Rheumatism, or Bursitis		✓		D.G
	✓		Pain or pressure in chest		✓		Bone, joint or other deformity		✓		D.G
	✓		Chronic cough		✓		Lameness		✓		D.G
	✓		Palpitation or pounding heart		✓		Loss of finger or toe	12. FEMALES ONLY: HAVE YOU EVER			
	✓		Heart trouble		✓		Painful or "trick" shoulder or elbow				Been treated for a female disorder
	✓		High or low blood pressure		✓		Recurrent back pain				Had a change in menstrual pattern
					✓	NO					

13. WHAT IS YOUR USUAL OCCUPATION?

STUDENT

14. ARE YOU (Check one)

☑ Right handed ☐ Left handed

93-101-01

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	✓	15. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.
	✓	B. Inability to perform certain motions.
	✓	C. Inability to assume certain positions.
	✓	D. Other medical reasons (If yes, give reasons.)
	✓	16. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details).
	✓	17. Have you ever been denied life insurance? (If yes, state reason and give details.)
	✓	18. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)
	✓	19. Have you ever been a patient in any type of hospitals? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)
	✓	20. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)
	✓	21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)
	✓	22. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.)
	✓	23. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.)
	✓	24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge.
I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

TYPED OR PRINTED NAME OF EXAMINEE	SIGNATURE
ANDRES GARCIA GARCIA	Andres Garcia Garcia

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

25. Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

TYPED OR PRINTED NAME OF EXAMINER	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS
(b)(6)		(b)(6)	

REVERSE OF STANDARD FORM 93

(b)(6)

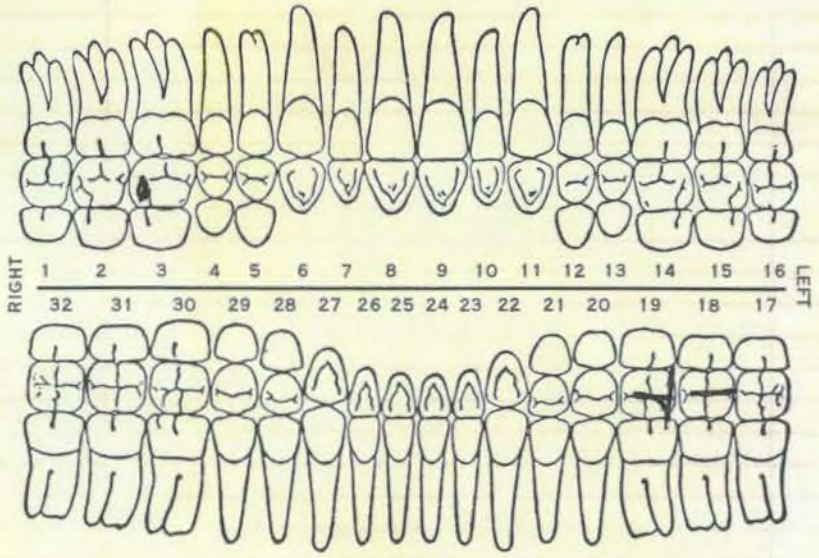
Standard Form 603
Rev. November 1953
Bureau of the Budget
Circular A – 32 (Rev.)

HEALTH RECORD — DENTAL

SECTION I. DENTAL EXAMINATION

1. PURPOSE OF EXAMINATION							2. TYPE OF EXAM.					3. DENTAL CLASSIFICATION									
X	INITIAL		SEPARATION		OTHER (Specify)			1	X	2	3	4		1		2		3		4	5

4. MISSING TEETH AND EXISTING RESTORATIONS

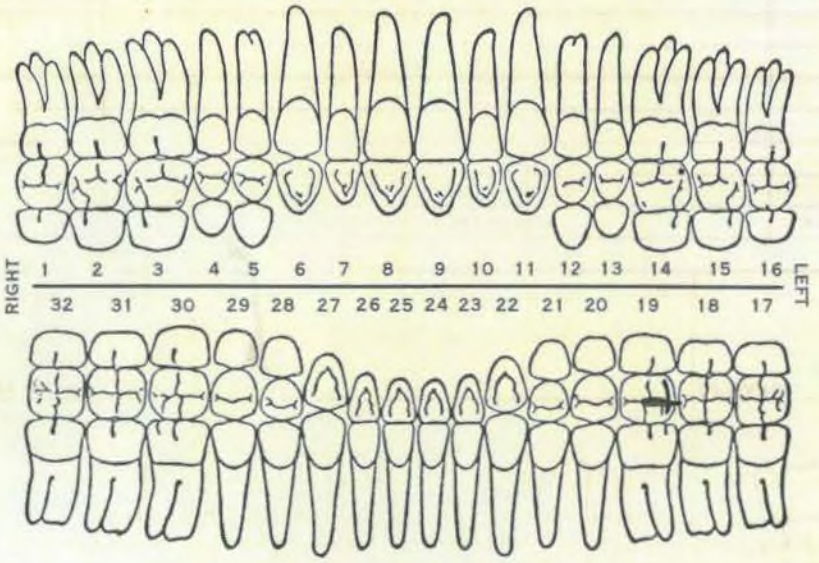


REMARKS

PLACE OF EXAMINATION	DATE
SAME AS BELOW	20/Aug/74

SIGNATURE OF DENTIST COMPLETING THIS SECTION

5. DISEASES, ABNORMALITIES, AND X-RAYS



A. CALCULUS

	SLIGHT		MODERATE		HEAVY

B. PERIODONTOCLASIA

	LOCAL		GENERAL
	INCIPIENT	MODERATE	SEVERE

C. STOMATITIS (Specify)

	GINGIVITIS		VINCENT'S

D. DENTURES NEEDED
(Include dentures needed after Indicated extractions)

FULL		PARTIAL	
U	L	U	L

ABNORMALITIES OF OCCLUSION - REMARKS

E. INDICATE X-RAYS USED IN THIS EXAMINATION

	FULL MOUTH PERIAPICAL	X	POSTERIOR BITE-WINGS		OTHER (Specify)

DATE	PLACE OF EXAMINATION	SIGNATURE OF DENTIST COMPLETING THIS SECTION
20 Aug 74	MCRD, PARRIS ISLAND, S. C. 29905	(b)(6)

SECTION II. PATIENT DATA

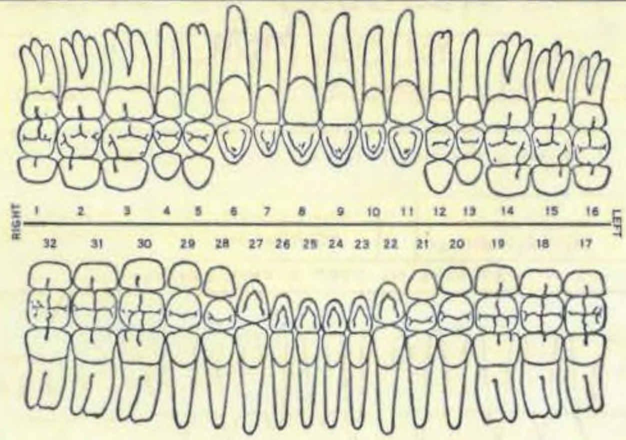
SOCIAL SECURITY NUMBER	SEX	RACE	DATE OF BIRTH	ORGANIZATION OR UNIT
(b)(6)	M	Cau	550721	PLT 370

NAME	SERVICE NO.	RANK	COMP. OR BRANCH	SERVICE DEPT. OR AGENCY
COPENHAVER GREGORY Scott		PVT	USMC	DEPT. OF DEFENSE

DENTAL
Standard Form 603
603-102-01

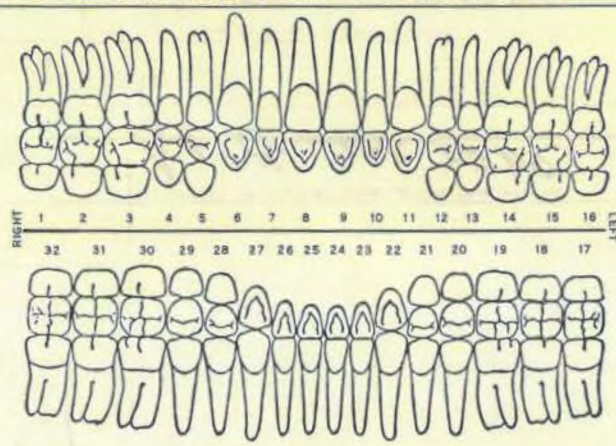
SECTION III. ATTENDANCE RECORD

15. RESTORATIONS AND TREATMENTS (Completed during service)



REMARKS

16. SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS

17. SERVICES RENDERED

DATE	DIAGNOSIS - TREATMENT	CLASS	OPERATOR AND DENTAL FACILITY	INITIALS

PATIENT'S LAST NAME - FIRST NAME - MIDDLE NAME

Standard Form 88
Revised April 1968
General Services Administration
Interagency Committee on Medical Records
FPMR 101-11.809-5

REPORT OF MEDICAL EXAMINATION

88-117-04

1. LAST NAME FIRST NAME MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
COPENHAVER, GREGORY SCOTT		(b)(6)

4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code)	5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
MAPLE HILL TR. PK., PORT DEPOSIT, MD 21904	MARINE CORPS	24/MAR/74

7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE		10. AGENCY	11. ORGANIZATION UNIT
Male	Cauc.	MILITARY NONE	CIVILIAN NONE	DoD	USMC 2/9

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
2/JUL/52	Lewistown	(b)(6)

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
AFEES BALTO. MD	Rel 0

17. RATING OR SPECIALTY	TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNORMAL
	18. HEAD, FACE, NECK AND SCALP	
	19. NOSE	
	20. SINUSES	
	21. MOUTH AND THROAT	
	22. EARS—GENERAL (Ext. & ext. canals) (Auditory acuity under items 70 and 71)	
	23. DRUMS (Perforation)	
	24. EYES—GENERAL (Visual acuity and refraction under items 58, 60 and 67)	
	25. OPHTHALMOSCOPIC	
	26. PUPILS (Equality and reaction)	
	27. OCULAR MOTILITY (Associating parallel movements, nystagmus)	
	28. LUNGS AND CHEST (Include breasts)	
	29. HEART (Thrust, size, rhythm, sounds)	
	30. VASCULAR SYSTEM (Varicosities, etc.)	
	31. ABDOMEN AND VISCERA (Include hernia)	
	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.)

#39

(Continue in item 73)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)

Restorable teeth — Non restorable teeth — Missing teeth — Replaced by dentures — Fixed Partial dentures

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	12	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

ACL

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY		46. CHEST X-RAY (Place, date, film number and result) 12 JUNE 1974
B. ALBUMIN: Neg	D. MICROSCOPIC: Neg	Neg
C. SUGAR: Neg		
47. SEROLOGY (Specify test made and result) NR	48. EKG: Neg	49. BLOOD TYPE AND RH FACTOR: A POS
		50. OTHER TESTS: Neg

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD	56. TEMPERATURE
71/2	145	BROWN	BLUE	[X] SLENDER [ ] MEDIUM [ ] HEAVY [ ] OBESE	

57 BLOOD PRESSURE (Arm at heart level)						58 PULSE (Arm at heart level)				
A SITTING	SYS. 132 DIAS. 64	B RECUMBENT	SYS. DIAS.	C STANDING (3 min.)	SYS. DIAS.	A SITTING 70	B AFTER EXERCISE	C 2 MIN AFTER	D. RECUMBENT	E AFTER STANDING 1 MIN

59. DISTANT VISION				60. REFRACTION		61. NEAR VISION			
RIGHT 20/	20	CORR TO 20/	20	BY −1.00 S CX		CORR TO	9"	BY	1
LEFT 20/	30	CORR TO 20/	20	BY −0.50 S − 0.25 CX	90	CORR TO	9"	BY	1

62. HETEROPHORIA (Specify distance)

ES°	EX°	R. H.	L. H.	PRISM DIV.	PRISM CONV CT	PC	PD

63. ACCOMMODATION		64. COLOR VISION (Test used and results)	65. DEPTH PERCEPTION (Test used and score)	UNCORRECTED
RIGHT	LEFT			CORRECTED
66. FIELD OF VISION		67. NIGHT VISION (Test used and score)	68. RED LENS TEST	69. INTRAOCULAR TENSION

70. HEARING			71. ANSI AUDIOMETER 1967								72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)
				250 Hz	500 Hz	1000 Hz	2000 Hz	3000 Hz	4000 Hz	6000 Hz	8000 Hz	
RIGHT WV	/15 SV	/15	RIGHT	15	5	5	5		5	15		
LEFT WV	/15 SV	/15	LEFT		20	5	20		5			

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

FISCHNT 9/9

No disqualifying defects or communicable [illegible]

APR 4 1974

(b)(6)

14 AUG 1974

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

~~59 RE · E.2.R. NCD~~

~~61 RE · E-3-R~~

APR 4 1974

75. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

Refraction

76. A PHYSICAL PROFILE

P	U	L	H	E	S
1	1	1	1	[redacted]	1

B PHYSICAL CATEGORY

A	B	C	E
1		X	

77. EXAMINEE (Check)

A. [ ] IS QUALIFIED FOR

B. [ ] IS NOT QUALIFIED FOR

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

61

79. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
80. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)	SIGNATURE
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY (b)(6)	SIGNATURE (b)(6)

NUMBER OF ATTACHED SHEETS

☆ U.S. GOVERNMENT PRINTING OFFICE: 1972-470-143

CERTIFICATE OF DEATH (OVERSEAS)
NAVMED 5360/2 (1-72) (Formerly NAVMED N)

S/N 0105-204-5300

1. NAME OF DECEASED (Last, first, middle)	2. GRADE/RATE	3. BRANCH OF SERVICE	4. SOCIAL SECURITY NUMBER
COPENHAVER, Gregory Scott	PVT	USMC	(b)(6)

5. ORGANIZATION	6. DATE OF BIRTH	7. SEX	8. [illegible]	
Golf CO., 2ndBn, 9thMar 3rd Marine Division, FMF	21 JUN 56	[X] MALE [ ] FEMALE	Cauc	[ ] YES [X] NO

10. MARKS AND SCARS (Noted in Health Record)

11. NAME OF NEXT OF KIN OR FRIEND	12. RELATIONSHIP TO DECEASED
(b)(6)	Mother

13. ADDRESS OF NEXT OF KIN OR FRIEND (Number, Street or RFD, City or Town, State and ZIP Code)

Maple Hill Trailer Park, Lot #1 Port Deposit, Maryland 21904

MEDICAL STATEMENT

14. CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH. (This does not mean the mode of dying, e.g. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(a) Unknown: Remains not recovered	
	ANTECEDENT CAUSES. (Morbid conditions, if any giving rise to above cause (a), stating the underlying cause last.)	DUE TO (b) Unknown	Immediate
		DUE TO (c) Unknown	Unknown
	II. OTHER SIGNIFICANT CONDITIONS. (Conditions contributing to death but not related to the disease or condition causing death.)	Helicopter Accident	Immediate

15. MODE OF DEATH	16. AUTOPSY PERFORMED	17. MAJOR FINDINGS OF AUTOPSY	18. CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
[ ] NATURAL [X] ACCIDENT [ ] SUICIDE [ ] HOMICIDE	[ ] YES [X] NO	N/A	Helicopter burned and crashed at sea.

19. TIME OF DEATH (Month) (Day) (Year) (Hour)	20. PLACE OF DEATH
May 15, 1975 1100	Vicinity of Koh Tang Island, Gulf of Thailand

I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.

21. SIGNATURE OF MEDICAL OFFICER	22. GRADE	23. DATE
(b)(6)	MC USN	22 May 1975

24. INSTALLATION OR ADDRESS

2nd Battallion, 9th Marines, Battallion Landing Team
3rd Marine Division (-) (Rein) FMF

25. DISPOSITION OF REMAINS

Remains not recovered

26. REMARKS

Passenger in USAF Helicopter which crashed and burned in vicinity of Koh Tang Island, Gulf of Thailand, at 1100 hours on May 15, 1975 during MAYAGUEZ recovery operation. Search and Rescue efforts were negative for remains.

☆ US GPO 1973 - 714-866/4036

STANDARD FORM 93
JANUARY 1971
GSA FPMR 101-11.8

Approved
Office of Management and Budget No. 29-R0191

REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. SOCIAL SECURITY OR IDENTIFICATION NO.
COPENHAVER, GREGORY SCOTT	(b)(6)
3. HOME ADDRESS (No. street or RFD, city or town, State, and ZIP CODE)	4. POSITION (Title, grade, component)
MAPLE HILL TR. PK., PORT DEPOSIT, MD 21904	
5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
MARINE CORPS	29/MAR/74
7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code)	
AFEES, BALTO., MD	

8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

Exam

9. HAVE YOU EVER (Please check each item)

YES	NO	(Check each item)
	✓	Lived with anyone who had tuberculosis
	✓	Coughed up blood
	✓	Bled excessively after injury or tooth extraction
	✓	Attempted suicide
	✓	Been a sleepwalker

10. DO YOU (Please check each item)

YES	NO	(Check each item)
✓		Wear glasses or contact lenses
✓		Have vision in both eyes
	✓	Wear a hearing aid
	✓	Stutter or stammer habitually
	✓	Wear a brace or back support

11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)

YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
	✓		Scarlet fever, erysipelas		✓		Cramps in your legs		✓		"Trick" or locked knee
	✓		Rheumatic fever		✓		Frequent indigestion		✓		Foot trouble
	✓		Swollen or painful joints		✓		Stomach, liver, or intestinal trouble		✓		Neuritis
	✓		Frequent or severe headache		✓		Gall bladder trouble or gallstones		✓		Paralysis (include infantile)
	✓		Dizziness or fainting spells		✓		Jaundice or hepatitis		✓		Epilepsy or fits
	✓		Eye trouble				Adverse reaction to serum, drug		✓		Car, train, sea or air sickness
	✓		Ear, nose, or throat trouble				or medicine		✓		Frequent trouble sleeping
	✓		Hearing loss	✓			Broken bones		✓		Depression or excessive worry
	✓		Chronic or frequent colds		✓		Tumor, growth, cyst, cancer		✓		Loss of memory or amnesia
	✓		Severe tooth or gum trouble		✓		Rupture/hernia		✓		Nervous trouble of any sort
	✓		Sinusitis		✓		Piles or rectal disease		✓		Periods of unconsciousness
	✓		Hay Fever		✓		Frequent or painful urination				
	✓		Head injury		✓		Bed wetting since age 12				
	✓		Skin diseases		✓		Kidney stone or blood in urine				
	✓		Thyroid trouble		✓		Sugar or albumin in urine				
	✓		Tuberculosis		✓		VD—Syphilis, gonorrhea, etc.				
	✓		Asthma		✓		Recent gain or loss of weight				
	✓		Shortness of breath		✓		Arthritis, Rheumatism, or Bursitis				
	✓		Pain or pressure in chest		✓		Bone, joint or other deformity				
	✓		Chronic cough		✓		Lameness				
	✓		Palpitation or pounding heart		✓		Loss of finger or toe	12. FEMALES ONLY: HAVE YOU EVER			
	✓		Heart trouble		✓		Painful or "trick" shoulder or elbow				Been treated for a female disorder
	✓		High or low blood pressure		✓		Recurrent back pain				Had a change in menstrual pattern

13. WHAT IS YOUR USUAL OCCUPATION?

STUDENT

14. ARE YOU (Check one)

[✓] Right handed [✓] Left handed

93-101-01

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT	
	✓	15 Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.	
	✓	B. Inability to perform certain motions.	
	✓	C. Inability to assume certain positions.	
	✓	D. Other medical reasons (*If yes, give reasons.*)	
	✓	16. Have you ever been treated for a mental condition? (*If yes, specify when, where, and give details.*)	
	✓	17. Have you ever been denied life insurance? (*If yes, state reason and give details.*)	
	✓	18. Have you had, or have you been advised to have, any operations? (*If yes, describe and give age at which occurred.*)	
	✓	19. Have you ever been a patient in any type of hospitals? (*If yes, specify when, where, why, and name of doctor and complete address of hospital.*)	
	✓	20. Have you ever had any illness or injury other than those already noted? (*If yes, specify when, where, and give details.*)	
	✓	21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (*If yes, give complete address of doctor, hospital, clinic, and details.*)	
	✓	22. Have you ever been rejected for military service because of physical, mental, or other reasons? (*If yes, give date and reason for rejection.*)	
	✓	23. Have you ever been discharged from military service because of physical, mental, or other reasons? (*If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.*)	
	✓	24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (*If yes, specify what kind, granted by whom, and what amount, when, why.*)	

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge.
I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

TYPED OR PRINTED NAME OF EXAMINEE	SIGNATURE
Gregory Scott Copenhaver	Gregory S. Copenhaver

NOTE: HAND TO THE DOCTOR OR NURSE OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."
25. Physician's summary and elaboration of all pertinent data (*Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.*)

Fx L clavicle age 7. No residuals

TYPED OR PRINTED NAME OF PHYSICIAN EXAMINER	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS
(b)(6)			

REVERSE OF STANDARD FORM 93

☆ U.S. GOVERNMENT PRINTING OFFICE: 1971—O—424-008

STANDARD FORM 603
REV. NOVEMBER 1953
BUREAU OF THE BUDGET
CIRCULAR A-32 (REV.)

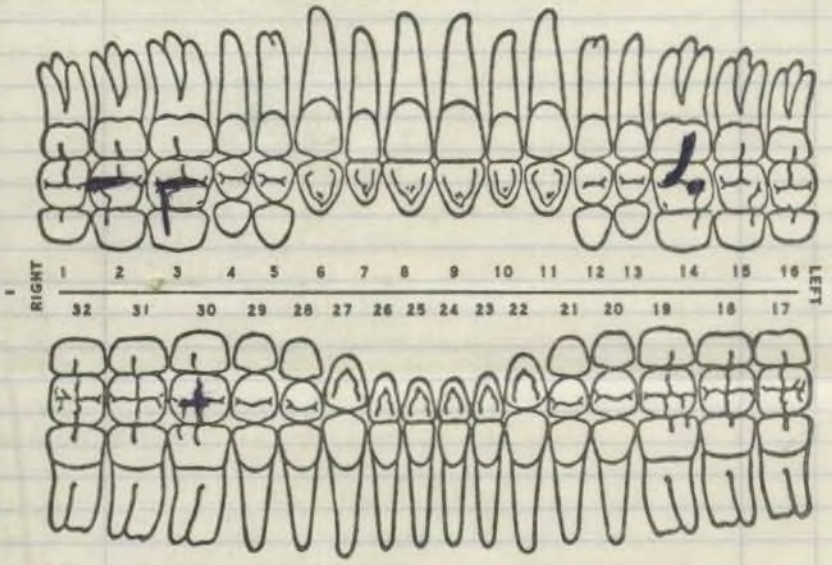
MANNING RONALD JAMES 09 MY 54 (b)(6)
1230201

HEALTH RECORD — DENTAL

SECTION I. DENTAL EXAMINATION

1. PURPOSE OF EXAMINATION						2. TYPE OF EXAM.						3. DENTAL CLASSIFICATION					
X	INITIAL		SEPARATION		OTHER (Specify)		1	X	2		3		4	X	1		2		3		4		5

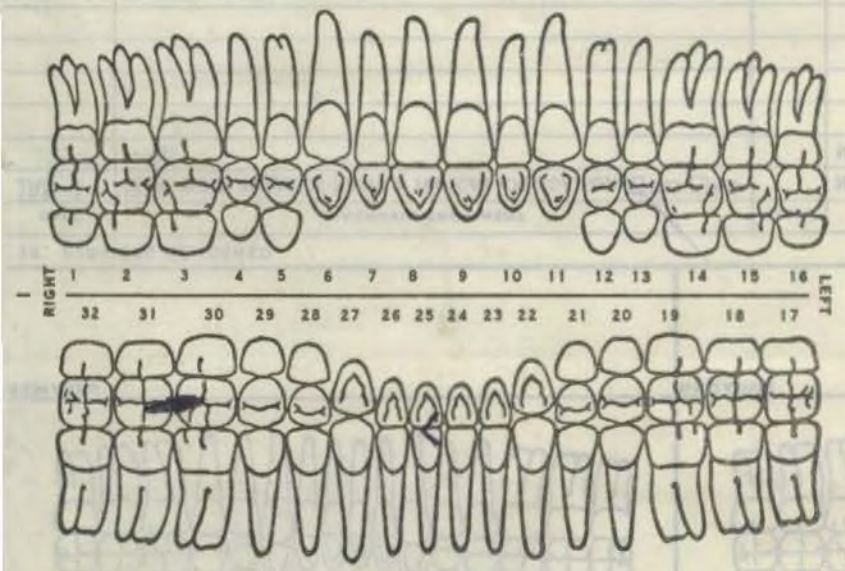
4. MISSING TEETH AND EXISTING RESTORATIONS



REMARKS

PLACE OF EXAMINATION: NTC GLAKES, ILL.
DATE: JAN 5 1973
SIGNATURE OF DENTIST COMPLETING THIS SECTION: (b)(6)

5. DISEASES, ABNORMALITIES, AND X-RAYS



A. CALCULUS: SLIGHT | MODERATE | HEAVY

B. PERIODONTOCLASIA: LOCAL | GENERAL; INCIPIENT | MODERATE | SEVERE

C. STOMATITIS (Specify)

GINGIVITIS | VINCENT'S

D. DENTURES NEEDED
(Include dentures needed after indicated extractions)

FULL		PARTIAL	
U	L	U	L

ABNORMALITIES OF OCCLUSION—REMARKS

24-Even

E. INDICATE X-RAYS USED IN THIS EXAMINATION

	FULL MOUTH PERIAPICAL	X	POSTERIOR BITE-WINGS		OTHER (Specify)

DATE: JAN 5 1973
PLACE OF EXAMINATION: NTC GLAKES, ILL.
SIGNATURE OF DENTIST COMPLETING THIS SECTION: (b)(6)

SECTION II. PATIENT DATA

6. SEX	7. RACE	8. GRADE, RATING, OR POSITION	9. ORGANIZATION UNIT	10. COMPONENT OR BRANCH	11. SERVICE, DEPT., OR AGENCY
MALE	Cau	~~RECRUIT~~ H.A.		USN	USN D-O-D.

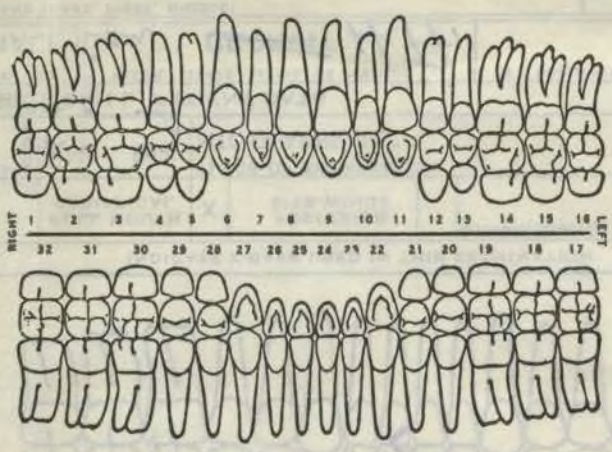
NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH	IDENTIFICATION NO. / SSN
MANNING RONALD JAMES	09 MY 54	(b)(6) 1230201

(SEE REVERSE SIDE)

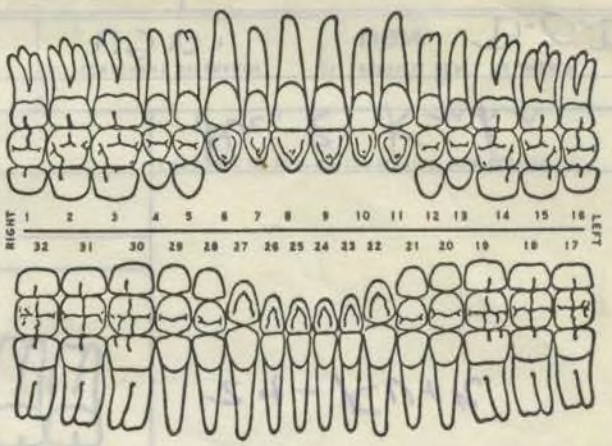
DENTAL
STANDARD FORM 603
603-102-01

SECTION III. ATTENDANCE RECORD

15. RESTORATIONS AND TREATMENTS *(Completed during service)*



16. SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS

REMARKS

17. SERVICES RENDERED

DATE	DIAGNOSIS—TREATMENT	CLASS	OPERATOR AND DENTAL FACILITY	INITIALS
JAN 4 1973	STANNOUS FLUORIDE PASTE & TOPICAL APPLICATION ☑ YES ☐ NO		NTC GLAKES, ILL. LCDR R.E. NETTELHORST, DC, USN	
JAN 5 1973	PCL		NTC GLAKES, ILL LCDR R.E. NETTELHORST, DC, USN	

MANNING DONALD JAMES
PATIPATIENT'S LAST NAME – FIRST NAME – MIDDLE NAME

(b)(6)

DENTAL TREATMENT PLAN
9ND-NTC-6600/18 (4-71)

Date

Surname, First name, Initial

MANNING, RONALD J

201

NOTE: This form was used for treatment planning purposes during Recruit Training and/or Service School. It may be removed and destroyed after departure from NTC Great Lakes.

A - Caries not involving dentin.
B - Caries less than one-fourth through dentin.
C - Caries one-fourth to three-fourths through dentin.
U - URGENT. Caries more than three-fourths through dentin. Priority treatment required to conserve vital pulp.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
	A	A													

☆ U. S. GOVERNMENT PRINTING OFFICE: O-1972-754-239/142

12164

Standard Form 88
Revised April 1968
General Services Administration
Interagency Comm. on Medical Records
FPMR 101-11.809-3

REPORT OF MEDICAL EXAMINATION

88-117-04

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
Manning, Ronald James		(b)(6)
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
1213 Wentworth Ave. Toronto, Ohio 43964	U.S.N.	29 Dec. 72

7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE		10. AGENCY	11. ORGANIZATION UNIT
		MILITARY	CIVILIAN		
Male	Cau	None	None		

12. DATE OF BIRTH (18)	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
9 MAY 54	Steubenville, Ohio	(b)(6)

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. [illegible]		
		TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS
AFECS PGA PA 15222	33 65 54 304		
17. RATING OR SPECIALTY			

CLINICAL EVALUATION

NORMAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNORMAL
	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 67)	
	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 (Varicosities, etc.)	
	31. ABDOMEN AND VISCERA (Include hernia)	
	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	X Dec 72
	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.)

(Continue in item 73)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)

Restorable teeth · Non-restorable teeth · Missing teeth · Replaced by dentures · Fixed Partial dentures

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY		46. CHEST X-RAY (Place, date, film number and result)
B. ALBUMIN	D. MICROSCOPIC	12 1335
C. SUGAR		

47. SEROLOGY (Specify test used and result)	48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
RPR			

HC
HC

DEC 22 1972

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD	56. TEMPERATURE
70	182	Brown	Hazel	☐ SLENDER ☑ MEDIUM ☐ HEAVY ☐ OBESE	

57. BLOOD PRESSURE (Arm at heart level)

A. SITTING SYS.	A. SITTING DIAS.	B. RECUMBENT SYS.	B. RECUMBENT DIAS.	C. STANDING (3 min.) SYS.	C. STANDING (3 min.) DIAS.
130	70				

58. PULSE (Arm at heart level)

A. SITTING	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.
74				

59. DISTANT VISION		60. REFRACTION			61. NEAR VISION	
RIGHT 20/ 20	CORR. TO 20/	BY	S.	CX	CORR. TO	BY
LEFT 20/ 20	CORR. TO 20/	BY	S.	CX	CORR. TO	BY

62. HETEROPHORIA (Specify distance)

ES°	EX°	R. H.	L. H.	PRISM DIV.	PRISM CONV. CT	PC	PD

63. ACCOMMODATION RIGHT	LEFT	64. COLOR VISION (Test used and result)	65. DEPTH PERCEPTION (Test used and score)	UNCORRECTED
		P.I.P. 13/14 Pass		CORRECTED
66. FIELD OF VISION		67. NIGHT VISION (Test used and score)	68. RED LENS TEST	69. INTRAOCULAR TENSION

70. HEARING

RIGHT WV /15 SV /15

LEFT WV /15 SV /15

71. Audiometer Ruomose AN.S.I

	250 Hz 256	500 Hz 512	1000 Hz 1024	2000 Hz 2048	3000 Hz 3200	4000 Hz 4096	6000 Hz 6144	8000 Hz 8192
RIGHT	10	10	10	10	10			
LEFT	15	10	10	10	10			

72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

AFQT

8D - 49 - III

Roland Jones

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

34 per Coun Moderate Nds

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

76. A. PHYSICAL PROFILE

P	U	L	H	E	S
1	1	1	1	1	1

77. EXAMINEE (Check)

A. ☑ IS QUALIFIED FOR ENL-IND USN

B. ☐ IS NOT QUALIFIED FOR

B. PHYSICAL CATEGORY

A	B	C	E
X			

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
80. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)	SIGNATURE (b)(6)
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY	SIGNATURE NUMBER OF ATTACHED SHEETS

☆ U.S. GOVERNMENT PRINTING OFFICE: 1978-670-148

CERTIFICATE OF DEATH (OVERSEAS)
NAVMED 5360/2 (1-72) (Formerly NAVMED N)

S/N 0105-204-5300

1. NAME OF DECEASED (Last, first, middle)	2. GRADE/RATE	3. BRANCH OF SERVICE	4. SOCIAL SECURITY NUMBER
MANNING, Ronald James	HN	USN	(b)(6)
5. ORGANIZATION	6. DATE OF BIRTH	7. SEX	
Medical Section, BAS 2ndBn., 9thMar 3rdMarDiv.	09 MAY 54	[X] MALE [ ] FEMALE	Cauc [ ] YES [X] NO

10. MARKS AND SCARS (Noted in Health Record)

11. NAME OF NEXT OF KIN OR FRIEND	12. RELATIONSHIP TO DECEASED
(b)(6)	FATHER

13. ADDRESS OF NEXT OF KIN OR FRIEND (Number, Street or RFD, City or Town, State and ZIP Code)

(b)(6)

MEDICAL STATEMENT

14. CAUSE OF DEATH			
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH. (This does not mean the mode of dying, e.g. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(a) Unknown: Remains not recovered.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES. (Morbid conditions, if any giving rise to above cause (a), stating the underlying cause last.)	DUE TO (b) Unknown	Immediate
		DUE TO (c) Unknown	Unknown
	II. OTHER SIGNIFICANT CONDITIONS. (Conditions contributing to death but not related to the disease or condition causing death.)	Helicopter Accident	Immediate

15. MODE OF DEATH	16. AUTOPSY PERFORMED	17. MAJOR FINDINGS OF AUTOPSY	18. CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
[ ] NATURAL [X] ACCIDENT [ ] SUICIDE [ ] HOMICIDE	[ ] YES [X] NO	N/A	Helicopter burned and crashed at sea.

19. TIME OF DEATH (Month) (Day) (Year) (Hour)	20. PLACE OF DEATH
May 15, 1975	Vicinity of Koh Tang Island, Gulf of Thailand.

I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.

21. SIGNATURE OF MEDICAL OFFICER	22. GRADE	23. DATE
(b)(6)	LT MC USN	22 MAY 1975

2nd Battalion, 9th Marines, Battalion Landing Team
3rd Marine Division (-)(Rein) FMF

25. DISPOSITION OF REMAINS

Remains not recovered

26. REMARKS

Passenger in USAF Helicopter which crashed and burned in vicinity of Koh Tang Island, Gulf of Thailand, at 1100 hours on May 15, 1975 during MAYAGUEZ recovery operation. Search and Rescue efforts were negative for remains.

☆ US GPO 1973 - 714-866/4036

7329
89

Pers-732-mm

28 OCT 1975

Dear Mrs. Manning:

This letter is in response to your inquiry of 30 September 1975 concerning the loss of your son, Hospitalman Ronald James Manning, United States Navy.

Before we go into detail concerning the loss of your son, I would like to assure you of our continued sympathy. I appreciate your desire to be fully aware of the events which resulted in the loss of your son.

The helicopter in which your son and several Marines were being transported came under heavy fire from Cambodian soldiers as it approached the island of Koh Tang to begin the search for the crewmen of the captured American freighter MAYAGUEZ. The severely damaged helicopter crashed into the sea off the coast of the island and exploded. In order to provide you with more detailed information we contacted the Commanding General, Third Marine Division and asked him to respond to those questions which you asked in your recent inquiry. The questions which you asked are repeated below and the answers immediately follow:

Q. How far from the beach of Koh Tang Island was chopper when it went down?

A. Approximately ten meters.

Q. Where did you search for their bodies?

A. Search was primarily conducted at crash site and seaward. There was hostile fire from the beach. A strong current carried all survivors out to sea.

Q. Why were choppers not with main body of Marines that landed?

A. The size of the island and the dense foliage required more than one landing zone. The helicopter was proceeding to its designated zone.

Q. Were there bodies left behind in the helicopter when Marines were evacuated?

A. The helicopter sustained damage from ground fire when still 20 to 30 feet in the air. The left side burst into flames and it crashed in the water. The helicopter sustained another explosion which engulfed the remainder in flames. It is unknown for certain if bodies remained in what was left of the helicopter or were thrown free by the explosion. Personnel who were thrown free or escaped the aircraft were in the water for approximately three hours before rescue. There is no eyewitness report of any bodies seen floating in the wreckage.

Q. Our son was first listed as missing in action later changed to killed in action. Were there eyewitnesses to his death?

A. There are no witnesses who could positively identify the death of Hospitalman Manning. Eyewitnesses have verified seeing three men killed but the smoke, fire and confusion made it impossible to identify the men by name. At least two explosions ripped the aircraft as it was engulfed in flames. In addition it came under hostile fire and the survivors in the water were under hostile fire.

Q. If this chopper went into the sea and exploded, how did the thirteen that survived get on the island?

A. It is unknown where the number thirteen came from. Our report of 28 June 1975 reported ten survivors. Also there is no record of any report that they were on the island. As previously stated the survivors spent approximately three hours in the water. They were rescued by USS WILSON (DDG-7)

We hope the foregoing will provide you with a better insight into the intensity of the battle on Koh Tang Island and the very difficult circumstances under which we were forced to effect disengagement from the battle and rescue personnel from the battle area.

If there is any way in which we may somehow ease your great burden or assist in any other way please let us know.

By direction of the Chief of Naval Personnel:

Sincerely yours,

J. M. TAMONY
Commander, USN
Acting Director
Personal Services Division

(b)(6)

BIOGRAPHICAL DATA

NAME, RANK, SERVICE NO: MANNING, Ronald James, HN, (b)(6) USN

DATE AND PLACE OF BIRTH: 9 May 1954 - Steubenville, Ohio

RACE AND RELIGION: Caucasian - Protestant

NAME AND ADDRESS OF NOK:

(b)(6)

PHYSICAL DESCRIPTION:

HAIR: Brown EYES: Hazel HEIGHT: 5'11" WEIGHT: 182

BUILD: Medium

SCARS OR MARKS: None

BLOOD TYPE: A Neg

CIRCUMSTANCES

DATE: 15 May 1975

DUTY STATION: HQSVC CO 2ND BN 9th Mar 3rd MarDiv

TYPE OF AIRCRAFT: Helicopter (passenger)

MISSION & VOICE CALLS: N/A

TYPE OF MISSION: Search for crewmen of the captured American freighter MAYAGUEZ

LOCATION: Island of Koh Tang off coast of Cambodia

DESCRIPTION OF INCIDENT:

Hospitalman Manning was reported killed in action as a result of the crash of the helicopter in which he along with one other Hospital Corpsman and a contingent of the U. S. Marines were approaching Koh Tang Island off the coast of Cambodia. His remains were not recovered.

STANDARD FORM 93
JANUARY 1971
GSA FPMR 101–11.8

Approved
Office of Management and Budget No. 29–R0191

REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. SOCIAL SECURITY OR IDENTIFICATION NO.
Manning Ronald James	(b)(6)
3. HOME ADDRESS (No. street or RFD, city or town, State, and ZIP CODE)	**4. POSITION (Title, grade, component)**
1213 Wentworth Ave Toronto, OHio 43964	

5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION	7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code)
U S N.	29 Dec 72	AFEES PGA PA 15222

8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

Good

9. HAVE YOU EVER (Please check each item)

YES	NO	(Check each item)
	✓	Lived with anyone who had tuberculosis
	✓	Coughed up blood
	✓	Bled excessively after injury or tooth extraction
	✓	Attempted suicide
	✓	Been a sleepwalker

10. DO YOU (Please check each item)

YES	NO	(Check each item)
	✓	Wear glasses or contact lenses
✓		Have vision in both eyes
	✓	Wear a hearing aid
	✓	Stutter or stammer habitually
	✓	Wear a brace or back support

11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)

YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
	✓		Scarlet fever, erysipelas		✓		Cramps in your legs		✓		"Trick" or locked knee
	✓		Rheumatic fever		✓		Frequent indigestion		✓		Foot trouble
	✓		Swollen or painful joints		✓		Stomach, liver, or intestinal trouble		✓		Neuritis
	✓		Frequent or severe headache		✓		Gall bladder trouble or gallstones		✓		Paralysis (include infantile)
	✓		Dizziness or fainting spells		✓		Jaundice or hepatitis		✓		Epilepsy or fits
	✓		Eye trouble				Adverse reaction to serum, drug,		✓		Car, train, sea or air sickness
	✓		Ear, nose, or throat trouble		✓		or medicine		✓		Frequent trouble sleeping
	✓		Hearing loss		✓		Broken bones		✓		Depression or excessive worry
	✓		Chronic or frequent colds		✓		Tumor, growth, cyst, cancer		✓		Loss of memory or amnesia
	✓		Severe tooth or gum trouble		✓		Rupture/hernia		✓		Nervous trouble of any sort
	✓		Sinusitis		✓		Piles or rectal disease		✓		Periods of unconsciousness
	✓		Hay Fever		✓		Frequent or painful urination				
	✓		Head injury		✓		Bed wetting since age 12				
	✓		Skin diseases		✓		Kidney stone or blood in urine				
	✓		Thyroid trouble		✓		Sugar or albumin in urine				
	✓		Tuberculosis		✓		VD—Syphilis, gonorrhea, etc.				
	✓		Asthma		✓		Recent gain or loss of weight				
	✓		Shortness of breath		✓		Arthritis, Rheumatism, or Bursitis				
	✓		Pain or pressure in chest		✓		Bone, joint or other deformity				
	✓		Chronic cough		✓		Lameness				
	✓		Palpitation or pounding heart		✓		Loss of finger or toe	**12. FEMALES ONLY: HAVE YOU EVER**			
	✓		Heart trouble		✓		Painful or "trick" shoulder or elbow				Been treated for a female disorder
	✓		High or low blood pressure		✓		Recurrent back pain				Had a change in menstrual pattern

13. WHAT IS YOUR USUAL OCCUPATION?

Student

14. ARE YOU (Check one)

☑ Right handed ☐ Left handed

93–101–01

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT

✓	15. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.
✓	B. Inability to perform certain motions.
✓	C. Inability to assume certain positions.
✓	D. Other medical reasons (*If yes, give reasons.*)
✓	16. Have you ever been treated for a mental condition? (*If yes, specify when, where, and give details.*)
✓	17. Have you ever been denied life insurance? (*If yes, state reason and give details.*)
✓	18. Have you had, or have you been advised to have, any operations? (*If yes, describe and give age at which occurred.*)
✓	19. Have you ever been a patient in any type of hospitals? (*If yes, specify when, where, why, and name of doctor and complete address of hospital.*)
✓	20. Have you ever had any illness or injury other than those already noted? (*If yes, specify when, where, and give details.*)
✓	21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (*If yes, give complete address of doctor, hospital, clinic, and details.*)
✓	22. Have you ever been rejected for military service because of physical, mental, or other reasons? (*If yes, give date and reason for rejection.*)
✓	23. Have you ever been discharged from military service because of physical, mental, or other reasons? (*If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.*)
✓	24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (*If yes, specify what kind, granted by whom, and what amount, when, why.*)

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge.
I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

TYPED OR PRINTED NAME OF EXAMINEE	SIGNATURE
(b)(6)	

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

25. Physician's summary and elaboration of all pertinent data (*Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.*)

denied ad

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE	SIGN	NUMBER OF ATTACHED SHEETS
(b)(6)	DEC 29 1972	(b)(6)	

REVERSE OF STANDARD FORM 93

☆ U.S. GOVERNMENT PRINTING OFFICE: 1971—O—424-008

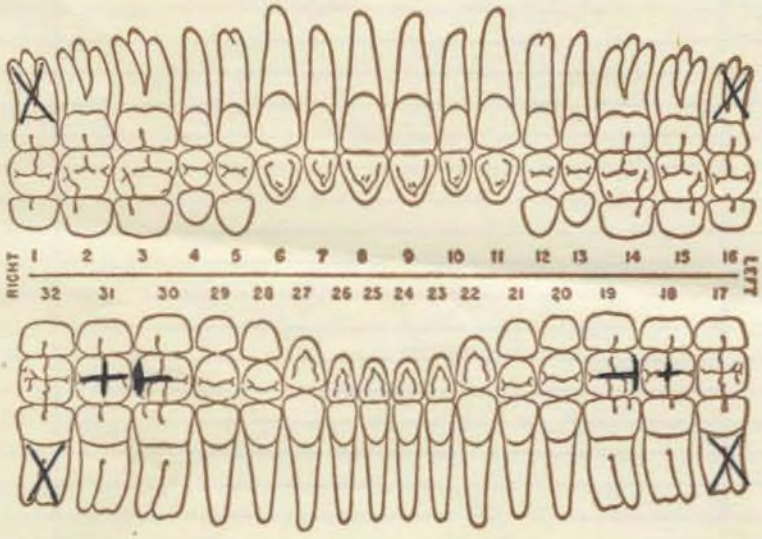
Standard Form 603
Rev. November 1953
Bureau of the Budget
Circular A—32 (Rev.)

HEALTH RECORD — DENTAL

SECTION I. DENTAL EXAMINATION

1. PURPOSE OF EXAMINATION							2. TYPE OF EXAM.					3. DENTAL CLASSIFICATION					
	INITIAL		SEPARATION	X	OTHER (Specify) ACTIVE DUTY		1	X	2	3	4	X	1	2	3	4	5

4. MISSING TEETH AND EXISTING RESTORATIONS

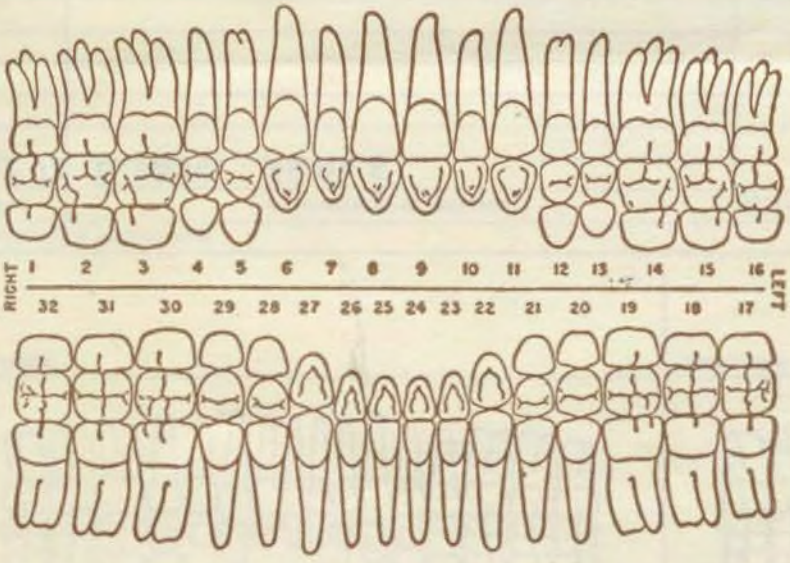


REMARKS

PLACE OF EXAMINATION	DATE
NDC, CHASN, S.C.	8 NOV 1971

SIGNATURE OF DENTIST COMPLETING THIS SECTION
LCDR W. A. BUMGARDNER, DC, USN, NDC, CHASN, S. C.
(b)(6)

5. DISEASES, ABNORMALITIES, AND X-RAYS



A. CALCULUS

	SLIGHT		MODERATE		HEAVY
X					

B. PERIODONTOCLASIA

	LOCAL		GENERAL	
	INCIPIENT		MODERATE	SEVERE

C. STOMATITIS (Specify)

	GINGIVITIS		VINCENT'S

D. DENTURES NEEDED
(Include dentures needed after indicated extractions)

FULL		PARTIAL	
U	L	U	L

ABNORMALITIES OF OCCLUSION—REMARKS

E. INDICATE X-RAYS USED IN THIS EXAMINATION

	FULL MOUTH PERIAPICAL	X	POSTERIOR BITE-WINGS		OTHER (Specify)

DATE	PLACE OF EXAMINATION
8 NOV 1971	NDC, CHASN, S.C.

SIGNATURE OF DENTIST COMPLETING THIS SECTION
(b)(6) NDC, CHASN, S. C.

SECTION II. PATIENT DATA

6. SEX	7. RACE	8. GRADE, RATING, OR POSITION	9. ORGANIZATION UNIT	10. COMPONENT OR BRANCH	11. SERVICE, DEPT., OR AGENCY
M	CAU	HM2		USN	USN 416-58-0883

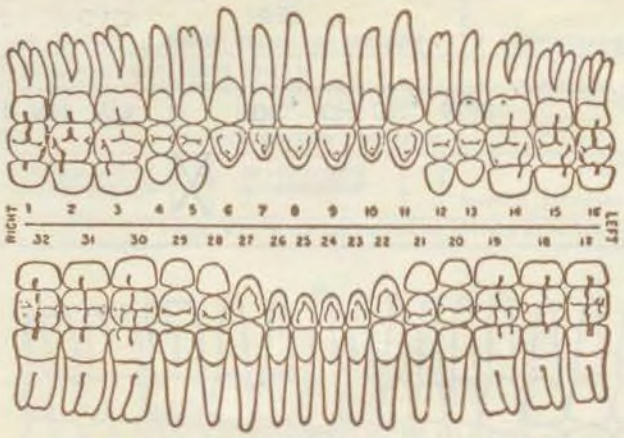
12. PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	13. DATE OF BIRTH (DAY-MONTH-YEAR)	14. IDENTIFICATION NO.
GAUSE, BERNARD (N) jr.	11 NOV 40	[redacted]

(b)(6)

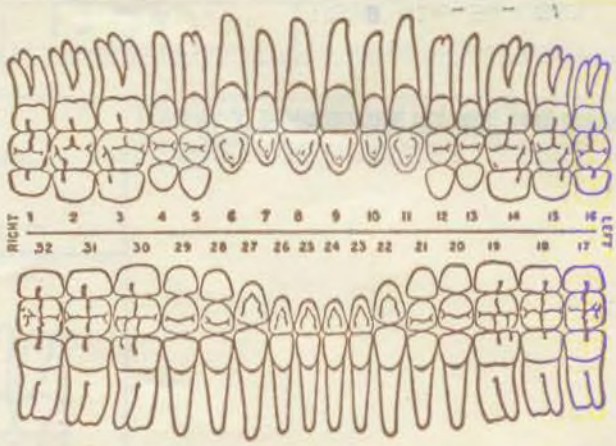
DENTAL
Standard Form 603
603—102—91

SECTION III. ATTENDANCE RECORD

15. RESTORATIONS AND TREATMENTS (Completed during service)



16. SUBSEQUENT DISEASES AND ABNORMALITIES



REMARKS

REMARKS

17. SERVICES RENDERED

DATE	DIAGNOSIS—TREATMENT	CLASS	OPERATOR AND DENTAL FACILITY	INITIALS
10.18.72	EXAM. XRAYS		(b)(6)	

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

U. S. GOVERNMENT PRINTING OFFICE : 1966 O - 215-195

STANDARD FORM 603
REV. NOVEMBER 1953
BUREAU OF THE BUDGET
CIRCULAR A—32 (REV.)

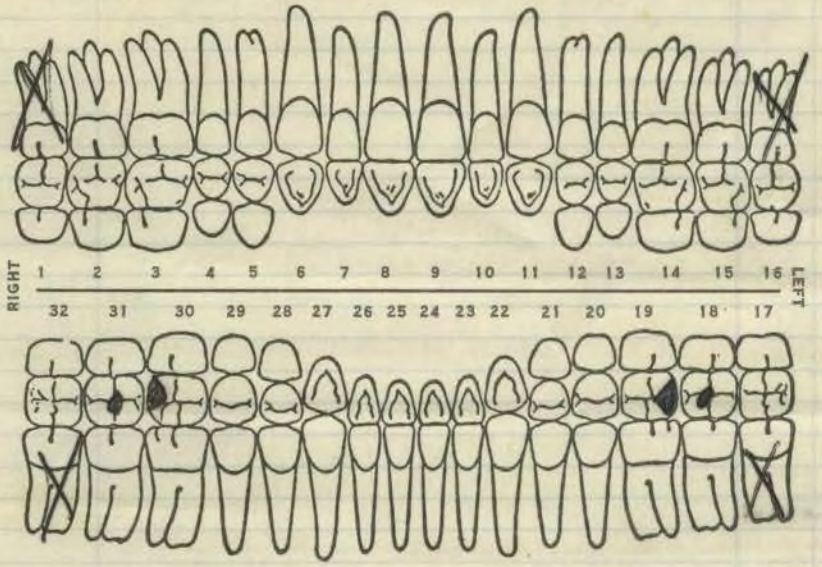
GAUSE BERNARD JR B300051 11 40 415 287

HEALTH RECORD — DENTAL

SECTION I. DENTAL EXAMINATION

1. PURPOSE OF EXAMINATION						2. TYPE OF EXAM.					3. DENTAL CLASSIFICATION					
X	INITIAL		SEPARATION		OTHER (Specify)	1	X	2	3	4	1	2	3	4	5	

4. MISSING TEETH AND EXISTING RESTORATIONS



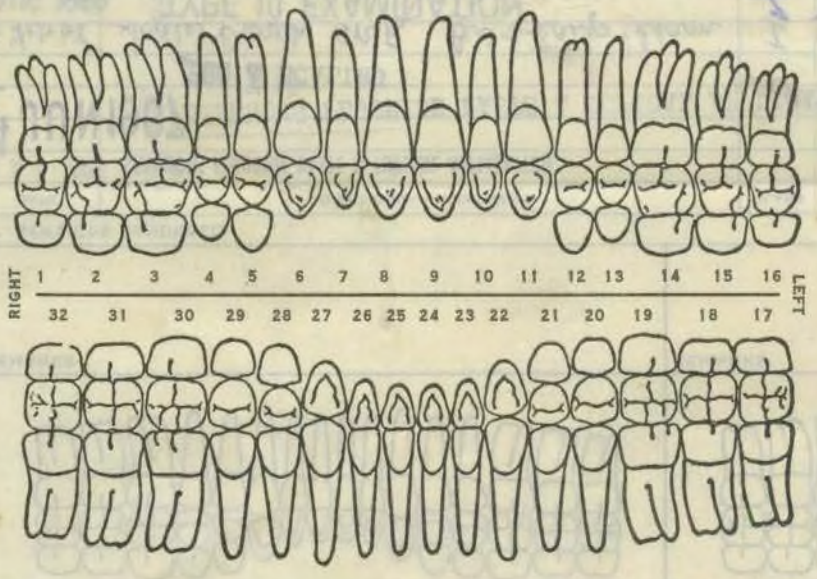
REMARKS

PLACE OF EXAMINATION: USNTC GLAKES, ILL.

DATE: APR 1 8 1966

(b)(6)

5. DISEASES, ABNORMALITIES, AND X-RAYS



A. CALCULUS

	SLIGHT		MODERATE		HEAVY

B. PERIODONTOCLASIA

	LOCAL			GENERAL
	INCIPIENT		MODERATE	SEVERE

C. STOMATITIS (Specify)

	GINGIVITIS		VINCENT'S

D. DENTURES NEEDED
(Include dentures needed after indicated extractions)

FULL		PARTIAL	
U	L	U	L

ABNORMALITIES OF OCCLUSION—REMARKS

E. INDICATE X-RAYS USED IN THIS EXAMINATION

	FULL MOUTH PERIAPICAL	X	POSTERIOR BITE-WINGS		OTHER (Specify)

DATE: APR 1 8 1966

PLACE OF EXAMINATION: USNTC GLAKES, ILL.

(b)(6)

SECTION II. PATIENT DATA

6. SEX	7. RACE	8. GRADE, RATING, OR POSITION	9. ORGANIZATION UNIT	10. COMPONENT OR BRANCH	11. SERVICE, DEPT., OR AGENCY
MALE		RECRUIT	USNTC GLAKES	NAVY	DEFENSE

NAME (LAST, FIRST, MIDDLE)	SERVICE NO.	DATE OF BIRTH	IDENTIFICATION NO.
GAUSE BERNARD JR	B300051	11 40	(b)(6)

(SEE REVERSE SIDE)

SECTION III. ATTENDANCE RECORD

15. RESTORATIONS AND TREATMENTS *(Completed during service)*

(b)(6)

16. SUBSEQUENT DISEASES AND ABNORMALITIES

REMARKS

REMARKS

17. SERVICES RENDERED

DATE	DIAGNOSIS—TREATMENT	CLASS	OPERATO	INITIALS
APR 15 1965	STANNOUS FLUORIDE PASTE & TOPICAL APPLICATION			
14 JUN 1967	STANNOUS FLUORIDE PASTE & TOPICAL APPLICA			
	PRO & SCALING			
16 Feb 68	Scale Prophy SNF Bw x-rays Exam	I		
8 AUG 1968	TYPE III EXAMINATION	1		

(b)(6)

(b)(6)

(b)(6)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

U. S. GOVERNMENT PRINTING OFFICE: 1963—750-330

Standard Form 88
(Rev. June 1956)
Bureau of the Budget
Circular A-32 (Rev.)

REPORT OF MEDICAL EXAMINAT

(b)(6)

910 ih 88-104-01

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
GAUSE, BERNARD, JR.	SR, USN	(b)(6)

4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)	5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
532 Park Ave. Birmingham 16, Ala.	ENLISTMENT	14 Dec 65

7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE		10. AGENCY	11. ORGANIZATION UNIT
		MILITARY	CIVILIAN		
Male	CAU				

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
11 Nov 1940	Birmingham, Ala.	(b)(6)

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
AFES, MONTGOMERY, ALA.	SS# 1 110 40 740

17. RATING OR SPECIALTY	TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNORMAL
✓	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 67)	
✓	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 (Varicosities, etc.)	
✓	31. ABDOMEN AND VISCERA (Include hernia)	
✓	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 78)	
✓	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.)

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)

O—Restorable teeth
I—Nonrestorable teeth
X—Missing teeth
XXX—Replaced by dentures
(6 X 8)—Fixed bridge, brackets to include abutments

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

ACCEPT

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY
B. ALBUMIN Neg.
C. SUGAR
D. MICROSCOPIC

46. CHEST X-RAY (Place, date, film number and result)
AFES MONTGOMERY ALABAMA
14 DEC 1965
910

47. SEROLOGY (Specify test used and result)
VDRL - NEG

48. EKG

49. BLOOD TYPE AND RH FACTOR
"J"

50. OTHER TESTS

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD	56. TEMPERATURE
66	124	Brn	Brn	☑ SLENDER ☐ MEDIUM ☐ HEAVY ☐ OBESE	

57. BLOOD PRESSURE (*Arm at heart level*)

A. SITTING	SYS. 114 / DIAS. 68	B. RECUMBENT	SYS. / DIAS.	C. STANDING (3 min.)	SYS. / DIAS.

58. PULSE (*Arm at heart level*)

A. SITTING	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.
76				

59. DISTANT VISION		60. REFRACTION		61. NEAR VISION	
RIGHT 20/ 400	CORR. TO 20/ 40	BY	S. OX	J-2 CORR. TO	BY
LEFT 20/ 400	CORR. TO 20/ 40	BY	S. OX	J-2 CORR. TO	BY

62. HETEROPHORIA (*Specify distance*)

ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. CT Ortho PC PD

63. ACCOMMODATION		64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	UNCORRECTED
RIGHT	LEFT	PIP Passed		CORRECTED
66. FIELD OF VISION		67. NIGHT VISION (*Test used and score*)	68. RED LENS TEST	69. INTRAOCULAR TENSION

70. HEARING			71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)
RIGHT WV	/15 SV	/15		250 *850*	500 *512*	1000 *1084*	2000 *2048*	3000 *2896*	4000 *4096*	6000 *6144*	8000 *8192*	
LEFT WV	/15 SV	/15	RIGHT		0	0	0	0	0	5		
			LEFT		10	6	5	0	0	5		

73. NOTES (*Continued*) AND SIGNIFICANT OR INTERVAL HISTORY

AFQT: 80 31 III

(*Use additional sheets if necessary*)

74 SUMMARY OF DEFECTS AND DIAGNOSES (*List diagnoses with item numbers*)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*)

76. A. PHYSICAL PROFILE

P	U	L	H	E	S
1	1	1	1	2	1

77. EXAMINEE (*Check*)

A. ☑ IS QUALIFIED FOR ENLISTMENT IN THE USN AND TO PERFORM THE DUTIES OF HIS RATE AT SEA AND ON FOREIGN

B. ☐ IS NOT QUALIFIED FOR SHORE.

B. PHYSICAL CATEGORY

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN (b)(6)

(b)(6)

80. TYPED OR PRINTED NAME OF PHYSICIAN

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*)

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY (b)(6)

(b)(6)

NUMBER OF ATTACHED SHEETS

U.S. GOVERNMENT PRINTING OFFICE: 1960—O-540014

Standard Form 88
(Rev. June 1956)
Bureau of the Budget
Circular A-32 (Rev.) 0109-200-7002

REPORT OF MEDICAL EXAMINATION

88-105

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
GAUSE, BERNARD (NMN) JR.	HM2	530 00 51

4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)	5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
2828 VESTAVIA FOREST PLACE BIRMINGHAM, ALABAMA 35216	R.F.A.D.	12/22/69

7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE	10. AGENCY	11. ORGANIZATION UNIT
M	CAU	MILITARY 3yr 8mo CIVILIAN	USN	U.S. NAVAL STATION, NORVA

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
11 NOV 40	BIRMINGHAM, ALABAMA	JAN M. GAUSE (WIFE) SAME AS #4

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
U.S. NAVAL DISPENSARY, NORVA	RELIGION: PRESBYTERIAN

17. RATING OR SPECIALTY	TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNORMAL
X	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 67)	
	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 (Varicosities, etc.)	
	31. ABDOMEN AND VISCERA (Include hernia)	
	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	X
	40. SKIN, LYMPHATICS	
	41. NEUROLOGIC (Equilibrium tests under item 78)	
	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.)

#39 USCLA.
5 1/2". MIDDLE FOREHEAD.
8 1/2" CHIN.
MULTIPLE PYODERMA SCARS BOTH LEGS.

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)

O—Restorable teeth
/—Nonrestorable teeth
X—Missing teeth
XXX—Replaced by dentures
(6 X 8)—Fixed bridge, brackets to include abutments

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	X															X	
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
	X															X	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

TYPE III EXAMINATION

DENTALLY QUALIFIED

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY		46. CHEST X-RAY (Place, date, film number and result)
B. ALBUMIN neg	D. MICROSCOPIC	Yardley, Florida - 32220 - neg.
C. SUGAR neg.		

47. SEROLOGY (Specify test used and result)	48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
VDRL-nonreactive			

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD	56. TEMPERATURE
67"	128	BROWN	BROWN	☑ SLENDER ☐ MEDIUM ☐ HEAVY ☐ OBESE	N

57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)				
A. SITTING	SYS. 130 / DIAS. 70	B. RECUMBENT	SYS. / DIAS.	C. STANDING (3 min.)	SYS. / DIAS.	A. SITTING 78	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.

59. DISTANT VISION	60. REFRACTION	61. NEAR VISION
RIGHT 20/ 400 CORR. TO 20/ 20	BY -3.00 S. -1.50 OX 110	CORR. TO BY
LEFT 20/ 400 CORR. TO 20/ 20	BY -3.00 S. -1.00 OX 60	CORR. TO BY

62. HETEROPHORIA (Specify distance)

ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. CT PC PD

63. ACCOMMODATION		64. COLOR VISION (Test used and result)	65. DEPTH PERCEPTION (Test used and score)	UNCORRECTED
RIGHT	LEFT	PASSED FALANT.		CORRECTED
66. FIELD OF VISION		67. NIGHT VISION (Test used and score)	68. RED LENS TEST	69. INTRAOCULAR TENSION

70. HEARING				71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)
RIGHT WV 15	/15 SV 15	/15			350 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192	
LEFT WV 15	/15 SV 15	/15		RIGHT									
				LEFT									

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

I certify that I have been informed of and understand the provisions of BuMed INSTRUCTION 6120.6C

(b)(6)

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

#59-7CD

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

none

76. A. PHYSICAL PROFILE

P	U	L	H	E	S

B. PHYSICAL CATEGORY

A	B	C	E

77. EXAMINEE (Check)

A. ☑ IS QUALIFIED FOR READ

B. ☐ IS NOT QUALIFIED FOR

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. (b)(6) SICIAN SIGNATU (b)(6)

80. TYPED OR PRINTED NAME OF PHYSICIAN SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which) (b)(6) (b)(6)

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY NUMBER OF ATTACHED SHEETS

Standard Form 88
Revised April 1968
General Services Administration
Interagency Comm. on Medical Records
FPMR 101-11.809-3

REPORT OF MEDICAL EXAMINATION

88-117

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
GAUSE BERNARD JR	HM2	(b)(6)

4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code)	5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
324 Preble St So Portland Maine	USN (ACTIVE)	14 Dec 71

7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE		10. AGENCY	11. ORGANIZATION UNIT
		MILITARY	CIVILIAN		
M	Cau	05 5yrs			

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
11 Nov 40	Birmingham Ala.	Jan M. (Wife) Same as #4

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION	
AFEES PORTLAND MAINE	01 110 40 0740	Rel "P"

17. RATING OR SPECIALTY	TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNORMAL
✓	18. HEAD, FACE, NECK AND SCALP	
✓	19. NOSE	
✓	20. SINUSES	
✓	21. MOUTH AND THROAT	
✓	22. EARS—GENERAL (Ext. & 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 (Varicosities, etc.)	
✓	31. ABDOMEN AND VISCERA (Include hernia)	
✓	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.)

During heart exam - pulse climbed >100 for I-II/VI high pitched sys murmur @ heard in pulmonic area, $S_1 + S_2$ nl, imp = innocent Kil

39) SCAR BETWEEN EYES

(Continue in item 73)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)

Restorable teeth (0) · Non-restorable teeth (I) · Missing teeth (X) · Replaced by dentures · Fixed Partial dentures

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

acc

LABORATORY FINDINGS

HEMACOMBISTIX 1000 MGS

42. URINALYSIS: SPECIFIC GRAVITY Neg 1.016

B. ALBUMIN Neg

C. SUGAR Neg

D. MICROSCOPIC Neg

46. CHEST X-RAY (Place, date, film number and result)
AFEES-FED OFFICE BLDG 14 DEC 1971
161 FOREST AVE
PORTLAND MAINE 04101

47. SEROLOGY (Specify test used and result)
RPR CARD TEST FOR SYPHILIS Neg

48. EKG

49. BLOOD TYPE AND RH FACTOR
A Neg

50. OTHER TESTS

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD:	56. TEMPERATURE
67	128	BROWN	BROWN	☑ SLENDER ☐ MEDIUM ☐ HEAVY ☐ OBESE	

57. BLOOD PRESSURE (Arm at heart level)

A. SITTING	SYS. 136 / DIAS. 74	B. RECUMBENT	SYS. / DIAS.	C. STANDING (3 min.)	SYS. / DIAS.

58. PULSE (Arm at heart level)

A. SITTING	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.
88				

59. DISTANT VISION	60. REFRACTION	61. NEAR VISION
RIGHT 20/ 400 CORR. TO 20/ 20	BY −4.50 S +1.50 CX 25	J-2 CORR. TO J-1 BY RX
LEFT 20/ 400 CORR. TO 20/ 20	BY −4.25 S +1.25 CX 155	J-2 CORR. TO J-1 BY RX

62. HETEROPHORIA (Specify distance)

ES° EX° R. HI. L. HI. PRISM DIV. PRISM CONV. CT PC PD

63. ACCOMMODATION		64. COLOR VISION (Test used and result)	65. DEPTH PERCEPTION (Test used and score)	UNCORRECTED
RIGHT	LEFT	FARLAND PASSED		CORRECTED
66. FIELD OF VISION		67. NIGHT VISION (Test used and score)	68. RED LENS TEST	69. INTRAOCULAR TENSION

70. HEARING

RIGHT WV /15 SV /15

LEFT WV /15 SV /15

71. AUDIOMETER

	250 Hz	500 512	1000 1024	2000 2048	3000 3686	4000 4096	6000 6144	8000 8192
RIGHT	/	0	0	0	/	5		/
LEFT	/	0	0	0	/	0	/	

72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

No disqualifying defects
unicable diseases were
's date:" Date

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

59. Vision defect E2

29. heart (mr NCD)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

76. A. PHYSICAL PROFILE

P	U	L	H	E	S
1	1	1	1	2	1

77. EXAMINEE (Check)

A. ☑ IS QUALIFIED FOR ENLISTMENT

B. ☐ IS NOT QUALIFIED FOR

B. PHYSICAL CATEGORY X

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

A	B	C	E
	✓		

79. TYPED OR PRINTED NAME OF PHYSICIAN — **SIGNATURE**

80. TYPED OR PRINTED NAME OF PHYSICIAN — **SIGNATURE**

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which) — **SIGNATURE**

(b)(6)

VING AUTHORITY

(b)(6)

NUMBER OF ATTACHED SHEETS

★ U.S. GOVERNMENT PRINTING OFFICE : 1969 O—338-840

Standard Form 88
Revised April 1968
General Services Administration
Interagency Comm. on Medical Records
FPMR 101-11.809-3

REPORT OF MEDICAL EXAMINATION

88-117

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
GAUSE, Bernard (NMN) Jr.	HM2 USN	(b)(6)

4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code)	5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
~~96 Coachlantern Lane Scarborough, Maine 04074~~ 1932 I TREE TOP LANE BIRMINGHAM, AL 35216	Re-Enlistment	13 AUG 1973

7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE		10. AGENCY	11. ORGANIZATION UNIT
		MILITARY	CIVILIAN		
M	Cau	7 Yr.	0	USN	NAVCRUIT STA - BOSTON MA

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
11Nov40	Birmingham, Alabama	(b)(6)

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
AFEES Portland, Maine	

17. RATING OR SPECIALTY	TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNORMAL
✓	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 62)	
✓	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 (Varicosities, etc.)	
✓	31. ABDOMEN AND VISCERA (Include hernia)	
	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.)

29) RSR S (N). No S3 or Sy.

32) External hemorrhoids.

36) Mild pes planus

39) Scar chin, scar forehead.

(Continue in item 73)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)

Restorable teeth · Non-restorable teeth · Missing teeth · Replaced by dentures · Fixed Partial dentures

RIGHT																	LEFT
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17		

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

accept

HEMACOMBISTIX 1000 MGS NEG. LABORATORY FINDINGS AFEES PORTLAND, MAINE

45. URINALYSIS: A. SPECIFIC GRAVITY		D. MICROSCOPIC	46. CHEST X-RAY (Place, date, film number and result)
B. ALBUMIN	Neg		70 MM Chest Film 13 AUG 1973 Neg 0883
C. SUGAR	Neg		

47. SEROLOGY (Specify test used and result)	48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
RPR CARD TEST FOR SYPHILIS Neg		ANEG	

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD:	56. TEMPERATURE
67	140	BRN	BRN	☐ SLENDER ☑ MEDIUM ☐ HEAVY ☐ OBESE	

57. BLOOD PRESSURE (Arm at heart level)

A. SITTING	SYS. 126 / DIAS. 74	B. RECUMBENT	SYS. / DIAS.	C. STANDING (3 min.)	SYS. / DIAS.

58. PULSE (Arm at heart level)

A. SITTING	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.
70				

59. DISTANT VISION	60. REFRACTION	61. NEAR VISION
RIGHT 20/ 400 CORR. TO 20/ 20	BY −4.50 S. +1.50 CX 25	J-6 CORR. TO J-1 BY R4
LEFT 20/ 400 CORR. TO 20/ 20	BY −4.00 S. +1.25 CX 150	J-4 CORR. TO J-1 BY R4

62. HETEROPHORIA (Specify distance)

ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. CT PC PD

63. ACCOMMODATION	64. COLOR VISION (Test used and result)	65. DEPTH PERCEPTION (Test used and score)	UNCORRECTED
RIGHT LEFT	PIP PASSED 14/14		CORRECTED
66. FIELD OF VISION	**67. ~~NIGHT VISION~~ (Test used and score)**	**68. RED LENS TEST**	**69. INTRAOCULAR TENSION**
	FALANT PASSED		

70. HEARING

RIGHT WV /15 SV /15

LEFT WV /15 SV /15

71. ANSI 1969 AUDIOMETER

	350 Hz 256	500 Hz 512	1000 Hz 1024	2000 Hz 2048	3000 Hz 2896	4000 Hz 4096	6000 Hz 8192	8000 Hz 8192
RIGHT	/	0	5	5	/	10		/
LEFT		5	5	5	/	5	/	

72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

32) External hemorrhoids NCD
36) Mild pes planus NCD
59) ↓ VA OU, correctable to 20/20 OU. E2

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

76. A. PHYSICAL PROFILE

P	U	L	H	E	S
1	1	1	1	2	1

77. EXAMINEE (Check)

A. ☑ IS QUALIFIED FOR ENLISTMENT
B. ☐ IS NOT QUALIFIED FOR

B. PHYSICAL CATEGORY X

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

A	B	C	E
	✓		

79. TYPED OR PRINTED NAME OF PHYSICIAN — **SIGNATURE**

80. TYPED OR PRINTED NAME OF PHYSICIAN — **SIGNATURE**

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which) — **SIGNATURE**

82. ~~EXAMINER~~ OR APPROVING AUTHORITY (b)(6) (b)(6) **NUMBER OF ATTACHED SHEETS**

U.S. GOVERNMENT PRINTING OFFICE : 1970 O—388-239

CERTIFICATE OF DEATH (OVERSEAS)
NAVMED 5360/2 (1-72) (Formerly NAVMED N)

S/N 0105-204-5300

1. NAME OF DECEASED (Last, first, middle)	2. GRADE/RATE	3. BRANCH OF SERVICE	4. SOCIAL SECURITY NUMBER
GAUSE, Bernard Jr.	HM2	USN	(b)(6)

5. ORGANIZATION	6. DATE OF BIRTH	7. SEX	8. RACE	9. AVIATION
Medical Section, BAS 2ndBn., 9thMar 3rdMarDiv.	11 NOV 40	[X] MALE [ ] FEMALE	Cauc	[ ] YES [X] NO

10. MARKS AND SCARS (Noted in Health Record)

(1) Scar on chin (1) Scar on forehead

11. NAME OF NEXT OF KIN OR FRIEND	12. RELATIONSHIP TO DECEASED
(b)(6)	Wife

13. ADDRESS OF NEXT OF KIN OR FRIEND (Number, Street or RFD, City or Town, State and ZIP Code)

(b)(6)

MEDICAL STATEMENT

14. CAUSE OF DEATH

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH. (This does not mean the mode of dying, e.g. heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(a) Unknown: Remains not recovered	
ANTECEDENT CAUSES. (Morbid conditions, if any giving rise to above cause (a), stating the underlying cause last.)	DUE TO (b) Unknown	Immediate
	DUE TO (c) Unknown	Unknown
II. OTHER SIGNIFICANT CONDITIONS. (Conditions contributing to death but not related to the disease or condition causing death.)	Helicopter Accident	Immediate

15. MODE OF DEATH	16. AUTOPSY PERFORMED	17. MAJOR FINDINGS OF AUTOPSY	18. CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
[ ] NATURAL [X] ACCIDENT [ ] SUICIDE [ ] HOMICIDE	[ ] YES [X] NO	N/A	Helicopter burned and crashed at sea.

19. TIME OF DEATH (Month) (Day) (Year) (Hour)	20. PLACE OF DEATH
May 15, 1975	Vicinity of Koh Tang Island, Gulf Of Thailand

I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.

21. SIGNATURE OF MEDICAL OFFICER	22. GRADE	23. DATE
(b)(6)	LT MC USN	22 MAY 1975

2nd Battalion, 9th Marines, Battalion Landing Team
3rd Marine Division (-) (Rein) FMF

25. DISPOSITION OF REMAINS

Remains not recovered

26. REMARKS

Passenger in USAF Helicopter which crashed and burned in the vicintiy of Koh Tang Island, Gulf of Thailand, at 1100 hours on May 15, 1975 during MAYAGUEZ recovery operation. Search and Rescue efforts were negative for remains.

☆ US GPO 1973 - 714-866/4036

BIOGRAPHICAL DA[illegible]

NAME, RANK, SERVICE NO: GAUSE, Bernard Jr., HM1, (b)(6) USN

DATE AND PLACE OF BIRTH: 11 November 1940 - Birmingham, Alabama

RACE AND RELIGION: Caucasian - Protestant

NAME AND ADDRESS OF NOK:

Wife: Jan Sumner Gause, 1932 "1" Tree Top Lane, Birmingham, ALA 35216

Mother: Sarah Oslin Frank, 2828 Vestavia Forest Place, Birmingham, ALA 35216

PHYSICAL DESCRIPTION:

HAIR: Brown EYES: Brown HEIGHT: 5'6" WEIGHT: 140

BUILD: Medium

SCARS OR MARKS: (1) Scar on chin (2) Scar on forehead

BLOOD TYPE: A Neg

CIRCUMSTANCES

DATE:	15 May 1975
DUTY STATION:	HQSVC CO 2ND BN 9th Mar 3rd MarDiv
TYPE OF AIRCRAFT:	Helicopter (passenger)
MISSION & VOICE CALLS:	N/A
TYPE OF MISSION:	Search for crewmen of the captured American freighter MAYAGUEZ
LOCATION:	Island of Koh Tang off coast of Combodia

DESCRIPTION OF INCIDENT:

Hospital Corpsman First Class Gause was reported killed in action as a result of the crash of the helicopter in which he along with one other Hospitalman and a contingent of the U. S. Marines were approaching Koh Tang Island off the coast of Combodia. His remains were not recovered.

732
B

Pers-732-mm
JUL 24 1975

73
SIGN

Dear Mrs. Gause:

I am writing this letter to provide you with the information which we have concerning the loss of your husband, Hospital Corpsman Second Class Bernard Gause, Junior, United States Navy on 15 May 1975 in the contiguous waters off the coast of Cambodia.

The forces utilized in the operation were those which were best positioned, trained and equipped to rescue the captured crew members of the American freighter MAYAGUEZ and to return the seized ship. Because of their proximity and urgency of the situation, Navy, Marine Corps and Air Force units in the vicinity were assigned the mission.

The helicopter in which Hospital Corpsman Second Class Gause and twenty-two Marines were being transported came under heavy fire from Cambodian soldiers as it approached the island of Koh Tang to begin the search for the crewmen of the captured freighter. The severely damaged helicopter crashed into the sea off the coast of the island and exploded. Because of the intense ground fire from the Cambodian soldiers on the island, coupled with the forced exit from the burning aircraft, the troops were compelled to swim towards the ocean. Extensive search and rescue efforts were undertaken by air and surface forces and twelve of the twenty-two Marines aboard the ill-fated aircraft were rescued. Regrettably, Hospital Corpsman Second Class Gause along with the other Marine personnel on board the helicopter either perished in the helicopter crash or were lost in the swift current in the waters adjacent to the island. Their remains could not be located after extensive searches. If there were any reason whatsoever to believe that Hospital Corpsman Second Class Gause's remains were recoverable after the termination of the engagement, appropriate action would have been taken swiftly to recover them.

I know that it must be a great comfort to you and Hospital Corpsman Second Class Gause's family to know of the high esteem in which he was held by the Navy and Marine Corps personnel in his unit. As a Navy Hospital Corpsman his life was one of dedication to the aid and assistance of others. If there is any consolation to be found in his loss, it is his unselfishness.

Please accept my sympathy in your great loss and if I may assist you in any way please do not hesitate to contact me.

By direction of the Chief of Naval Personnel:

Sincerely,

A. C. MARSHALL
Captain, USN
Director
Personal Services Division

(b)(6)

REFNO: 2040 1 Apr 76

(U) CASE SUMMARY

1. On 15 May 1975 HM1 Bernard (NMI) Gause, Jr., and HN Ronald J. Manning were aboard a helicopter which was in support of the rescue operations of the crew of the SS MAYAGUEZ off the coast of Cambodia. The helicopter crashed in the general vicinity of grid coordinates TS 950 400, apparently as a result of enemy fire. No trace of either man could be found after the crash. (Ref 1) (NFI)

2. An Overwater/At-Sea Casualty Resolution Operation was conducted during the period of July through September 1973 to determine the feasibility/desirability of expanding such operations to be used in cases such as this. Based on the combined factors of cost and lack of any positive results whatsoever, the At-Sea Operations were terminated. These individuals' names and identifying data were turned over to the Four-Party Joint Military Team with a request for any information available. No response was forthcoming. HM1 Gause and HN Manning are currently carried in the status of Dead, Body Not Recovered.

REFERENCE USED

1. RPT (U), Chief of NAVPERS, DD Form 1300, 21 May 75.

ASSOCIATED INDIVIDUALS

1. Bernard Gause Jr. 2040-0-01

2. Ronald J. Manning 2040-0-02

Patient's Name _____

Grade _____ Date 24 JAN 75 ?

Case or Service No. _____

Organization _____

(2) BWs

Patient's Name

Grade Date 24 JAN 75 ?

Case or Service No.

Organization

(2) BWs

Patients Name VANDEGEER, Richard

Grade Date

Case or Service No.

Organization

ante mortem
dental x-rays

3003001

(b)(6)

Standard Form 603
Rev. November 1953
Bureau of the Budget
Circular A–32 (Rev.)

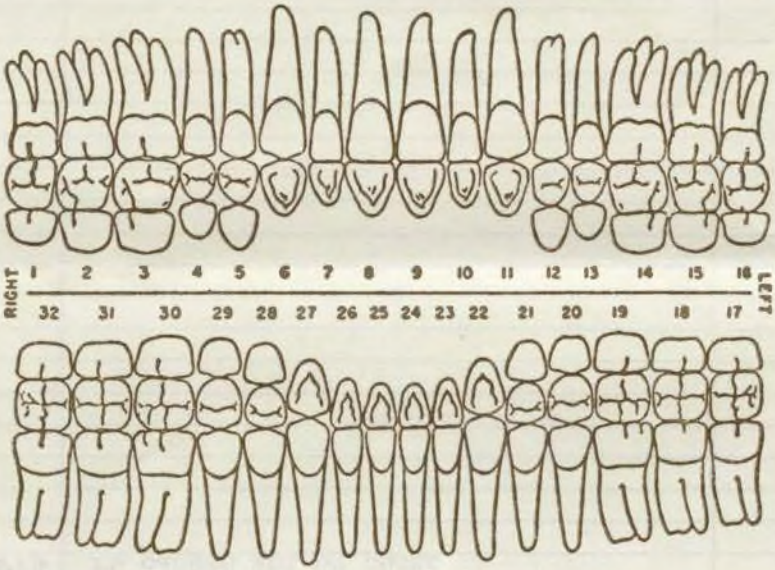
LACKLAND TC OVERPRINT 33 (JAN 72)

HEALTH RECORD — DENTAL

SECTION I. DENTAL EXAMINATION

1. PURPOSE OF EXAMINATION							2. TYPE OF EXAM.				3. DENTAL CLASSIFICATION					
	INITIAL		SEPARATION	X	OTHER (*Specify*)	ENTRANCE		1	2	3	4	1	2	3	4	5

4. MISSING TEETH AND EXISTING RESTORATIONS



REMARKS

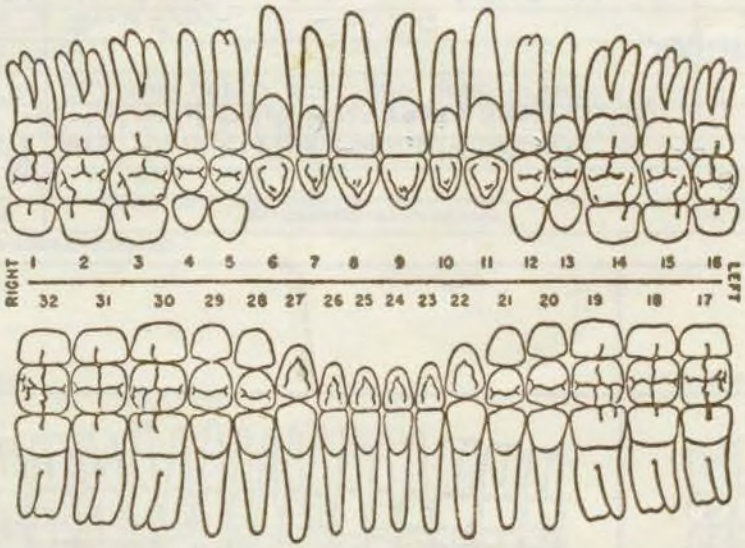
PLACE OF EXAMINATION: LACKLAND AFB, TEXAS

DATE: 1 FEB 74

(b)(6)

Director of Dental Services

5. DISEASES, ABNORMALITIES, AND X-RAYS



A. CALCULUS

	SLIGHT		MODERATE		HEAVY

B. PERIODONTOCLASIA

	LOCAL		GENERAL

	INCIPIENT		MODERATE		SEVERE

C. STOMATITIS (*Specify*)

	GINGIVITIS		VINCENT'S

D. DENTURES NEEDED
(*Include dentures needed after indicated extractions*)

FULL		PARTIAL	
U	L	U	L

ABNORMALITIES OF OCCLUSION—REMARKS

E. INDICATE X-RAYS USED IN THIS EXAMINATION

	FULL MOUTH PERIAPICAL		POSTERIOR BITE-WINGS	X	OTHER (*Specify*) PANOREX

DATE: 1 FEB 74

PLACE OF EXAMINATION: LACKLAND AFB, TEXAS

(b)(6)

Director of Dental Services

SECTION II. PATIENT DATA

6. SEX	7. RACE	8. GRADE, RATING, OR POSITION	9. ORGANIZATION UNIT	10. COMPONENT OR BRANCH	11. SERVICE, DEPT., OR AGENCY
M	CAU			SMS, O	AF

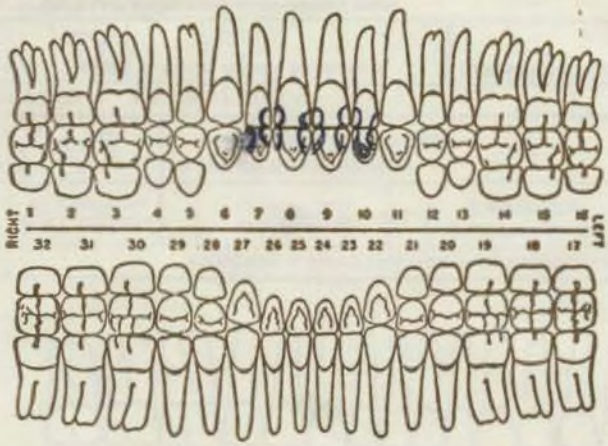
12. PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	13. DATE OF BIRTH (DAY–MONTH–YEAR)	14. IDENTIFICATION NO.
	11 JAN 48	

1401 7413B
VANDEGEER RICHARD 278 44 8037

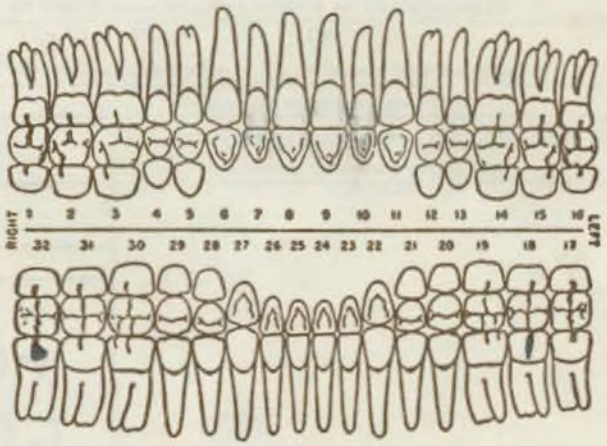
DENTAL
Standard Form 603
603-102

SECTION III. ATTENDANCE RECOR

18. RESTORATIONS AND TREATMENTS (*Completed during service*)



19. SUBSEQUENT DIS...ES AND ABNORMALITIES



REMARKS

REMARKS

17. SERVICES RENDERED

DATE	DIAGNOSIS—TREATMENT	CLASS	OPERATOR AND DENTAL FACILITY	INITIALS
FEB 01 1974	LACKLAND AFB, TEX. EXAM . TYPE 2	2	(b)(6)	
22FEB74	Car#7-DL,#8-DFL,#9-DFL,#10-DFL,all w/ B-L			
	#7-M,#8-M,#9-M,#10M comp resin anesreg PDC	1		
27FEB74	Cal mod perio scal pro comp CPTSNF PDC	1		
OCT 21 1974			NAKHO	
24Jan75	Exam Type-2 BW X-Ray PDC	2		
14Feb75	Car # 10L-dycal-Adaptic # 10-L-fil pol			
	PDC Anes Reg	2		
7Mar75	Pt caneed apt by phone			

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

GPO : 1969—648—16—80366-1

Standard Form 88
Revised April 1968
General Services Administration
Interagency Comm. on Medical Records
FPMR 101-11.809-3

D.P. 3284
Deros: Oct 75

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
VanderBeek Richard (NMN)	2/LT USAF	(b)(6)
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code)	5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
620 S. 7th ST LARAMIE, WYO 80720	Annual Flying	24 JAN 75

7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE		10. AGENCY	11. ORGANIZATION UNIT
		MILITARY	CIVILIAN		
Male	Caucasian	7		USAF	21 SOS, PACAF APO SF 96310

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN
(28) 11 JAN 48	Cleveland, Ohio	(b)(6)

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. DAFSC INFORMATION
56 USAF Hospital APO SF 96310	1025F FSC IA

17. RATING OR SPECIALTY	TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS
Pilot CH-53	1000 hrs	100 hrs

CLINICAL EVALUATION

NORMAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNORMAL
X	18. HEAD, FACE, NECK, AND SCALP	
X	19. NOSE	
X	20. SINUSES	
X	21. MOUTH AND THROAT	X
X	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
X	23. DRUMS (Perforation)	
X	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 62)	
X	25. OPHTHALMOSCOPIC	
X	26. PUPILS (Equality and reaction)	
X	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
X	28. LUNGS AND CHEST (Include breasts)	
X	29. HEART (Thrust, size, rhythm, sounds)	
X	30. VASCULAR SYSTEM (Varicosities, etc.)	
X	31. ABDOMEN AND VISCERA (Include hernia)	
X	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
X	33. ENDOCRINE SYSTEM	
X	34. G-U SYSTEM	X
	35. UPPER EXTREMITIES (Strength, range of motion)	
X	36. FEET	
X	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
X	38. SPINE, OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	X
	40. SKIN, LYMPHATICS	X
X	41. NEUROLOGIC (Equilibrium tests under item 78)	
X	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.)

21. TE.

23. UNB

34. Circumcised

39. 2cm scar L elbow WNWS
Light burn scars anterior RUE WNWS

40. Mild acne vulgaris, face + back. equipment
will not interfere with wearing flying

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)

Restorable teeth: 0 / 1 2 3 / 32 31 30 / 0
Non-restorable teeth: / / 1 2 3 / 32 31 30 / /
Missing teeth: X / 1 2 3 / 32 31 30 / X
Replaced by dentures: X X X / 1 2 3 / 32 31 30 / X X X
Fixed Partial dentures: X / 1 2 3 / 32 31 30 / (X)

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	X	

RESULTS OF ADDITIONAL DENTAL EXAMS AND DISEASES
Exam Type
Class 2
Qualified
(b)(6)

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY	1.025	46. CHEST X-RAY (Place, date, film number and result)
B. ALBUMIN	Negative	56 USAF Hospital APO SF 96310
C. SUGAR	Negative	24 Jan 75. 75 295 Normal
D. MICROSCOPIC	Normal	

47. SERology (Specify test used and result)	48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
RPR - Nonreactive	—	A Pos	Hct 48% TB Test Apr 74 negative

88-117-02

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. HAIR	54. COLOR EYES	55. BUILD (Check one)	SLENDER	MEDIUM	HEAVY	OBESE	56. TEMPERATURE
73	178	BLOND	BLUE			X			

57. BLOOD PRESSURE (Arm at heart level)

A. SITTING	SYS. 118 / DIAS. 64	B. RECUMBENT	SYS. / DIAS.	C. STANDING (3 min.)	SYS. 120 / DIAS. 68

58. PULSE (Arm at heart level)

A. SITTING	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.
64	—	—	—	76

59. DISTANT VISION		60. REFRACTION		61. NEAR VISION	
RIGHT 20/ 20	CORR. TO 20/ —	BY — S. — CX —		20/20	CORR. TO — BY —
LEFT 20/ 20	CORR. TO 20/ —	BY — S. — CX —		20/20	CORR. TO — BY —

62. HETEROPHORIA (Specify distance) VTA-ND (FAR)

ES°	EX°	R. H.	L. H.	PRISM DIV.	PRISM CONV. CT	PC	PD
3	0	0.5	0	—	Esophoria	30	

63. ACCOMMODATION		64. COLOR VISION (Test used and result)	65. DEPTH PERCEPTION (Test used and score)	UNCORRECTED	69. INTRAOCULAR TENSION
RIGHT 10.4	LEFT 10.4	VTS-CV Passes by record	VTA-ND	Passes (F)	
66. FIELD OF VISION		**67. NIGHT VISION (Test used and score)**	**68. RED LENS TEST**	CORRECTED —	
Confrontation Normal		NIBH	—		

70. HEARING

RIGHT WV /15 SV /15

LEFT WV /15 SV /15

71. AUDIOMETER Ansi 69 Rudmose

	250 / 256	500 / 512	1000 / 1024	2000 / 2048	3000 / 2896	4000 / 4096	6000 / 6144	8000 / 8192
RIGHT		5	5	5	5	5	5	
LEFT		5	5	5	5	5	5	

72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

Examinee denies family history of diabetes and psychosis, use of contact lenses or drugs, history of motion sickness and disturbances of conciousness and all other significant medical or surgical history.

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

76. A. PHYSICAL PROFILE

P	U	L	H	E	S
1	1	1	1	1	1

77. EXAMINEE (Check)

A. ☒ IS QUALIFIED FOR (U) Flying Class II

B. ☐ IS NOT QUALIFIED FOR

B. PHYSICAL CATEGORY

A	B	C	E
X			

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

79. TYPED OR PRINTED NAME OF PHYSICIAN	(b)(6)	SIGNATURE	(b)(6)
80. TYPED OR PRINTED NAME OF PHYSICIAN	DAFSC: 9351	SIGNATURE	
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)		SIGNATURE	
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY		SIGNATURE	NUMBER OF ATTACHED SHEETS

☆ U. S. GOVERNMENT PRINTING OFFICE: 1971—448-369

Standard Form 88
Revised April 1968
General Services Administration
Interagency Comm. on Medical Records
FPMR 101-11.809-3

EJF

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
VANDEGEER, RICHARD	OT USAF	(b)(6)
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
1920 Edgehill Rd Abington, PA 19001	Navigator Training	5 Feb 74

7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE		10. AGENCY	11. ORGANIZATION UNIT
		MILITARY	CIVILIAN		
Male	Caucasian	4-8/12	-	DAF	SMSO,74-13B,1/12, LAFB,TX(ATC)

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
(26) 11 Jan 48	Cleveland, OH	(b)(6)

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION	
SMSO(SG), LACKLAND AFB, TX	Last Phy: 1 Jun 73 (Surg ATC) USAF Hosp Lockbourne AFB, OH	
17. RATING OR SPECIALTY	**TIME IN THIS CAPACITY (Total)**	**LAST SIX MONTHS**
Student Navigator - Initial	-	-

CLINICAL EVALUATION

NORMAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNORMAL
X	18. HEAD, FACE, NECK AND SCALP	
X	19. NOSE	
X	20. SINUSES	
	21. MOUTH AND THROAT	X
X	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
X	23. DRUMS (Perforation)	
X	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
X	25. OPHTHALMOSCOPIC	
X	26. PUPILS (Equality and reaction)	
X	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
X	28. LUNGS AND CHEST (Include breasts)	
X	29. HEART (Thrust, size, rhythm, sounds)	
X	30. VASCULAR SYSTEM (Varicosities, etc.)	
X	31. ABDOMEN AND VISCERA (Include hernia)	
X	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
X	33. ENDOCRINE SYSTEM	
	34. G-U SYSTEM	X
X	35. UPPER EXTREMITIES (Strength, range of motion)	
X	36. FEET	
X	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
X	38. SPINE, OTHER MUSCULOSKELETAL	
X	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
	40. SKIN, LYMPHATICS	X
X	41. NEUROLOGIC (Equilibrium tests under item 78)	
X	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.)

21. Tonsils enucleated

23. Valsalva normal bilateral

SURGEON--HQ ATC
MEDICALLY QUALIFIED
FLYING CLASS 1
FEB 25 1974
BY

34. Circumcised

40. Mild acne vulgaris of the shoulders and back, will not interfere with wearing of military equipment.

(Continue in item 73)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)

Restorable teeth: 0 / 1 2 3 / 32 31 30 / 0
Non-restorable teeth: / 1 2 3 / 32 31 30 / /
Missing teeth: X 1 2 3 / 32 31 30 / X
Replaced by dentures: X X X / 1 2 3 / 32 31 30 / X X X
Fixed Partial dentures: (X) / 1 2 3 / 32 31 30 / (X)

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
	X			X												X	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Exam Type II
Class II
Qualified

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY	1.030	46. CHEST X-RAY (Place, date, film number and result)
B. ALBUMIN	Neg	Lockbourne AFB, OH; Film #5395
C. SUGAR	Neg	1 Jun 73; Neg; 14x17
D. MICROSCOPIC	Neg	

47. SEROLOGY (Specify test used and result)	48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
RPR: Neg 1 Jun 73	WNL on record	A Pos by Record	TB Tine: Neg HCT: 46

88-117-02

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. HAIR	54. COLOR EYES	55. BUILD (Check one) SLEND	MEDIUM	HEAVY	OBESE	56. TEMPERATURE
73½ (39)	175	Brown	Blue		x			–

57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)				
A. SITTING	SYS. 108 DIAS. 68	B. RECUMBENT	SYS. 104 DIAS. 66	C. STANDING (3 min.)	SYS. 106 DIAS. 68	A. SITTING	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.
						60	92	68	52	68

59. DISTANT VISION			60. 1 Jun 73 REFRACTION Cycloplegic				61. NEAR VISION		
RIGHT 20/ 20	CORR. TO 20/ –	BY +0.50	S. –	CX –	20/20	CORR. TO –	BY –		
LEFT 20/ 20	CORR. TO 20/ –	BY Plano	S. +0.50	CX 170	20/20	CORR. TO –	BY –		

62. HETEROPHORIA (Specify distance) VTA-ND (FAR)

ES°	EX°	R. H.	L. H.	PRISM DIV.	~~XXXXXX~~ CT	PC	PD
1	0	0	0	–	Ortho	30	–

63. ACCOMMODATION		64. COLOR VISION (Test used and result)	65. DEPTH PERCEPTION (Test used and score)	UNCORRECTED Pass (F)
RIGHT 9.9	LEFT 9.9	VTS-CV Pass	VTA-ND	CORRECTED –

66. FIELD OF VISION	67. NIGHT VISION (Test used and score)	68. RED LENS TEST	69. INTRAOCULAR TENSION
Normal by confrontation	NIBH	Normal	Normal by tactile method

70. HEARING				71. ISO 1964 AUDIOMETER RUDMOSE									72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)
RIGHT WV –	/15 SV –	/15		250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192		ARMA SAT on Record
LEFT WV –	/15 SV –	/15	RIGHT	–	0	0	0	0	0	5	–		
			LEFT	–	0	0	0	0	0	0	–		

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

Circumcised at birth; no comp, no seq.
Measles, mumps, chickenpox and tonsillectomy in childhood; no comp, no seq.
Rheumatic fever in childhood. Treated for 3 years and no history of heart damage.
Pneumonia in 1968 treated with antibiotics; no comp, no seq.
Cyst refers to recurrent cysts that would occur on the ear lobes, none recently.
Acne vulgaris on shoulder and back; no comp, no seq. (See consult)
Examinee denies family history of diabetes or psychosis, use of contact lenses or drugs, history of motion sickness or disturbances of consciousness and all other significant medical or surgical history.

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

44. Dental caries, minor, not endangering pulp

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

Dental correction

76. A. PHYSICAL PROFILE

P	U	L	H	E	S
1	1	1	1	1	1

77. EXAMINEE (Check)

A. [X] IS QUALIFIED FOR (IS) Navigator Training
B. [ ] IS NOT QUALIFIED FOR

B. PHYSICAL CATEGORY

A	B	C	E
x			

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

–

79. TYPED OR PRINTED NAME OF PHYSICIAN (b)(6) SIGNATURE (b)(6)

80. TYPED OR PRINTED NAME OF PHYSICIAN – SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which) (b)(6) (b)(6)

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY (b)(6) (b)(6) NUMBER OF ATTACHED SHEETS

☆ U. S. GOVERNMENT PRINTING OFFICE: 1971—446-389

Standard Form 88
Revised April 1968
General Services Administration
Interagency Committee on Medical Records
FPMR 101-11.6005-3

0053

REPORT OF MEDICAL EXAMINATION

1. LAST NAME–FIRST NAME–MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
VANDEGEER, RICHARD	CIVILIAN	(b)(6)

4. HOME ADDRESS (Number, street or R F D, city or town, State and ZIP Code)	5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
892 Chatham Lane #e Columbus, OH 43221	SMS(O)	1 June 73

7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE		10. AGENCY	11. ORGANIZATION UNIT
		MILITARY –	CIVILIAN –		
Male	Caucasian			DAF	DET 514 Columbus, OH USAF RECTG GP

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
11 Jan 48 (25)	Cleveland, OH	(b)(6)

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
USAF HOSPITAL LOCKBOURNE, LAFB, OH 43217	–

17. RATING OR SPECIALTY	TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS
–	–	–

CLINICAL EVALUATION

NORMAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNORMAL
X	18. HEAD, FACE, NECK, AND SCALP	
X	19. NOSE	
X	20. SINUSES	
	21. MOUTH AND THROAT	X
X	22. EARS–GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
X	23. DRUMS (Perforation)	
X	24. EYES–GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
X	25. OPHTHALMOSCOPIC	
X	26. PUPILS (Equality and reaction)	
X	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
X	28. LUNGS AND CHEST (Include breasts)	
X	29. HEART (Thrust, size, rhythm, sounds)	
X	30. VASCULAR SYSTEM (Varicosities, etc.)	
X	31. ABDOMEN AND VISCERA (Include hernia)	
X	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
X	33. ENDOCRINE SYSTEM	
X	34. G-U SYSTEM	
X	35. UPPER EXTREMITIES (Strength, range of motion)	
X	36. FEET	
X	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
X	38. SPINE, OTHER MUSCULOSKELETAL	
X	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
	40. SKIN, LYMPHATICS	X
X	41. NEUROLOGIC (Equilibrium tests under item 72)	
X	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.)

21. Tonsils enucleated.

23. Valsalva normal bilaterally.

SURGEON, HQ AIC
MEDICALLY QUALIFIED
FLYING CLASS 1

AUG 30 1973

BY amc

40. Mild acne vulgaris of the shoulders and back Will not interfere with wearing of military equipment.

(Continue in item 73)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)

Restorable teeth: 1 2 3 / 32 31 30 — 0
Non-restorable teeth: 1 2 3 / 32 31 30 — /
Missing teeth: 1 2 3 / 32 31 30 — x
Replaced by dentures: 1 2 3 / 32 31 30 — x x x
Fixed Partial dentures: (1 2 3) / 32 31 30 — (x)

RIGHT																	LEFT
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
	0			X											0		

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Class 2
Type 1
Not Qualified

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY	1.028	46. CHEST X-RAY (Place, date, film number and result)
B. ALBUMIN	Negative	14 x 17 Film #5395, 1 June 1973
C. SUGAR	Negative	LAFB, OH. Negative.
D. MICROSCOPIC	Negative	

47. SEROLOGY (Specify test used and result)	48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
RPR-Non Reactive	WNL	A pos	Hematocrit 47%

88-117-02

024

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: (Check one) SLENDER	MEDIUM	HEAVY	OBESE	56. TEMPERATURE
74 (37)	174	Brown	Blue		X			-

57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)				
A. SITTING	SYS. 108 DIAS. 66	B. RECUMBENT	SYS. 108 DIAS. 66	C. STANDING (3 min.)	SYS. 124 DIAS. 78	A. SITTING 68	B. AFTER EXERCISE 80	C. 2 MIN. AFTER 68	D. RECUMBENT 68	E. AFTER STANDING 3 MIN. 70

59. DISTANT VISION	60. REFRACTION Cycloplegic	61. NEAR VISION
RIGHT 20/ 20 CORR. TO 20/ -	BY +0.50 S. - CX -	20/20 CORR. TO - BY -
LEFT 20/ 20 CORR. TO 20/ -	BY plano S. +0.50 CX 170	20/20 CORR. TO - BY -

62. HETEROPHORIA (Specify distance) VTA-ND (FAR)

ES°	EX°	R. H.	L. H.	PRISM DIV.	PRISM CONV. CT	PC	PD
2	0	0	0	-	Ortho	20	-

63. ACCOMMODATION	64. COLOR VISION (Test used and result)	65. DEPTH PERCEPTION (Test used and score)	UNCORRECTED Passes (F)
RIGHT 9.4 LEFT 9.4	Passes VTS-CV	VTA-ND	CORRECTED -
66. FIELD OF VISION	**67. NIGHT VISION (Test used and score)**	**68. RED LENS TEST**	**69. INTRAOCULAR TENSION**
Confrontation Normal	NIBH	Normal	-

70. HEARING	71. AUDIOMETER MAICO ANSI								72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)
RIGHT WV - /15 SV - /15		250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192	SAT ARMA
LEFT WV - /15 SV - /15	RIGHT	-	10	10	10	10	10	10	-	
	LEFT	-	10	10	10	10	10	10	-	

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

Rheumatic fever in childhood, treated for three years and no history of permanent heart damage. Chronic cough in reference to pneumonia, in 1968 which was treated successfully. Cyst refers to recurrent cysts that would occur on the ear lobes, none recently He does not know if he has ever had any sugar or protein in the urine. Examinee denies family history of diabetes or psychosis, use of contact lenses or drugs, history of motion sickness or disturbance of consciousness and all other significant medical and surgical history.

Physical inspection accomplished.
No disqualifying defects or communicable diseases were noted this date 24 JAN 1974

(Use additional sheets if necessary)

(b)(6)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

40. Acne vulgaris, mild.
44. Dental Defects, disqualifying for Flying Class I and IA.

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

Dental Therapy See atch ltr

76. A. PHYSICAL PROFILE

P	U	L	H	E	S
1	1	1	1	1	1

77. EXAMINEE (Check)

A. [X] IS QUALIFIED FOR (IS) qualified for Air ForceCommission
B. [X] IS NOT QUALIFIED FOR (IS NOT) qualified for Flying Class I and IA.

B. PHYSICAL CATEGORY

A	B	C	E
W			

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

#44 (remedial)

79. TYPED OR PRINTED NAME OF PHYSICIAN (b)(6)

SIGNATURE (b)(6)

80. TYPED OR PRINTED NAME OF PHYSICIAN (b)(6)

SIGNATURE (b)(6)

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which) (b)(6)

SIGNATURE (b)(6)

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY (b)(6)

SIGNATURE (b)(6)

NUMBER OF ATTACHED SHEETS

☆U.S. GOVERNMENT PRINTING OFFICE: 1970 — 406-748

Standard Form 88
Revised April 1968
General Services Administration
Interagency Committee on Medical Records
FPMR 101-11.809-3

REPORT OF MEDICAL EXAMINATION

1. LAST NAME–FIRST NAME–MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
VANDEGEER, RICHARD	CIVILIAN	(b)(6)

4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code)	5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
892 Chatham Lane #e Columbus, OH 43221	SMS(O)	1 June 73

7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE		10. AGENCY	11. ORGANIZATION UNIT
		MILITARY	CIVILIAN		
Male	Caucasian	-	-	DAF	USAF RECTG GP DET 514 Columbus, OH

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
11 Jan 48 (25)	Cleveland, OH	(b)(6)

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
USAF HOSPITAL LOCKBOURNE, LAFB, OH 43217	-

17. RATING OR SPECIALTY	TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS
-	-	-

CLINICAL EVALUATION

NORMAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNORMAL
X	18. HEAD, FACE, NECK, AND SCALP	
X	19. NOSE	
X	20. SINUSES	
	21. MOUTH AND THROAT	X
X	22. EARS–GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
X	23. DRUMS (Perforation)	
X	24. EYES–GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
X	25. OPHTHALMOSCOPIC	
X	26. PUPILS (Equality and reaction)	
X	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
X	28. LUNGS AND CHEST (Include breasts)	
X	29. HEART (Thrust, size, rhythm, sounds)	
X	30. VASCULAR SYSTEM (Varicosities, etc.)	
X	31. ABDOMEN AND VISCERA (Include hernia)	
X	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	
X	33. ENDOCRINE SYSTEM	
X	34. G-U SYSTEM	
X	35. UPPER EXTREMITIES (Strength, range of motion)	
X	36. FEET	
X	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
X	38. SPINE, OTHER MUSCULOSKELETAL	
X	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
	40. SKIN, LYMPHATICS	X
X	41. NEUROLOGIC (Equilibrium tests under item 72)	
X	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.)

21. Tonsils enucleated.

23. Valsalva normal bilaterally.

SURGEON, HQ AIC
MEDICALLY QUALIFIED
FLYING CLASS 1
AUG 30 1973
BY [signature]

40. Mild acne vulgaris of the shoulders and back Will not interfere with wearing of military equipment.

(Continue in item 73)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)

Restorable teeth: 1 2 3 / 32 31 30 — 0
Non-restorable teeth: 1 2 3 / 32 31 30 — /
Missing teeth: 1 2 3 / 32 31 x — x
Replaced by dentures: 1 2 3 / 32 31 30 / x x x — x x x
Fixed Partial dentures: 1 2 3 / 32 31 30 / (x) — (x)

RIGHT																LEFT
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
0	1	2	3	X	5	6	7	8	9	10	11	12	13	14	15	16
0				X												0

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Class 2
Type 1
Not Qualified

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY		46. CHEST X-RAY (Place, date, film number and result)
A. SPECIFIC GRAVITY	1.028	14 x 17 Film #5395, 1 June 1973 LAFB, OH. Negative.
B. ALBUMIN	Negative	
C. SUGAR	Negative	
D. MICROSCOPIC	Negative	

47. SEROLOGY (Specify test used and result)	48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
RPR-Non Reactive	WNL	A pos	Hematocrit 47%

88-117-02

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: (Check one) SLENDER	MEDIUM	HEAVY	OBESE	56. TEMPERATURE
74 (37)	174	Brown	Blue		x			-

57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)				
A. SITTING	SYS. 108 DIAS. 66	B. RECUMBENT	SYS. 108 DIAS. 66	C. STANDING (3 min.)	SYS. 124 DIAS. 78	A. SITTING	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.
						68	80	68	68	70

59. DISTANT VISION		60. REFRACTION Cycloplegic				61. NEAR VISION		
RIGHT 20/ 20	CORR. TO 20/ -	BY +0.50	S. -	CX -		20/20	CORR. TO -	BY -
LEFT 20/ 20	CORR. TO 20/ -	BY plano	S. +0.50	CX 170		20/20	CORR. TO -	BY -

62. HETEROPHORIA (Specify distance) VTA-ND (FAR)

ES°	EX°	R. H.	L. H.	PRISM DIV.	XXXXXXX	PC	PD
2	0	0	0	-	Ortho	20	-

63. ACCOMMODATION	64. COLOR VISION (Test used and result)	65. DEPTH PERCEPTION (Test used and score)	UNCORRECTED Passes (F)
RIGHT 9.4 LEFT 9.4	Passes VTS-CV	VTA-ND	CORRECTED -

66. FIELD OF VISION	67. NIGHT VISION (Test used and score)	68. RED LENS TEST	69. INTRAOCULAR TENSION
Confrontation Normal	NIBH	Normal	-

70. HEARING

RIGHT WV - / 15 SV - / 15

LEFT WV - / 15 SV - / 15

71. MAICO AUDIOMETER ANSI

	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 8144	8000 8192
RIGHT	-	10	10	10	10	10	10	-
LEFT	-	10	10	10	10	10	10	-

72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)

SAT ARMA

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

Rheumatic fever in childhood, treated for three years and no history of permanent heart damage. Chronic cough in reference to pneumonia, in 1968 which was treated successfully. Cyst refers to recurrent cysts that would occur on the ear lobes, none recently He does not know if he has ever had any sugar or protein in the urine. Examinee denies family history of diabetes or psychosis, use of contact lenses or drugs, history of motion sickness or disturbance of consciousness and all other significant medical and surgical history.

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

40. Acne vulgaris, mild.

44. Dental Defects, disqualifying for Flying Class I and IA.

75. RECOMMENDATIONS – FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

Dental Therapy See atch ltr

77. EXAMINEE (Check)

A. [X] IS QUALIFIED FOR (IS) qualified for Air ForceCommission

B. [X] IS NOT QUALIFIED FOR (IS NOT) qualified for Flying Class I and IA.

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

#44 (remedial)

76. A. PHYSICAL PROFILE

P	U	L	H	E	S
1	1	1	1	1	1

B. PHYSICAL CATEGORY

A	B	C	E
W			

79. TYPED OR PRINTED NAME OF PHYSICIAN

(b)(6)

80. TYPED OR PRINTED NAME OF PHYSICIAN

(b)(6)

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

(b)(6)

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

(b)(6)

(b)(6)

NUMBER OF ATTACHED SHEETS

☆U.S. GOVERNMENT PRINTING OFFICE: 1970 — 406-748

STANDARD FORM 93
JANUARY 1971
GSA FPMR 101-11.8

Approved
Office of Management and Budget No. 29-R0191

REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME VANDEGEER, RICHARD (NMI)	2. SOCIAL SECURITY OR IDENTIFICATION NO. (b)(6) [redacted]
3. HOME ADDRESS (No. street or RFD, city or town, State, and ZIP CODE) 1920 EDGEHILL RD ABINGTON, PA 19001	4. POSITION (City, grade, component) SMSO, 74-13B Sq. 1 FLT 12

5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION	7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code)
NAVIGATOR TRAINING	5 FEB 74	SMSO/SG

8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

I CONSIDER MY PRESENT HEALTH TO BE GOOD.

9. HAVE YOU EVER (Please check each item)

YES	NO	(Check each item)
	✓	Lived with anyone who had tuberculosis
	✓	Coughed up blood
	✓	Bled excessively after injury or tooth extraction
	✓	Attempted suicide
	✓	Been a sleepwalker

10. DO YOU (Please check each item)

YES	NO	(Check each item)
	✓	Wear glasses or contact lenses
✓		Have vision in both eyes
	✓	Wear a hearing aid
	✓	Stutter or stammer habitually
	✓	Wear a brace or back support

11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)

YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
	✓		Scarlet fever, erysipelas		✓		Cramps in your legs		✓		"Trick" or locked knee
✓			Rheumatic fever		✓		Frequent indigestion		✓		Foot trouble
	✓		Swollen or painful joints		✓		Stomach, liver, or intestinal trouble		✓		Neuritis
	✓		Frequent or severe headache		✓		Gall bladder trouble or gallstones		✓		Paralysis (include infantile)
	✓		Dizziness or fainting spells		✓		Jaundice or hepatitis		✓		Epilepsy or fits
	✓		Eye trouble		✓		Adverse reaction to serum, drug, or medicine		✓		Car, train, sea or air sickness
	✓		Ear, nose, or throat trouble						✓		Frequent trouble sleeping
	✓		Hearing loss		✓		Broken bones		✓		Depression or excessive worry
	✓		Chronic or frequent colds	✓			Tumor, growth, cyst, cancer		✓		Loss of memory or amnesia
	✓		Severe tooth or gum trouble		✓		Rupture/hernia		✓		Nervous trouble of any sort
	✓		Sinusitis		✓		Piles or rectal disease		✓		Periods of unconsciousness
	✓		Hay Fever		✓		Frequent or painful urination				
	✓		Head injury		✓		Bed wetting since age 12				
	✓		Skin diseases		✓		Kidney stone or blood in urine				
	✓		Thyroid trouble		✓		Sugar or albumin in urine				
	✓		Tuberculosis		✓		VD—Syphilis, gonorrhea, etc.				
	✓		Asthma		✓		Recent gain or loss of weight				
	✓		Shortness of breath		✓		Arthritis, Rheumatism, or Bursitis				
	✓		Pain or pressure in chest		✓		Bone, joint or other deformity				
	✓		Chronic cough		✓		Lameness				
	✓		Palpitation or pounding heart		✓		Loss of finger or toe				
	✓		Heart trouble		✓		Painful or "trick" shoulder or elbow				
	✓		High or low blood pressure		✓		Recurrent back pain				

12. FEMALES ONLY: HAVE YOU EVER

YES	NO	DON'T KNOW	
			Been treated for a female disorder
			Had a change in menstrual pattern

13. WHAT IS YOUR USUAL OCCUPATION?

MATHEMATICIAN

14. ARE YOU (Check one)

☑ Right handed ☐ Left handed

YES	NO	CHECK EACH IT ES OR NO. EVERY ITEM CHECKED YES MUST BE FULL PLAINED IN BLANK SPACE ON RIGHT	
	✓	15. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.	
	✓	B. Inability to perform certain motions.	
	✓	C. Inability to assume certain positions.	
		D. Other medical reasons (If yes, give reasons.)	
	✓	16. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details).	
	✓	17. Have you ever been denied life insurance? (If yes, state reason and give details.)	
✓		18. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)	CIRCUMCISION AGE 4 TONSILS AGE 8 RHEUMATIC FEVER, AGE 9, ST JOSEPH Hosp., LORAIN OH. 1ST & 2ND DEGREE BURNS, AGE 18, ST JOSEPH Hosp.
✓		19. Have you ever been a patient in any type of hospitals? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)	
	✓	20. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)	
	✓	21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)	
	✓	22. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.)	
	✓	23. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.)	
	✓	24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)	

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge.
I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

TYPED OR PRINTED NAME OF EXAMINEE	SIGN
(b)(6)	(b)(6)

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

25. Physician's summary and elaboration of all pertinent data (*Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.*)

Circumcised at birth; no comp, no seq.
Measles, mumps, chickenpox and tonsillectomy in childhood; no comp, no seq.
Rheumatic fever in childhood. Symptoms for 3 yrs and no history of heart damage.
Pneumonia in 1968 successfully treated with antibiotics; no comp, no seq.
Cyst refers to recurrent cysts that would occur on the ear lobes, none recently.
Acne vulgaris on shoulder and back; no comp, no seq. (See consult)
Examinee denies family history of diabetes or psychosis, use of contact lenses or drugs, history of motion sickness or disturbances of consciousness and all other significant medical or surgical history.

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE		NUMBER OF ATTACHED SHEETS
(b)(6)	5 Feb. 74	(b)(6)	

REVERSE OF STANDARD FORM 93

GPO: 1972 O—463-911