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

5246/5864

REPORT OF MEDICAL EXAMINATION

88-104-01

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
EDGAR, LESTER	SGM E-9	RA38506482
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)	5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
General Delivery, Hilltop, Boone Co, Ark	RETIREMENT	10 Jan 67

7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE	10. AGENCY	11. ORGANIZATION UNIT
Male	Cau	MILITARY 23yrs / CIVILIAN	ARMY	Hq Co USACDCEC Ft Ord Calif

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
7Sep24	Compton, Ark	Alberta Edgar (Wife) 105 Pendleton, Ft Ord Calif

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
Med Ft Ord Calif	—
17. RATING OR SPECIALTY	TIME IN THIS CAPACITY (Total) / LAST SIX MONTHS

CLINICAL EVALUATION

(Check each item in appropriate column; enter "NE" if not evaluated.)

NORMAL	ITEM	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 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 (L) upper lip & (L) thigh

#48 - Incomplete right bundle branch block.
See consult

(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

R I G H T	1	2	3	4	5	6	7	8	9	10	11	12	13	14 (X)	15	16	L E F T
	32	(31)	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES: 2OC

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY 1.015		46. CHEST X-RAY (Place, date, film number and result)
B. ALBUMIN Neg	D. MICROSCOPIC	10 Jan 67 US Army Hospital Ft Ord Medical Examination Clinic Neg E-11
C. SUGAR Neg		

47. SEROLOGY (Specify test used and result)	48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
ROUTINE MICROFLOCCULATION NON-REACTIVE	See notes above		

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD:	56. TEMPERATURE
72 1/4	190	Brown	Brown	☐ SLENDER ☐ MEDIUM ☐ HEAVY ☐ OBESE	

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

A. SITTING	B. RECUMBENT	C. STANDING (3 min.)
SYS. 130	SYS.	SYS.
DIAS. 80	DIAS.	DIAS.

58. PULSE (*Arm at heart level*)

A. SITTING	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.
84	104	88		

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

62. HETEROPHORIA (*Specify distance*)

ES°	EX°	R. H.	L. H.	PRISM DIV.	PRISM CONV.	PC	PD
		20' L+N			CT		

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	
RIGHT LEFT	Color Blind.		UNCORRECTED / CORRECTED

66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS TEST	69. INTRAOCULAR TENSION
			normal

70. HEARING

RIGHT WV /15 SV 15 /15

LEFT WV /15 SV 15 /15

71. AUDIOMETER

	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 8144	8000 8192
RIGHT	/	10	5	5	/	35	/	/
LEFT	/	5	5	5	/	45	/	/

72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)

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

none

(*Use additional sheets if necessary*)

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

#35 Radiculitis (L) cervical see consult
#71 Defective hearing

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

~~None~~ Ortho - see consult

76. A. PHYSICAL PROFILE

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

77. EXAMINEE (*Check*)

A. ☒ IS QUALIFIED FOR
B. ☐ IS NOT QUALIFIED FOR

Retirement

B. PHYSICAL CATEGORY

A	B	C	E
	X		

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

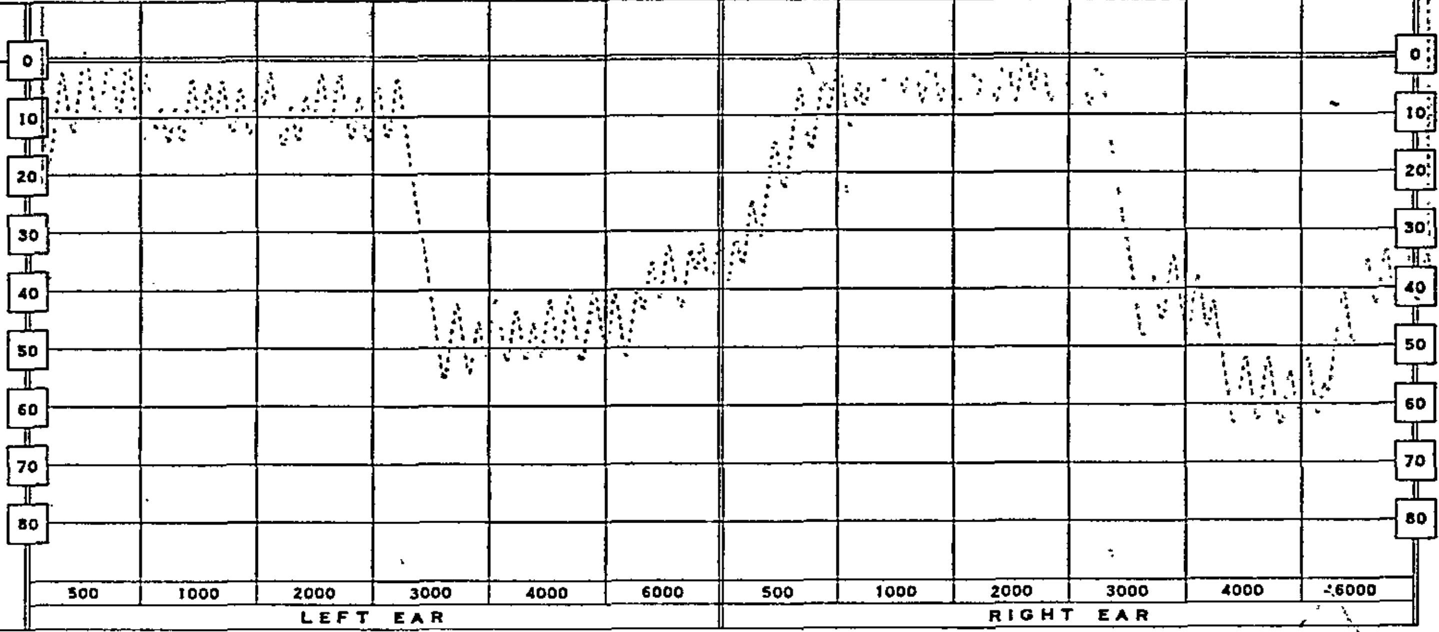
79. TYPED OR PRINTED NAME OF PHYSICIAN: R. C. ALLIN, Capt. M.C. — SIGNATURE: Robert C. Allin

80. TYPED OR PRINTED NAME OF PHYSICIAN — SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*): CPT L. E. KUNKLE DC — SIGNATURE: L E Kunkle

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

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


AUDIOGRAM
NO.
0
10
20
30
40
50
60
70
80
500
1000
2000
3000
4000
6000
LEFT EAR
RIGHT EAR
LEE SHEPARD
LITHOGRAPHERS
NEW YORK, N.Y. 10028

Standard Form 89
(Rev. March 1965)
Bureau of the Budget
Circular A-32

REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

89-105-01

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
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General Delivery, Hilltop, Boone Co, Ark	RETIREMENT	

7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE — MILITARY	CIVILIAN	10. AGENCY	11. ORGANIZATION UNIT
Male	Cau	23yrs		ARMY	Hq Co USACDCEC Ft Ord Calif

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
7Sep24	Compton, Ark	Alberta Edgar (Wife) 105 Pendleton, Ft Ord Calif

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
Med Ft Ord Calif	

17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists)

Good

18. FAMILY HISTORY

RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH
FATHER	62	UNK		
MOTHER	60	Good		
SPOUSE	42	Good		
BROTHERS AND SISTERS	40	Good		
	36	Good		
CHILDREN	17	Good		
	13	Good		

19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE:

YES	NO	(Check each item)	RELATION(S)
	✓	HAD TUBERCULOSIS	
	✓	HAD SYPHILIS	
	✓	HAD DIABETES	
	✓	HAD CANCER	
	✓	HAD KIDNEY TROUBLE	
	✓	HAD HEART TROUBLE	
✓		HAD STOMACH TROUBLE	Mother
✓		HAD RHEUMATISM (Arthritis)	Grandfather
	✓	HAD ASTHMA, HAY FEVER, HIVES	
	✓	HAD EPILEPSY (Fits)	
	✓	COMMITTED SUICIDE	
✓		BEEN INSANE	Father

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)

YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)
	✓	SCARLET FEVER, ERYSIPELAS		✓	GOITER	✓		TUMOR, (GROWTH) CYST, CANCER		✓	"TRICK" OR LOCKED KNEE
	✓	DIPTHERIA		✓	TUBERCULOSIS		✓	RUPTURE/HERNIA		✓	FOOT TROUBLE
	✓	RHEUMATIC FEVER		✓	SOAKING SWEATS (Night sweats)		✓	APPENDICITIS		✓	NEURITIS
	✓	SWOLLEN OR PAINFUL JOINTS		✓	ASTHMA		✓	PILES OR RECTAL DISEASE		✓	PARALYSIS (Inc. infantile)
	✓	MUMPS		✓	SHORTNESS OF BREATH		✓	FREQUENT OR PAINFUL URINATION		✓	EPILEPSY OR FITS
✓		COLOR BLINDNESS	✓		PAIN OR PRESSURE IN CHEST		✓	KIDNEY STONE OR BLOOD IN URINE	✓		CAR, TRAIN, (SEA) OR AIR SICKNESS
	✓	FREQUENT OR SEVERE HEADACHE		✓	CHRONIC COUGH		✓	SUGAR OR ALBUMIN IN URINE		✓	FREQUENT TROUBLE SLEEPING
	✓	DIZZINESS OR FAINTING SPELLS		✓	PALPITATION OR POUNDING HEART		✓	BOILS		✓	FREQUENT OR TERRIFYING NIGHTMARES
	✓	EYE TROUBLE		✓	HIGH OR LOW BLOOD PRESSURE		✓	VD—SYPHILIS, GONORRHEA, ETC.		✓	DEPRESSION OR EXCESSIVE WORRY
	✓	EAR, NOSE OR THROAT TROUBLE		✓	CRAMPS IN YOUR LEGS		✓	RECENT GAIN OR LOSS OF WEIGHT		✓	LOSS OF MEMORY OR AMNESIA
	✓	RUNNING EARS		✓	FREQUENT INDIGESTION		✓	ARTHRITIS OR RHEUMATISM		✓	BED WETTING
	✓	HEARING LOSS		✓	STOMACH, LIVER OR INTESTINAL TROUBLE		✓	BONE, JOINT, OR OTHER DEFORMITY		✓	NERVOUS TROUBLE OF ANY SORT
	✓	CHRONIC OR FREQUENT COLDS		✓	GALL BLADDER TROUBLE OR GALL STONES		✓	LAMENESS		✓	ANY DRUG OR NARCOTIC HABIT
	✓	SEVERE TOOTH OR GUM TROUBLE		✓	JAUNDICE		✓	LOSS OF ARM, LEG, FINGER, OR TOE		✓	EXCESSIVE DRINKING HABIT
	✓	SINUSITIS		✓	ANY REACTION TO SERUM, DRUG OR MEDICINE			PAINFUL OR "TRICK" SHOULDER OR ELBOW		✓	HOMOSEXUAL TENDENCIES
	✓	HAY FEVER		✓	HISTORY OF BROKEN BONES		✓	RECURRENT BACK PAIN		✓	PERIODS OF UNCONSCIOUSNESS
	✓	HISTORY OF HEAD INJURY									
	✓	SKIN DISEASES									

21. HAVE YOU EVER (Check each item)

YES	NO		YES	NO	
✓		WORN GLASSES—CONTACT LENS		✓	ATTEMPTED SUICIDE
	✓	WORN AN ARTIFICIAL EYE		✓	BEEN A SLEEP WALKER
	✓	WORN HEARING AIDS		✓	LIVED WITH ANYONE WHO HAD TUBERCULOSIS
	✓	STUTTERED OR STAMMERED		✓	COUGHED UP BLOOD
	✓	WORN A BRACE OR BACK SUPPORT		✓	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION

22. FEMALES ONLY: A. HAVE YOU EVER—

	BEEN PREGNANT
	HAD A VAGINAL DISCHARGE
	BEEN TREATED FOR A FEMALE DISORDER
	HAD PAINFUL MENSTRUATION
	HAD IRREGULAR MENSTRUATION

B. COMPLETE THE FOLLOWING:

AGE AT ONSET OF MENSTRUATION	
INTERVAL BETWEEN PERIODS	
DURATION OF PERIODS	
DATE OF LAST PERIOD	

QUANTITY: ☐ NORMAL ☐ EXCESSIVE ☐ SCANTY

23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS?	24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE POSITIONS?	25. WHAT IS YOUR USUAL OCCUPATION?	26. ARE YOU (Check one)
one	[illegible] months	Soldier, USArmy	☒ RIGHT HANDED ☐ LEFT HANDED

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT	
	✓	27. HAVE YOU BEEN REFUSED EMPLOYMENT OR BEEN UNABLE TO HOLD A JOB 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)*	
	✓	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?	
	✓	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? *(If yes, give details)*	
	✓	30. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? *(If yes, state reason and give details)*	
✓		31. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? *(If yes, describe and give age at which occurred)*	Growth removed from tongue at age 24
	✓	32. HAVE YOU EVER BEEN A PATIENT *(committed or voluntary)* IN A MENTAL HOSPITAL OR SANITORIUM? *(If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)*	
✓		33. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? *(If yes, specify when, where, and give details)*	Dingie Fever = 1944; New Guneia; malaria fever – 1945-46, Phillipines, Camp [illegible] Fort Rosecrans, Calif
	✓	34. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? *(If yes, give complete address of doctor, hospital, clinic, and details)*	
	✓	35. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? *(If yes, which illnesses)*	
	✓	36. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? *(If yes, give date and reason for rejection)*	
	✓	37. 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)*	
	✓	38. 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)*	

WARNING: A FALSE OR DISHONEST ANSWER TO ANY OF THE QUESTIONS ON THIS FORM MAY BE PUNISHED BY FINE OR IMPRISONMENT (18 U.S.C. 1001)

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
Lester Edgar	Lester Edgar

39. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA *(Physician shall comment on all positive answers in items 20 thru 38)*

Neck pain under ortho care → (L) arm
Since 1 Dec 66.

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS
R.C. ALLIN, Capt. M.C.	20 JAN 1967	Robert C. Allin	[illegible]

☆ U.S. GOVERNMENT PRINTING OFFICE : 1965 O—784-121

Standard Form 513
Rev. August 1954
Bureau of the Budget
Circular A-32

Appt 20 Jan 67 at 1030 hours

U.S. GOVERNMENT PRINTING OFFICE : 1961 O—588437

CLINICAL RECORD | CONSULTATION SHEET

REQUEST

TO:	FROM: (Requesting ward, unit, or activity)	DATE OF REQUEST
INTERNAL MEDICINE WARD B-2	F-18	16 Jan 67

REASON FOR REQUEST (Complaints and findings)

1. Examinee processing thru for RETIREMENT.

2. Please evaluate attached EKG and clear.

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE	APPROVED	PLACE OF CONSULTATION	
J. A. AYBAR MD		☐ BEDSIDE ☐ ON CALL	☐ EMERGENCY ☐ ROUTINE

CONSULTATION REPORT

42 year old Sergeant Major referred to IMC for evaluation of EKG which shows incomplete right bundle branch block. He gives a vague history of left chest pain lasting 1-2 seconds not associated with exertion and not associated with dyspnea or diaphoresis from 1961 to 1963. He remained asymptomatic from 1963 to 1966 but pains have recurred the last 4 to 5 months. He has had indigestion with cigarettes and coffee but doubtful association between this and chest pain. He also gives a history of vague pains, left arm. He has had previous difficulties with neck and left shoulder.

PE: P-80. BP 140/84.
HEENT - Fundi normal. Carotids normal.
Lungs - Clear to P & A.
Heart - No cardiomegaly. $A_2 > P_2$. Grade I systolic murmur over precordium.
Abdomen - No liver or spleen

EKG - 1. Incomplete right bundle branch block
2. Left axis deviation
} Similar to 1961 tracing.

Discussion: No clear evidence of cardiac pathology. Neither the clinical history nor the electrocardiogram are definitely diagnostic of coronary artery disease and unchanged for 6 years (EKG)

Clear for retirement.

[signature]

(Continued on reverse side)

SIGNATURE AND TITLE	DATE	IDENTIFICATION NO.	ORGANIZATION
PETER J. VOGELSANG, CAPT, MC	20 Jan 67	RA 38 506 482	Hq Co USACDCEC

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.	WARD NO.
	F-18

EDGAR, LESTER SGM E-9

USAH FT ORD CALIFORNIA

CONSULTATION SHEET
Standard Form 513
513-104

USAH, FT ORD, CALIF.

Standard Form 513
Rev. August 1954
Bureau of the Budget
Circular A-32

Appt 8 Feb 67 at 0900 hours.

C-43 - GPO - 16-77350-1

CLINICAL RECORD | **CONSULTATION SHEET**

REQUEST

TO: ORTHOPEDIC CLINIC WARD C-18

FROM: (Requesting ward, unit, or activity) F-18

DATE OF REQUEST: 11 Jan 67

REASON FOR REQUEST (Complaints and findings)

1. Examinee processing for RETIREMENT
2. Radiculitis left cervical.
3. Please evaluate, profile and clear.

PROVISIONAL DIAGNOSIS

DOCTOR'S SIGNATURE: R. C. ALLIN, CPT, MC

APPROVED

PLACE OF CONSULTATION: ☐ BEDSIDE ☐ ON CALL

☐ EMERGENCY ☐ ROUTINE

CONSULTATION REPORT

This 42 year old white male noted onset of neck pain radiating to post lateral aspect left arm and on to medial aspect forearm. The patient was treated with parafon forte with good results.

PAST HISTORY: 1945 - neck "popped" in wrestling.
1953 - auto accident without significant sequelae.

REVIEW OF SYSTEMS: Has had non-exertional chest pain sporadically, but does not occur with full activity, including, stair climbing, etc. EKG of 23 Dec 66 revealed LAD with IRBBB (unchanged from Nov 65). Patient has medical clearance (consult not available).

ORTHOPEDIC PHYSICAL EXAMINATION: Good power, tone, girth all upper extremities muscle groups. Full range of motion at neck. No radicular pain. Deep Tendon Reflexes 2+ bilaterally. No sensary loss.

X-RAYS: Negative

IMPRESSION: No orthopedic problem at this time.

RECOMMENDATIONS: No Profile.
Cleared for retirement.
Duty.

(Continued on reverse side)

SIGNATURE AND TITLE: PAUL V. CAPOROSSI, CPT, MC [signature]

DATE: 8 Feb 67

IDENTIFICATION NO.: RA 38 506 482

ORGANIZATION: Hq Co USACDCEC

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

EDGAR, LESTER SGM

USAH FT ORD, CALIFORNIA

REGISTER NO.

WARD NO.: F-18

Standard Form 520
Rev. August 1954
Bureau of the Budget
Circular A-32

C43—16—77984-1 GPO: 1961 O—589047

CLINICAL RECORD | ELECTROCARDIOGRAPHIC RECORD

PREVIOUS ECG [X] YES 66 [ ] NO

CLINICAL IMPRESSION: Retirement

MEDICATION:

[ ] EMERGENCY [ ] BEDSIDE
[X] ROUTINE [X] AMBULANT

AGE	SEX	RACE	HEIGHT	WEIGHT	B/P	SIGNATURE OF WARD PHYSICIAN	DATE
42	M	Cau	72¼	190	130/80	JOSE A. AYBAR, MD	10 Jan 67

RHYTHM: Normal Sinus

AXIS DEVIATION (QRS): Normal

RATES: AURIC. 79 VENT. 79

INTERVALS: PR QRS .11 QT

P WAVES

QRS COMPLEXES: RSR' V1

RS—T SEGMENT

T WAVES

UNIPOLAR EXTREMITY LEADS (*Specify*)

PRECORDIAL LEADS (*Specify*)

SUMMARY, SERIAL CHANGES, AND IMPLICATIONS:

Incomplete Right Bundle Branch Block

(Continue on reverse)

NO.	SIGNATURE	TITLE	DATE
ECG 243	Lohmar	Roland Lohmar Capt MC	10 JAN 67

PATIENT'S IDENTIFICATION (*For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility*)

REGISTER NO.

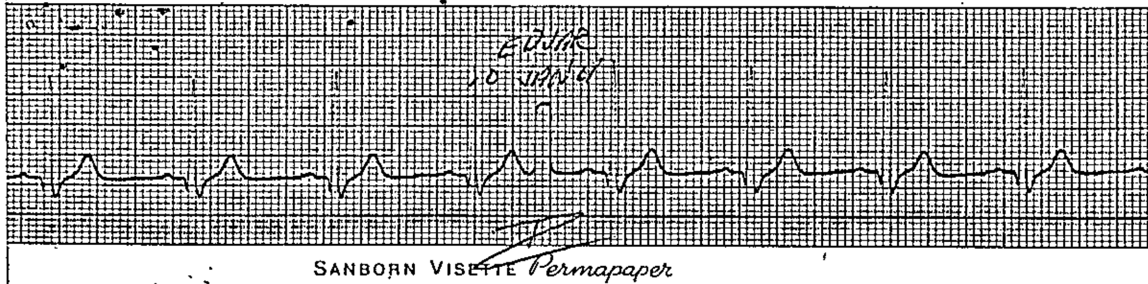
WARD NO. F 21

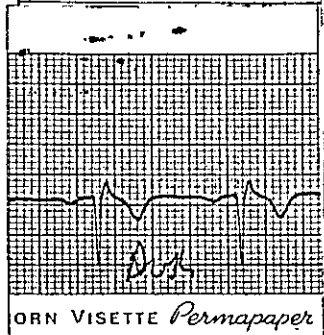
Edgar, Lester Sgt. Maj. E-9

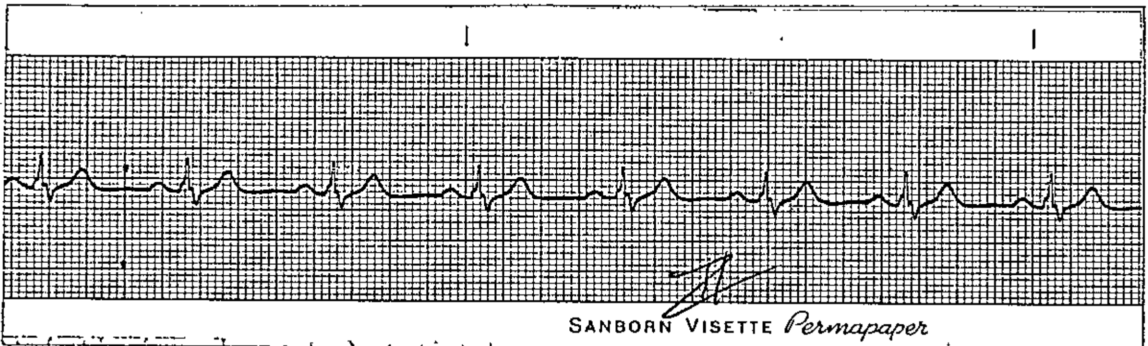
ELECTROCARDIOGRAPHIC RECORD
Standard Form 520
520-104
(Attach tracings to S. F. 507)

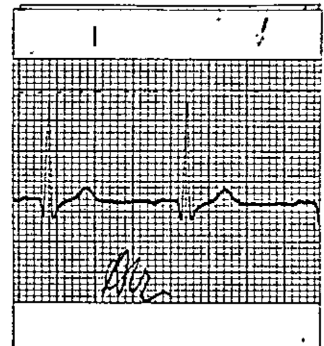
US Army Hospital Ft Ord Medical
Examination Clinic

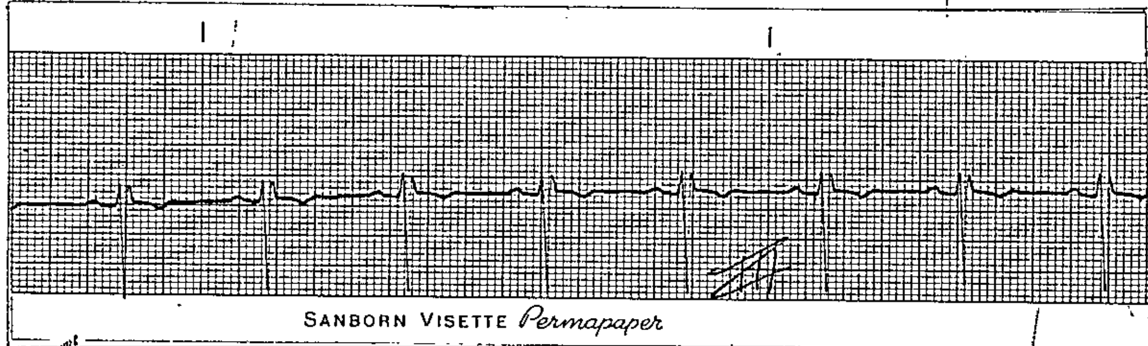
6 SEC.

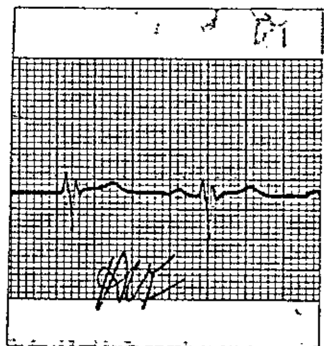


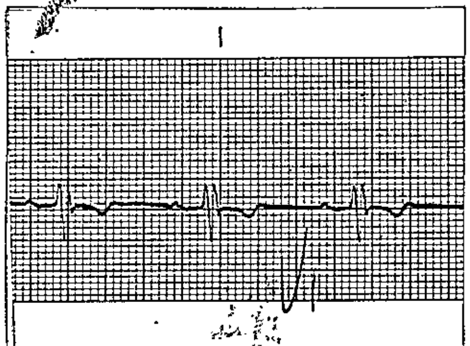


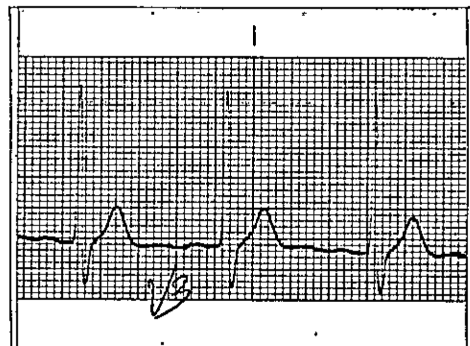


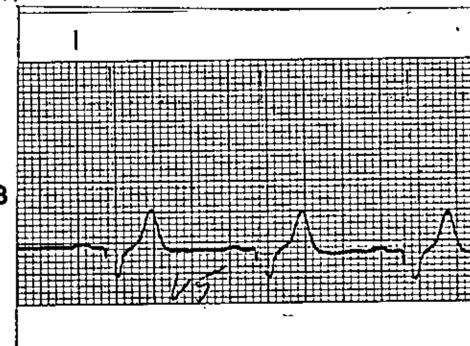


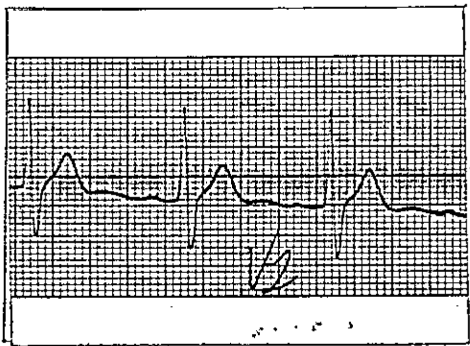


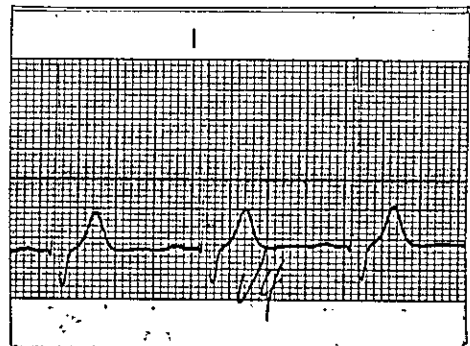


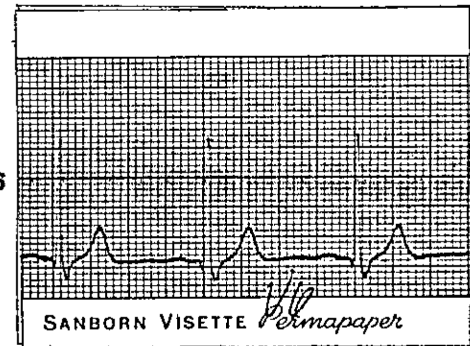












PATIENT________ T WAVES________ S-T SEG________

AU. RATE________ RHYTHM________ P-R INT.________ MEDICATION________

VE. RATE________ P WAVES________ Q-R-S. INT.________ PATIENT POSITION________

PATIENT *Edgar Lester* SERIAL NO. ______ DATE *10 Jan 67*

AGE ______ SEX ______ CASE NO. ______ DOCTOR ______

SUPPLIED BY
SANBORN COMPANY
WALTHAM 54, MASS.
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5245/5764

REPORT OF MEDICAL EXAMINATION

88-104-01

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
EDGAR, LESTER	SGM E-9	RA38506482

4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)	5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
General Delivery, Hilltop, Boone Co, Ark	RETIREMENT	10 JAN 67

7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE		10. AGENCY	11. ORGANIZATION UNIT
Male	Cau	MILITARY 23yrs	CIVILIAN	ARMY	Hq Co USACDCEC Ft Ord Calif

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
7Sep24	Compton, Ark	Alberta Edgar (Wife) 105 Pendleton, Ft Ord Calif

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
Med Ft Ord Calif	

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

CLINICAL EVALUATION

(Check each item in appropriate column; enter "NE" if not evaluated.)

NORMAL	ITEM	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 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 (L) upper lip & (L) thigh

#48 - Incomplete right bundle branch block.

See consult

(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 (X)	15	16	LEFT
	32	31 (O)	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES: 2 OC

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY	1.015	46. CHEST X-RAY (Place, date, film number and result)
B. ALBUMIN: Neg	D. MICROSCOPIC	US Army Hospital Ft Ord Medical Examination Clinic 10 Jan 67 Neg E-11
C. SUGAR: Neg		

47. SEROLOGY (Specify test used and result)	48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
ROUTINE MICROFLOCCULATION NON-REACTIVE	See notes above		

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: ☐ SLENDER ☐ MEDIUM ☐ HEAVY ☐ OBESE	56. TEMPERATURE
72 1/4	190	Brown	Brown		

57. BLOOD PRESSURE (Arm at heart level)			58. PULSE (Arm at heart level)				
A. SITTING SYS. 130 DIAS. 80	B. RECUMBENT SYS. DIAS.	C. STANDING (3 min.) SYS. DIAS.	A. SITTING 84	B. AFTER EXERCISE 104	C. 2 MIN. AFTER 88	D. RECUMBENT	E. AFTER STANDING 3 MIN.

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

62. HETEROPHORIA (*Specify distance*)

ES°	EX°	R. H.	L. H.	PRISM DIV.	PRISM CONV.	PC	PD
		20' L + N			CT		

63. ACCOMMODATION	64. COLOR VISION (Test used and result)	65. DEPTH PERCEPTION (Test used and score)	UNCORRECTED / CORRECTED
RIGHT LEFT	Color Blind		

66. FIELD OF VISION	67. NIGHT VISION (Test used and score)	68. RED LENS TEST	69. INTRAOCULAR TENSION
			normal

70. HEARING

	WV	SV
RIGHT	/15	15/15
LEFT	/15	15/15

71. AUDIOMETER

	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192
RIGHT	/	10	5	5	/	55	/	/
LEFT	/	5	5	5	/	45	/	/

72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)

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

none

(*Use additional sheets if necessary*)

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

#35 Radiculitis (L) cervical See consult
#71 Defective hearing.

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

~~None~~ Ortho - See consult

76. A. PHYSICAL PROFILE

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

B. PHYSICAL CATEGORY

A	B	C	E
	X		

77. EXAMINEE (Check)
A. ☒ IS QUALIFIED FOR
B. ☐ IS NOT QUALIFIED FOR
Retirement

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

79. TYPED OR PRINTED NAME OF PHYSICIAN: R.C. ALLIN, Capt. M.C. — SIGNATURE: Robert C. Allin

80. TYPED OR PRINTED NAME OF PHYSICIAN — SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*): CPT L. E. KUNKLE DC — SIGNATURE: L E Kunkle

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

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