

MEDICAL HISTORY

COLTRANEE

(Surname)

John William

(Christian name(s))

Born: Place

N.C.

Date

23 Sep 26

STATE NAME OF PLACE DATE EACH NEW ENTRY

CHEST XRAY NEGATIVE. SUCCESSFULLY
PASSED PSYCHIATRIC EXAMINATION
INDUCTION STATION.

KAHN TEST TAKEN AT AFIC PHILA., PA.
AND REPORTED NEGATIVE.

no other remarks

MEDICAL HISTORY

MEDICAL HISTORY

STATE NAME OF PLACE DATE EACH NEW ENTRY

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163 I.I.
COLTRANE, JOHN W.
1450 N. 12TH ST
PHILA., PA.
22 101 017

ARMED FORCES
INDUCTION STATION
32ND & LANCASTER,
PHILADELPHIA, PA.
MAY 8, 1945 LEFT



163 I.I.
COLTRANE, JOHN W.
1450 N. 12TH ST
PHILA., PA.
22 101 017

ARMED FORCES
INDUCTION STATION
32ND & LANCASTER,
PHILADELPHIA, PA.
MAY 8, 1945 LEFT



U.S.N.T.C. SAMBSON, NEW YORK

26 OCT 1945

Examined this date
and found _____
Physically qualified for transfer.
DEFECTS NOTED: _____

R. G. Welsch
R. G. WELSCH
LIEUT., (MC) USNR

MEDICAL HISTORY

(Surname)

(Christian name(s))

Born: Place _____

Date _____

STATE NAME OF PLACE

DATE EACH NEW ENTRY

STAGING CENTER

PEARL HARBOR (Mabunian Ridge) T. H.

NAVY #128 (one two eight)

DATE JUL 24 1946

Examined this date and found physically qualified for transfer to a separation center.

Disqualifying defects noted:

Geo. C. THOMAS
Captain (MC) USNR

MEDICAL OFFICER

STATE NAME OF PLACE

DATE EACH NEW ENTRY

MEDICAL HISTORY



MEDICAL HISTORY

STATE NAME OF PLACE

DATE EACH NEW ENTRY

MEDICAL OFFICER

Captain (MC) USNR

STATE NAME OF PLACE

DATE EACH NEW ENTRY

MEDICAL HISTORY

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MEDICAL HISTORY

SURNAME

Coltrane

CHRISTIAN NAME(S)

J. W.

RANK OR RATE

FILE OR SERVICE NO.

BIRTHPLACE

BIRTH DATE

STATE NAME OF PLACE—DATE EACH NEW ENTRY

USNPSC, BAINBRIDGE, MARYLAND.

Date *9 AUG 1946*

photofluorographic examination of the chest: Negative this date

43772

KAHN-BLOOD TEST reported as negative

Examined this date and found to be physically qualified for discharge from the Naval service in accordance with

alnav 442-45

REQUIRES NEITHER TREATMENT NOR HOSPITALIZATION AT THIS DATE

H. B. Adams

H. B. ADAMS,
Lt. (MC), USN

MEDICAL HISTORY

STATE NAME OF PLACE—DATE EACH NEW ENTRY

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PHYSICAL EXAMINATION

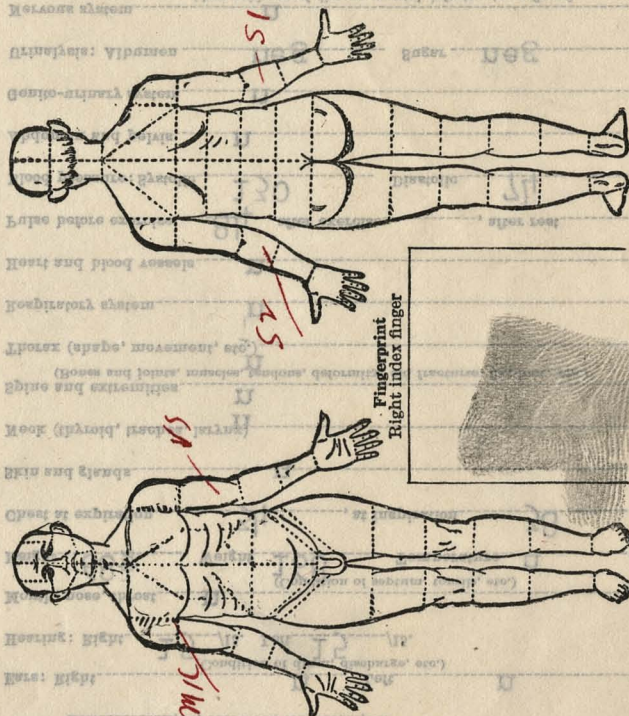
To be completely made up by medical officer at time of enlistment, extension of enlistment, reenlistment, enrollment, appointment, commission, or promotion.

COLTRANE. **985 10939**
 (Surname) (Serial number)
 John William. **6 AUG 1945**
 (Christian name(s)) (Date)
 Enlisted Appointed **NRS Phila. Pa.** Date **none**
 Promoted
 Rank } **AS V6 SV** Previous service **none**
 Rate } U.S.N. U.S.M.C. U.S.A.
 Born: Place **Hamlet, N.C.** Date **23 Sep 26**
 Nationality **Negro-US.** Religion **Prot.**
 (Denomination)
 Next of kin or friend **MOTHER: Alice G. Coltrane**
1450 N. 12th St. Phila., Pa.

Complexion **negro** Hair **black** General appearance **n**
 Head and face **n**
 Eyes **n brown**
 (Color, condition of lids, anatomical or other defect)
 Vision: Right **20** /20, corrected to **20** Color perception **20**
 Left **20** /20, corrected to **20**
 Ears: Right **n** Left **n**
 (Condition of drum, discharge, etc.)
 Hearing: Right **15** /15. Left **15** /15.
 Mouth, nose, throat **n**
 (Condition of septum, tonsils, etc.)
 Height **68 1/2** Weight **165** Temperature **n**
 Chest at expiration **34** at inspiration **38**
 Skin and glands **n**
 Neck (thyroid, trachea, larynx) **n**
 Spine and extremities **n**
 (Bones and joints, muscles, tendons, deformity, old fractures, flat foot, etc.)
 Thorax (shape, movement, etc.) **n**
 Respiratory system **n**
 Heart and blood vessels **n**
 Pulse before exercise **84** after exercise **84** after rest **84**
 Blood pressure: Systolic **130** Diastolic **74**
 Abdomen and pelvis **n**
 Genito-urinary system **n**
 Urinalysis: Albumen **neg** Sugar **neg**
 Nervous system **n**
 (Any evidence of disease, mental defects, etc., reflexes)

MARKS, SCARS, ETC.

Enter original findings in red ink, those acquired subsequently in black ink, with date.



Date and nature of any waiver, and defects not noted above (Underheight, underweight, defective vision, etc.)

NRS PHILADELPHIA, PA. Date **6 AUG 1945**

I certify that I have personally made this physical examination.

(Signature) *C. P. Jones* Senior Medical Examiner.

C. P. Jones, D.O., MC, USNR
TERMINATION OF HEALTH RECORD
USNPS CRAINBRIDGE, MD.

Place **8-10-46**

Termination by reason of **discharge,**
 (Promotion, resignation, expiration of enlistment, physical disability, etc.)

ALNav 44245

All physical defects, however slight **none**

(Signature) *G. E. Clapp*

(Signature) **G. E. CLAPP, LT. (JG) (MC) USNR**
 Senior Medical Examiner.

MEDICAL HISTORY

COLTRANE 983-1939

(Surname)

John William

(Christian name(s))

Born: Place N.C. Date 23 Sep 26

STATE NAME OF PLACE DATE EACH NEW ENTRY

CHEST XRAY NEGATIVE. SUCCESSFULLY PASSED PSYCHIATRIC EXAMINATION AT INDUCTION STATION.

KAHN TEST TAKEN AT AFIC PHILA., PA. AND REPORTED NEGATIVE.

no other remarks

USNTC Sampson, N.Y. 27 SEP 1945
Date:

This person has received Malaria indoctrination.

MEDICAL HISTORY

STATE NAME OF PLACE DATE EACH NEW ENTRY

U.S.N.T.C. SAMPSON, N.Y.
Examination this date 7 AUG 1945
Service No. _____
Blood Group 0
Physical Defects: none

Visual Acuity
UNCORRECTED:
O.D. 20 / 20 O.S. 20 / 20 O.U. 20 / 20

CORRECTED:
O.D. 20 / 20 O.S. 20 / 20

Edwards

[L]

MEDICAL HISTORY

COLTRANE

(Surname)
John William

Born: Place **N.C.** Date **7-23-26**

STATE NAME OF PLACE DATE EACH NEW ENTRY

USNTC, SAMPSON, NEW YORK

A 10-10-45.

DIAGNOSIS: TONSILLITIS, ACUTE,
#818

ORIGIN: Not misconduct.

EPTE: No

CC: Sore throat, cough.

PI: Had cold for few days. Now has
chills and headache, throat sore,
coughing, and some malaise.

PE: T-101.2. Essentially negative
except for Eyes - reddened. Throat-
inflamed. Tonsils edematous and
purulent yellow follicles.

RX: Routine symptomatic treatment.
Sulfa. routine.

D 10-15-45. Discharged this date to
5 duty, fit for same.

/s/ J. STOLL

LT. (jg)(MC)USNR

[Signature]
LT. COMDR. (MC) USNR

MEDICAL HISTORY

STATE NAME OF PLACE DATE EACH NEW ENTRY

U.S. NAVAL RECEIVING BARRACKS
SHOEMAKER, NOV 2 1945

✓ Date
Certified by Board of Medical Ex-
aminers to be physically qualified
for overseas duty.

Exceptions: *[Signature]*

U.S. NAVAL BARRACKS, NAVAL STATION 919
DATE **MAY 20 1946**

EXAMINED THIS DATE AND FOUND TO
PHYSICALLY QUALIFIED FOR TRANSFER

U. S. WHARTON
LT. (jg) MC USNR

(MC) USN

U.S.N. REC/BAKS NO. 10
DATE: **JUL 2 1946**

Examined this date and found
physically qualified for transfer.

[Signature]
G. O. Keeler
LT. (jg) MC-USNR

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ABSTRACT OF SERVICE

COLTRANE

(Surname)
John William
(Christian name(s))

Born N.C. 23 Sep 26
(Place) (Date)

NRS PHILADELPHIA, Pa.

NAV. TRA. CEN.
SAMPSON, N. Y.

6 AUG 1945

1946
2-9000

27 OCT 1945

U. S. Naval Receiving Station
Shepherd, California

NOV - 1 1945

USNB, Navy #919

11-28-45 MAY 1946

20 MAY 1946

JUL 22 1946

REC. STA. PH. T. H.

1946
27-46

8-10-46

USNPS CRAINBRIDGE, MD. TERMINATED

ABSTRACT OF MEDICAL HISTORY

A. or R. A. date	Diagnosis	Disposition date	Sick days
10-10-45	A TONSILLITIS, ACUTE #818	D 10-15-45	5
TERMINATED 8-10-46			

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IMMUNIZATION RECORD—(Continued)

TETANUS PROPHYLAXIS

Date	Dose	Signature of Medical Officer (in ink)
7-4-45	1/2 cc	WILFRID M. ANNA Lieut. (MC)USNR

Remarks:

CHOLERA PROPHYLAXIS

Date	Dose	Signature of Medical Officer (in ink)
NOV 2, 1945		D. J. Manley Lieut. (MC)USNR

Remarks:

TYPHUS PROPHYLAXIS

DATE ADMINISTERED			Signature of Medical Officer (in ink)
First	Second	Third	

BOOSTER	Date	Dose	Signature of Medical Officer (in ink)

Remarks:

OTHER INOCULATIONS (diphtheria, plague, etc.)

Date	Inoculation	Signature of Medical Officer (in ink)

Remarks:

IMMUNIZATION RECORD

COLTRANE

985-19-39

(Surname)
John William

(Christian name(s))

Born

N.C.

(Place)

23 Sep 26

(Date)

COWPOX VACCINATION

Number of prior scars

Date	Reaction	Signature of Medical Officer (in ink)
19 July 46	acc	D. J. Manley

Enter result as "Primary," "Accelerated," or "Immune."

TYPHOID AND PARATYPHOID PROPHYLAXIS

Date administered			Signature of Medical Officer (in ink)
First	Second	Third	
8-20-45		8-27-45	

BOOSTER	Date	Dose	Signature of Medical Officer (in ink)
	19 July 46	1/2 cc	D. J. Manley

Remarks:

YELLOW FEVER PROPHYLAXIS

Date	Dose	Signature of Medical Officer (in ink)
9-4-45	1/2 cc 1737	WILFRID M. ANNA Lieut. (MC)USNR

Remarks:

DENTAL RECORD

(To be filled in by the dental officer)

DO NOT REMOVE FROM HEALTH RECORD

COLTRANE

(Surname)

John William 985-19-35

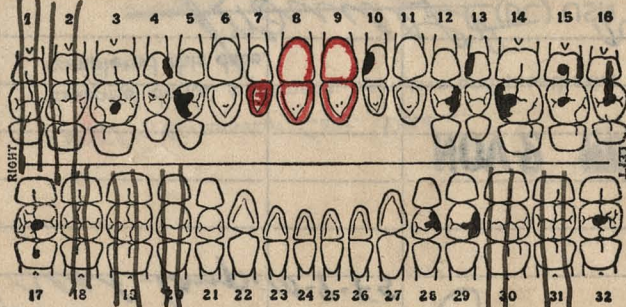
(Christian name(s))

Born: Place Hamlet N.C. Date 9/23/26

INSTRUCTIONS 514

See Chapter 14, Section VI, Paragraphs 2311-2319, inclusive, Manual of the Medical Department, U. S. Navy.

RECORD OF FIRST DENTAL EXAMINATION



REMARKS:

Station.....Date.....
Essential dental treatment, operative and completed this date.

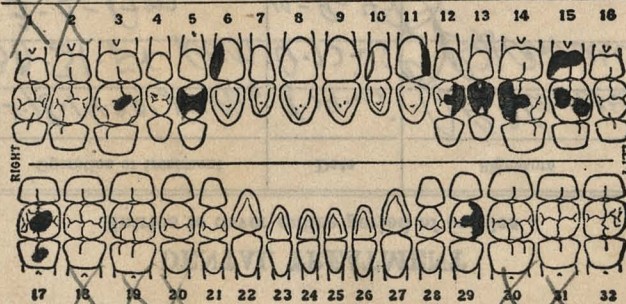
Sig.:

13 AUG 1945

Lt. J.G. (DC) USNR

(Date and signature of examining dental officer)

RECORD OF SUBSEQUENT DENTAL OPERATIONS



DENTAL TREATMENT

Entries to cover entire period of service

Operation or treatment	Date	Signature
1-2-18-14-20-EX PLAN	8-29-45	J.B. Hammerick
30-31-EX PLAN	9-7-45	J.B. Hammerick
3-0-AM	10-9-45	
6-D-AM		
11-D-AM		
10-M-Cem 5		
5-MOD-Ceml-AM	10-9-45	
12-DO-AM	10-9-45	
13-MOD-AM		
14-MO-AM		
15-B-O-O-AM		
17-O-B-AM		
29-DO-AM		
Treat-Camp.	10-9-45	

Handwritten signatures and notes:
D. J. Paul
Chas. T. Palay

TADCLY, SMOENSKA, Calif. Date NOV-2 1945
Essential dental treatment, operative and prosthetic completed this date.
[Signature] (DC) USN