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

0730 w/Med records

REPORT OF MEDICAL EXAMINATION

88-104-01

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
HENDRIX, James M.	PVT E2 RA	RA19693532

4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
2606 Jefferson Seattle 22, Washington	208 Discharge	MAY 1 4 1962

7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE		10. AGENCY	11. ORGANIZATION UNIT
		MILITARY	CIVILIAN		
Male	Neg	1		US Army	HQ&CoA801MaintBnSptGP101AbnDiv

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
27 Nov 42	Seattle, Washington	James A. Hendrix, Father 2606 Jefferson, Seattle 22, Wash.

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
USAH	

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 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 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
	32	31	O	29	28	27	26	25	24	23	22	21	20	X	18	17	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES
CL II

HCB

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY 1.030		46. CHEST X-RAY (*Place, date, film number and result*)
B. ALBUMIN NEGATIVE	D. MICROSCOPIC	US ARMY HOSPITAL FT. CAMPBELL, KY. 9756 NEGATIVE MAY 1 4 1962
C. SUGAR		

47. SEROLOGY (*Specify test used and result*)	48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
CMF - NO REACTION			

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD:	56. TEMPERATURE
70 11	155	BLACK	BROWN	[x] SLENDER [ ] MEDIUM [ ] HEAVY [ ] OBESE	98

57. BLOOD PRESSURE (*Arm at heart level*)						58. PULSE (*Arm at heart level*)				
A. SITTING	SYS. 110 / DIAS. 56	B. RECUMBENT	SYS. / DIAS.	C. STANDING (*3 min.*)	SYS. / DIAS.	A. SITTING 68	B. AFTER EXERCISE 86	C. 2 MIN. AFTER 76	D. RECUMBENT	E. AFTER STANDING 3 MIN.

59. DISTANT VISION		60. REFRACTION			61. NEAR VISION	
RIGHT 20/ 60	CORR. TO 20/ 20	BY -1.75	S. -25	OX 180	J-1 CORR. TO	BY
LEFT 20/ 70	CORR. TO 20/ 20	BY -1.75	S. -25	OX 180	J-1 CORR. TO	BY

62. HETEROPHORIA (*Specify distance*) 20.

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 / CORRECTED
RIGHT LEFT	AOC-N		
66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS TEST	69. INTRAOCULAR TENSION TAClite-N.

70. HEARING

RIGHT WV 18 /15 SV /15

LEFT WV 16 /15 SV /15

71. AUDIOMETER

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

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*)

(#59) 8801 - myopia Astig - O.U.

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 208 Discharge

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: JOHN T. HALBERT, CAPT. M. C. SIGNATURE [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 SIGNATURE NUMBER OF ATTACHED SHEETS

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

Standard Form 89
(Rev [illegible] g. 1950)
PRC [illegible] LGATED BY
BURE[illegible] OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL HISTORY

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

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
Hendrix James Marshall	E-1	RA19-693-732
4. HOME ADDRESS *(Number, street or RFD, city or town, zone and State)*	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
2606 Yesler Way Seattle 22, Wash.	Enlistment	May 24 1961

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE		10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
		MILITARY	CIVILIAN		
M	Negro				

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
27 Nov. 42	Seattle, Washington	James A. Hendrix - same as No. 4 father

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
afis Seattle, Wash.	45-4-42-509

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

I am in good health.

18. FAMILY HISTORY

RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH
FATHER	41	Good		
MOTHER		Deceased	Lives	35
SPOUSE				
BROTHERS AND SISTERS	13	Good		
CHILDREN				

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	
	✓	HAD RHEUMATISM *(Arthritis)*	
	✓	HAD ASTHMA, HAY FEVER, HIVES	
	✓	HAD EPILEPSY *(Fits)*	
	✓	COMMITTED SUICIDE	
	✓	BEEN INSANE	

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)*
	X	SCARLET FEVER, ERYSIPELAS		✓	GOITER		✓	TUMOR, GROWTH, CYST, CANCER		✓	"TRICK" OR LOCKED KNEE
	X	DIPHTHERIA		✓	TUBERCULOSIS		✓	RUPTURE		✓	FOOT TROUBLE
	X	RHEUMATIC FEVER		✓	SOAKING SWEATS *(Night sweats)*		✓	APPENDICITIS		✓	NEURITIS
	X	SWOLLEN OR PAINFUL JOINTS		✓	ASTHMA		✓	PILES OR RECTAL DISEASE		✓	PARALYSIS *(Inc. infantile)*
✓		MUMPS		✓	SHORTNESS OF BREATH		✓	FREQUENT OR PAINFUL URINATION		✓	EPILEPSY OR FITS
	X	WHOOPING COUGH		✓	PAIN OR PRESSURE IN CHEST		✓	KIDNEY STONE OR BLOOD IN URINE		✓	CAR, TRAIN, SEA, OR AIR SICKNESS
	X	FREQUENT OR SEVERE HEADACHE		✓	CHRONIC COUGH		✓	SUGAR OR ALBUMIN IN URINE	X	✓	FREQUENT TROUBLE SLEEPING
	X	DIZZINESS OR FAINTING SPELLS		✓	PALPITATION OR POUNDING HEART		✓	BOILS		✓	FREQUENT OR TERRIFYING NIGHTMARES
✓		EYE TROUBLE		✓	HIGH OR LOW BLOOD PRESSURE		✓	VENEREAL DISEASE		✓	DEPRESSION OR EXCESSIVE WORRY
	X	EAR, NOSE OR THROAT TROUBLE		✓	CRAMPS IN YOUR LEGS		✓	RECENT GAIN OR LOSS OF WEIGHT		✓	LOSS OF MEMORY OR AMNESIA
	X	RUNNING EARS		✓	FREQUENT INDIGESTION		✓	ARTHRITIS OR RHEUMATISM		✓	BED WETTING
	X	CHRONIC OR FREQUENT COLDS		✓	STOMACH, LIVER OR INTESTINAL TROUBLE		✓	BONE, JOINT, OR OTHER DEFORMITY		✓	NERVOUS TROUBLE OF ANY SORT
	X	SEVERE TOOTH OR GUM TROUBLE		✓	GALL BLADDER TROUBLE OR GALL STONES		✓	LAMENESS		✓	ANY DRUG OR NARCOTIC HABIT
	X	SINUSITIS		✓	JAUNDICE		✓	LOSS OF ARM, LEG, FINGER, OR TOE		✓	EXCESSIVE DRINKING HABIT
	X	HAY FEVER		✓	ANY REACTION TO SERUM, DRUG OR MEDICINE		✓	PAINFUL OR "TRICK" SHOULDER OR ELBOW		✓	HOMOSEXUAL TENDENCIES

21. HAVE YOU EVER *(Check each item)*				22. FEMALES ONLY: A. HAVE YOU EVER—		B. COMPLETE THE FOLLOWING:	
	✓	WORN GLASSES	✓	ATTEMPTED SUICIDE		BEEN PREGNANT	AGE AT ONSET OF MENSTRUATION
	✓	WORN AN ARTIFICIAL EYE	✓	BEEN A SLEEP WALKER		HAD A VAGINAL DISCHARGE	INTERVAL BETWEEN PERIODS
	✓	WORN HEARING AIDS	✓	LIVED WITH ANYONE WHO HAD TUBERCULOSIS		BEEN TREATED FOR A FEMALE DISORDER	DURATION OF PERIODS
✓		STUTTERED OR STAMMERED	✓	COUGHED UP BLOOD		HAD PAINFUL MENSTRUATION	DATE OF LAST PERIOD
	✓	WORN A BRACE OR BACK SUPPORT	✓	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION		HAD IRREGULAR MENSTRUATION	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 JOBS? MONTHS	25. WHAT IS YOUR USUAL OCCUPATION?	26. ARE YOU *(Check one)*
		Student	☐ RIGHT HANDED ☑ LEFT HANDED

16—62289-1

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 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 REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (*If yes, state reason and give details*)	
	✓	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (*If yes, state reason and give details*)	
	✓	32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (*If yes, describe and give age at which occurred*)	
	✓	33. HAVE YOU EVER BEEN A PATIENT (*committed or voluntary*) IN A MENTAL HOSPITAL OR SANATORIUM? (*If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic*)	
✓		34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (*If yes, specify when, where, and give details*)	MEASLES, CHICKEN POX - BOTH IN VANCOUVER B.C.
	✓	35. 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*)	
✓		36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (*If yes, which illnesses*)	Headache, stomach ache, FLU
	✓	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (*If yes, give date and reason for rejection*)	
	✓	38. 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*)	
	✓	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY 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
James Marshall Hendrix	James W. Hendrix

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

STUTTERed in past

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS
Capt. MCUSAF	24 MAY 1967		

16 -62289-1 U. S. GOVERNMENT PRINTING OFFICE : 1952—O-213344

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

REPORT OF MEDICAL EXAMINATION

88-104-01

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
Hendrix James Marshall	E-1	11a 19-693-532

4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
2606 Yesler Way Seattle, Wash	Enl RA	24 May 61

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

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
27 Nov 42	Seattle, Wash	James A Hendrix Same as #4 Parents

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
Afis Seattle, Wash	45-4-42-509

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	X
	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 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.*)

2° Pes Planus Asymptomatic

39. Ant. Circ None

Pos T. VSLA None

(*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
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Acceptable

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY 1.018
B. ALBUMIN Neg
C. SUGAR Neg
D. MICROSCOPIC

46. CHEST X-RAY (*Place, date, film number and result*) AFES, Seattle, Wn. 24 MAY 1961 4110 normal

47. SEROLOGY (*Specify test used and result*) Neg Kline

48. EKG

49. BLOOD TYPE AND RH FACTOR

50. OTHER TESTS

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD	56. TEMPERATURE
69 1/2	147	Bk	Br	☐ SLENDER ☒ MEDIUM ☒ HEAVY ☐ OBESE	98

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

A. SITTING	SYS.	DIAS.	B. RECUMBENT	SYS.	DIAS.	C. STANDING (3 min.)	SYS.	DIAS.	A. SITTING	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.
	120	78							60	74	62		

59. DISTANT VISION	60. REFRACTION	61. NEAR VISION
RIGHT 20/ 400 CORR. TO 20/ 40	BY S. OX	20 CORR. TO BY
LEFT 20/ 400 CORR. TO 20/ 40	BY PA S. OX	20 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	AOC 15/0 – 16/17		CORRECTED
66. FIELD OF VISION	**67. NIGHT VISION** (*Test used and score*)	**68. RED LENS TEST**	**69. INTRAOCULAR TENSION**
			normal

70. HEARING			71. AUDIOMETER								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	
LEFT WV	/15 SV	/15	RIGHT		0	0	0		0			
			LEFT		0	0	0		0			

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

(*Use additional sheets if necessary*)

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

54. Defective Vision — NCD

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

76. A. PHYSICAL PROFILE

P	U	L	H	E	S
1	1	1	1	3	1

77. EXAMINEE (*Check*)

A. ☒ IS QUALIFIED FOR EnL RA

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
R. FUNKHOUSER Capt. MCUSAR	
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	**SIGNATURE** / **NUMBER OF ATTACHED SHEETS**

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

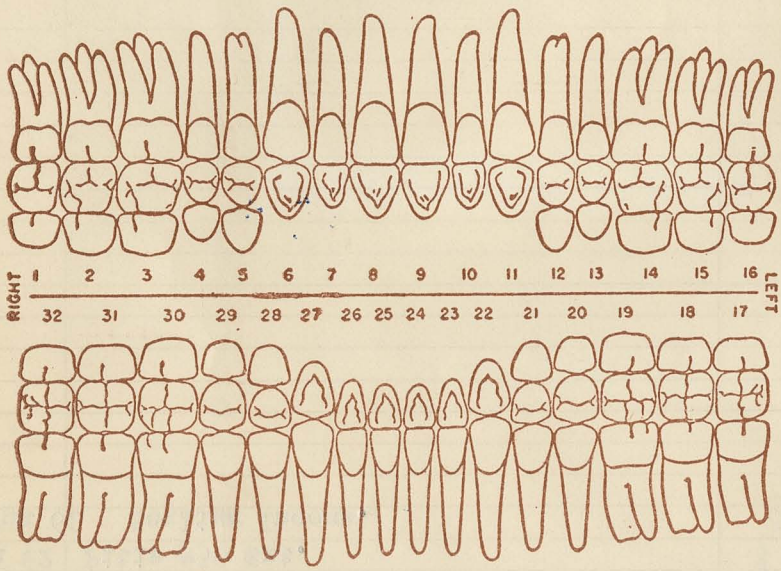
Standard Form 603
Rev. November 1953
Promulgated
By Bureau of the Budget
Circular A—32 (Rev.)

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

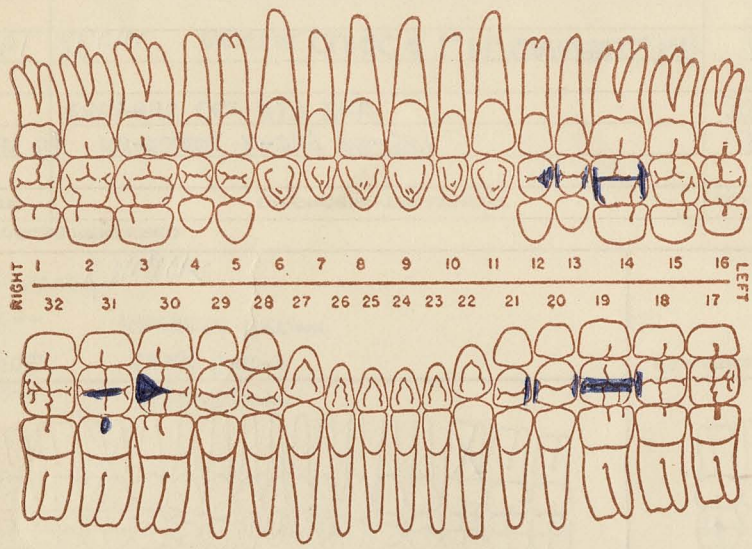


REMARKS

PLACE OF EXAMINATION	DATE
FT. ORD, CALIFORNIA	6 - JUN 1961

SIGNATURE OF DENTIST COMPLETING THIS SECTION
R H Sullivan Lt Col DC

5. DISEASES, ABNORMALITIES, AND X-RAYS



A. CALCULUS

	SLIGHT	X	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

OPEN BITE

E. INDICATE X-RAYS USED IN THIS EXAMINATION

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

DATE	PLACE OF EXAMINATION
6 - JUN 1961	FT. ORD, CALIFORNIA

SIGNATURE OF DENTIST COMPLETING THIS SECTION
R H Sullivan Lt Col DC

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	NEG			RA	ARMY

12. PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	13. DATE OF BIRTH (DAY-MONTH-YEAR)	14. IDENTIFICATION NO.
HENDRIX, JAMES MARSHALL	27 Nov 42	RA 19 693 532

16—87875-2

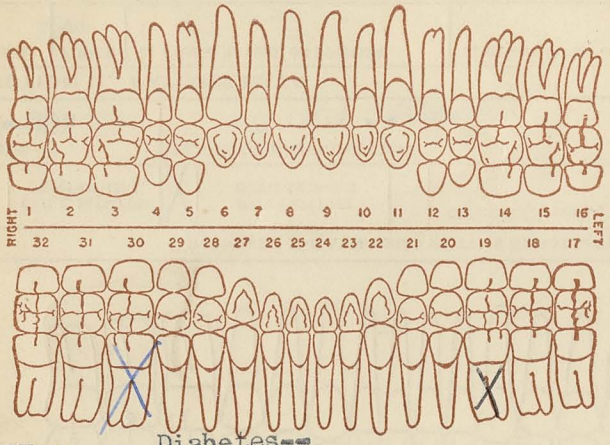
DENTAL
Standard Form 603

Tooth Brushing Technique ☐

Oral Hygiene Instruction ☐

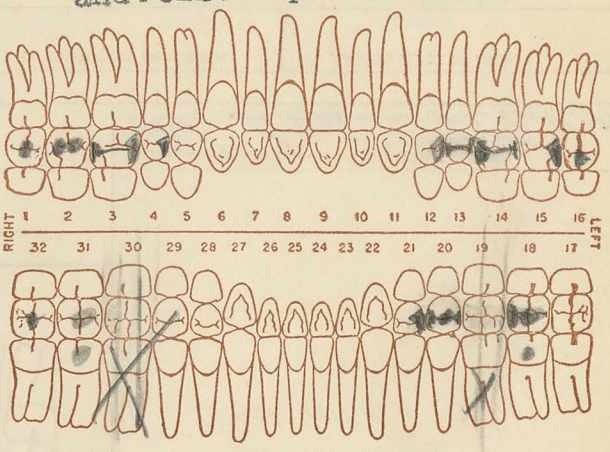
SECTION III. ATTENDANCE RECORD

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



16. SUBSEQUENT DISEASES AND ABNORMALITIES

and Follow-up



Allergy--
Bleeder--
Cardiac--
Negative

Diabetes--
Drug Sen--
Rheumtc Fvr--

REMARKS

REMARKS

17. SERVICES RENDERED

DATE	DIAGNOSIS—TREATMENT	CLASS	OPERATOR AND DENTAL FACILITY	INITIALS
			Ft Ord, California	
13 Jun 61	Re-Exam; X-ray #6-387	30S	H. W. Wong	HWW
	Nonrest Car #19 Ext	30S	G. Andrews	GA
20 JUN 61	Recm DENTAL CLINIC # 1, FT. CAMPBELL, KY:	3	M. M. KUHN LT COL DC	MMK
	DENTAL CLINIC # 1, FT. CAMPBELL, KY:			
14 June 62	Rec'm BW'S #30 (3935)	3	D. R Larson capt	DRL
18 Jun 62	Pitis #30 Ext.	3	Joseph V. Gatti	JVG
22 Jun 62	Scaling Incomp.	3	B. S. Ridley	BSR

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

U. S. GOVERNMENT PRINTING OFFICE 16—67875-2

(L'8)

HEALTH RECORD - ABSTRACT OF SERVICE

STATION AND ORGANIZATION	SERVICING MEDICAL AND DENTAL ACTIVITY	DATE FROM	DATE TO
Co H BG 11 Bde 3 Ft Ord, Calif	Clinic I Ft Ord, Calif	31 May 61	6 Nov 61
CO A 501 MAINT BN Ft Campbell, Ky	DENTAL Clinic #1	7 NOV 61	26 JUN 62

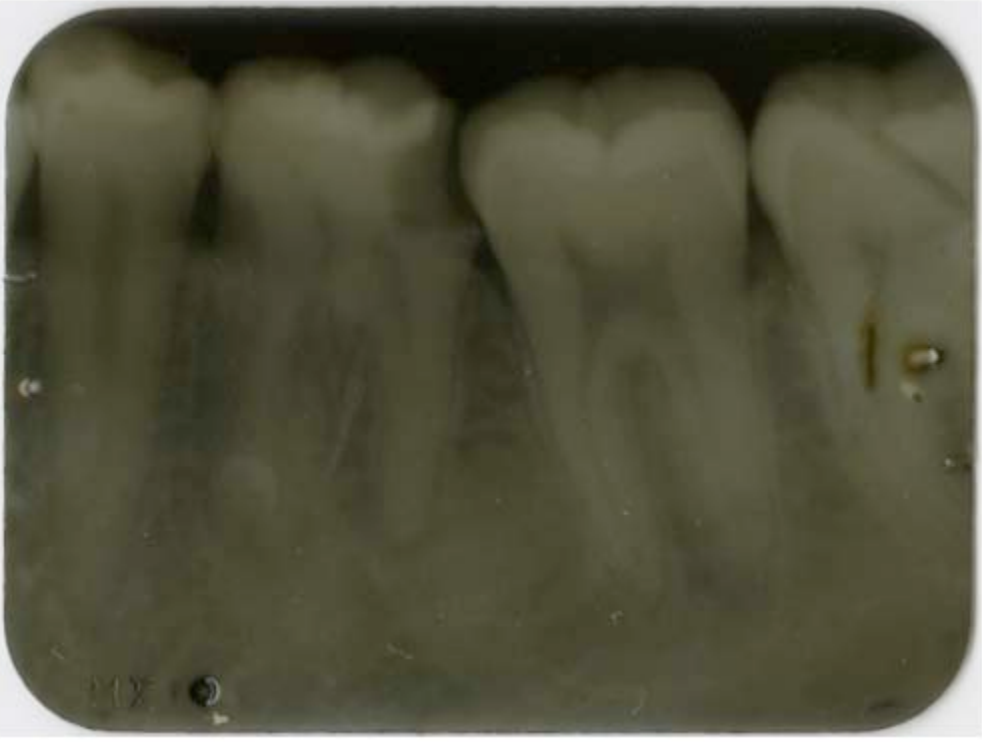
COMPONENT	DATE	BRANCH	DATE	AERO RATING	DATE	IDENTIFICATION NUMBER	DATE
RA	31 May 61	ARMY	31 MAY 61	PRCHT	21 DEC 61	RA19693532	31 May 61

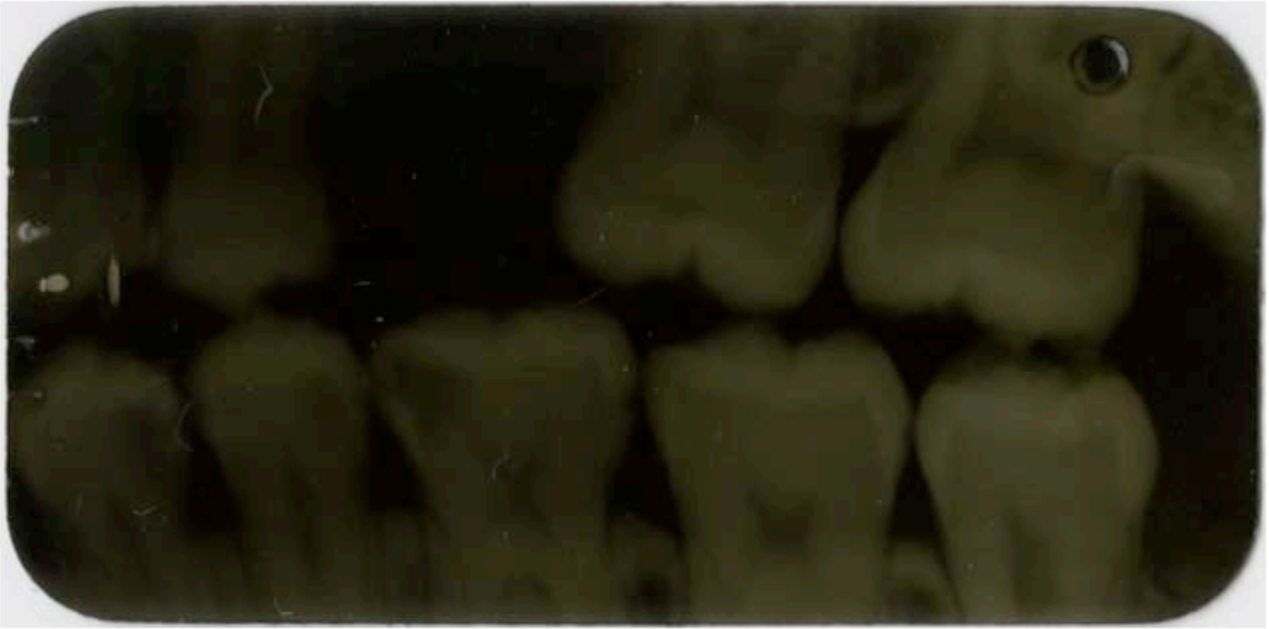
LAST NAME - FIRST NAME - MIDDLE NAME	DATE OF BIRTH (Day-Mo.-Year)	SERVICE OR DEPARTMENT
HENDRIX, JAMES MARSHALL	27 Nov 42	Army

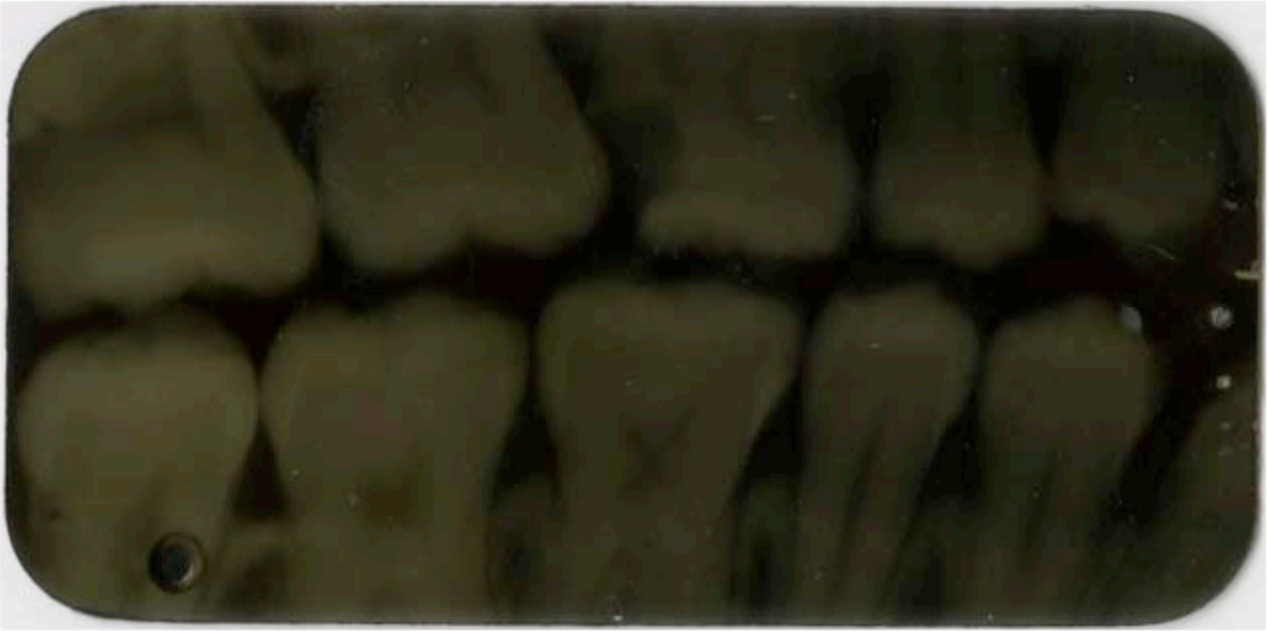
DD FORM 1 AUG 53 735

STATION AND ORGANIZATION	SERVICING MEDICAL AND DENTAL ACTIVITY	DATE	
		FROM	TO

☆ U. S. GOVERNMENT PRINTING OFFICE: 1956 O—386063







Case or Service No. 3935

Name Hendrix, Jas

Date 18 June '62 Rank

Station a 801

Case or Service No._____

Name_____

Date_____ Rank_____

Station_____