

7351ST USAF DISPENSARY
LANDSBERG AIR BASE
APO 61 USAF

4 Jun 54

SUBJECT: Transmittal of Medical Records

TO: Commander
7011th Pers Proc Sq
APO 69, USA

ATTN: Medical Treatment Records Section
Field Personnel Records Group

1. In accordance with AFR 160-77, enclosed are the following
medical records pertaining to:

S/Sgt CASH, John R. AF-18 351 914
USAFSS, APO 61, USAF
12th Rad Sq Mob

- (X) Std Fm 88, "Report of Medical Examination"
- (X) Std Fm 89, "Report of Medical History"
- (X) AF Fm 277, "Record of Out-Patient Service"
- (X) Std Fm 513, "Consultation Sheet"
- (X) Std Fm 514, "Laboratory Reports"
- (X) Std Fm 519, "Radiographic Reports"
- (X) DD Fm 481, "Clinical Record Cover Sheet"
- (X) Std Fm 502, "Narrative Summary"
- (X) AF Fm 309, "Dental Health Record"
- (X) WD AGO Fm 8-114, "Syphilis Register"
- (X) Venereal Disease Follow-up Record
- (X) Other pertinent documents

2. It is requested that these records be forwarded immediately
to the nearest medical facility responsible for your organization's
medical care.

3. Request receipt by indorsement hereon.

FOR THE SURGEON:

par 1 SO 59 Hq 12th RSM
dtd 18 May 54

Orville H. Daily
ORVILLE H. DAILY
Captain, USAF (MSC)
Med Adm Officer

1st Ind

TO: Surgeon, 7351st USAF Dispensary, APO 61, USAF

Receipt acknowledged.

/500-May54

REPORT OF MEDICAL EXAMINATION

INSTRUCTIONS FOR PREPARING THIS FORM.—N. S. A. represents No Significant Abnormality. In Items No. 20 through No. 41, if abnormal, describe in space of each heading, or under No. 42, "Remarks," or if necessary on additional sheets the same size. Write on each sheet name, date of birth, and identification number.

1. LAST NAME—FIRST NAME—MIDDLE NAME
CASH JOHN R

2. PLACE AND DATE OF EXAMINATION
4204 ASTU
Little Rock Rtg Main Sta., 7 July 50

3. DATE OF BIRTH
26 Feb 1932

4. AGE IN YEARS—LAST BIRTHDAY
18

5. IDENTIFICATION NO.
AF 18 351 914

6. PURPOSE OF EXAMINATION
Enlistment

7. SERVICE, DEPARTMENT, OR AGENCY
USAF

8. COMPONENT AND BRANCH

9. ORGANIZATION

10. GRADE, RATING, OR POSITION
Pvt

11. SEX
Male

12. RACE
White

13. HOME ADDRESS (Street, or RFD number, city, zone, State)
[REDACTED]

14. PLACE OF BIRTH
Kingsland, Ark

15. OTHER DATA
SELECTIVE SERVICE NO.

16. RATING OR SPECIALTY
TOTAL LAST 6 MONTHS

17. MEASUREMENTS

HEIGHT (Sholess)	WEIGHT (Striped)	MEDIUM	SLENDER	HEAVY	OBESSE
71	144		X		

18. BUILD (Including frame and figure)

19. TEMP.
98.6

20. SKIN—INCLUDING HAIR DISTRIBUTION, THICKNESS OF NAILS, TATTOOING, AND SCARS
N. S. A.

21. LYMPH GLANDS AND LYMPHATICS
N. S. A.

22. HEAD, FACE, AND NECK—N. S. A.

23. NOSE, SINUSES, MOUTH, AND THROAT—N. S. A.

24. EARS—A. CANALS, EXT. EARS—N. S. A.

External otitis bilateral mild

B. DRUMS—NO PERFORATION N. S. A.

C. HEARING (Whispered and spoken voice at 15 ft.)

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

D. AUDIOMETER DECIBELS LOSS

	256	512	1024	2048	4096	8192
RIGHT						
LEFT						

25. EYES—A. EXTERNAL EYE, RIGHT EYE—N. S. A. LEFT EYE—N. S. A.

B. PUPILS—EQUAL NORMAL TO ACCOMMODATION TO LIGHT

C. ASSOCIATED PARALLEL MOVEMENTS, NYSTAGMUS—N. S. A.

D. DISTANT VISION

RIGHT 20/20 CORR. TO 20/ BY S. C. CX

LEFT 20/20 CORR. TO 20/ BY CX

F. NEAR VISION—(At 14 inches)

J-1 CORR. TO BY

J-1 CORR. TO BY

G. COLOR VISION—N. S. A. TEST USED pseudo isochromatic

H. HETEROPIORIA (Specify distance)

ES° EX° R. H. L. H.

PRISM DIVERGENCE PRISM CONVERGENCE

I. RED LENS—N. S. A.

J. FIELD OF VISION—RIGHT—N. S. A. LEFT—N. S. A.

K. DEPTH PERCEPTION TEST USED SCORE

L. OPHTHALMOSCOPIC—RIGHT—N. S. A. LEFT—N. S. A.

M. ACCOMMODATION—RIGHT—N. S. A. LEFT—N. S. A.

NIGHT VISION TEST USED SCORE

26. DENTAL—INDICATE BY SUPERIMPOSING PROPER SYMBOL ON TOP OF NUMBER OF TOOTH; I. E., RESTORABLE CARIOUS TEETH BY O, EXTRACTION INDICATED BY /, MISSING NATURAL TEETH BY X, TEETH REPLACED BY FULL OR PARTIAL DENTURE HORIZONTAL LINE OVER XXX, TEETH REPLACED BY FIXED BRIDGE BRACKETS TO INCLUDE ABUTMENTS AND LINE UNDER TOOTH (1 X 3), CROWNS BY C, IMPACTED TEETH BY #, FILLINGS PRESENT IN TOOTH BY F, NORMAL TEETH BY N, WHEN DECIDUOUS TEETH PRESENT INSERT LETTERS IN RELATIVE POSITIONS.

EXAMPLE: EDCA ABCDE ABOVE OR BELOW 543212345

UR 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8 X

LR 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8 X

LL CLASS: IV

REMARKS AND DISQUALIFYING DENTAL DEFECTS

MALOCCLUSION—N. S. A.

PERIODONTIASIS—N. S. A.

GINGIVITIS—N. S. A.

27. BULSE RATE AND BLOOD PRESSURE (Atrial heart lead)

SITTING: PULSE 88 B. P.: S. 126 D. 76

STANDING (3 min.): PULSE B. P.: S. D.

RECUMBENT: PULSE B. P.: S. D.

SITTING PULSE AFTER EXERCISE : 2 MIN. AFTER

28. LUNGS—N. S. A. CHEST—N. S. A. (Include breasts for females)

29. CHEST—N. S. A. NOT DONE X-RAY

30. HEART—N. S. A.

31. EKG—N. S. A. NOT DONE

32. VASCULAR SYSTEM—A. ARTERIES AND VEINS—N. S. A.

B. VARICOSE VEINS—NONE

33. ABDOMEN AND VISCERA—N. S. A. A. LIVER—N. S. A. B. SPLEEN—N. S. A. C. MASSES—NONE X

34. HERNIA: (If present describe location, size, shape, reducibility) (Complete or incomplete)
NONE

35. ANUS AND RECTUM—HEMORRHOIDS, FISTULAE, OTHER ABNORMALITIES
N. S. A.

36. VENEREAL DISEASE
NONE

37. ENDOCRINE SYSTEMS EXERCISE
N. S. A.

38. GU SYSTEM AND BLOOD URZAZUS (Include prostate exam. if indicated)
PELVIC—N. S. A. VAGINAL DONE OR RECTAL DONE

39. SPINE AND EXTREMITIES—A. BONES—JOINTS—MUSCLES—N. S. A. B. FEET—N. S. A.

C. GAIT—N. S. A.

40. NEUROPSYCHIATRIC—A. NEUROLOGICAL (Consider CRANIAL NERVES, MOTOR STATUS and COORDINATION, REFLEXES, SENSORY STATUS, EQUILIBRIUM. Always mention EXACT LOCATION.) B. PSYCHIATRIC AND PERSONALITY. (Consider BEHAVIOR, COMPREHENSION, COHERENCY OF RESPONSES, EMOTIONAL REACTIONS, ORIENTATION, MEMORY, and SIGNS OF TENSION.)

D. PERSONALITY (If answer is yes explain and ch recommendation under Item No. 48)
DEVIATION YES NO

41. LABORATORY TESTS—A. SEROLOGY (Specify test used—Result)
B. URINALYSIS ALBUMIN SUGAR
1.017 N N
C. BLOOD TYPE AND CLASSIFICATION USED
D. OTHER LABORATORY EXAMINATIONS

42. A. REMARKS—B. SUMMARY OF PERTINENT AND INTERVAL HISTORY—C. SUMMARY OF DEFECTS—D. DIAGNOSIS
E. DISQUALIFICATION
F. RECOMMENDATION (If "Physical Category" is other than A, specify reasons for such classification)

FEEL	COUL	LO	SO	BA	HA	COUL	LO	SO	BA	HA
MI	COUL	LO	SO	BA	HA	MI	COUL	LO	SO	BA

PHYSICAL PROFILE X

P	V	L	H	E	S
1	1	1	1	1	1

PHYSICAL CATEGORY (Check)
External otitis, bilateral

43. FURTHER SPECIALIST'S EXAMINATION INDICATED: YES NO IF YES, SPECIFY

EXAMINEE (S) OR GROUP (Specify only one) QUALIFIED FOR: **Ballistment**

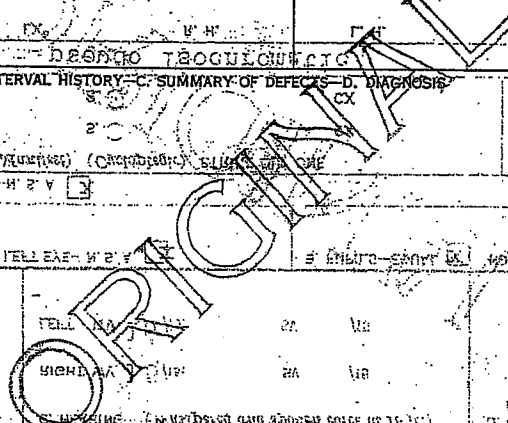
TYPE OF QUALIFICATION: **General**

44. SIGNATURE OF PHYSICIAN
J.B. Price

45. SIGNATURE OF PHYSICIAN
Price

46. SIGNATURE OF DENTIST OR PHYSICIAN (Indicate which)

47. SIGNATURE OF REVIEWING OFFICER
DEBOST OF MEDICINE EXAMINATION



RECORD OF OUTPATIENT SERVICE

SHEET OF SHEETS

RECORDING MEDICAL UNIT

Group Dispensary

940

LOCATION

A.B. APO 61

NAME OF PATIENT (Last, first, middle initial)

CASH, JOHN R. A1C Pfc.

SERVICE NO.

AF 18351914

PERSONNEL CLASS

12 RSM.

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, NOTES, ETC. (Sign each entry)

11 Feb. 52

Pruritic eruption - vesicles - on flexor & upper arms -
none in usual scabietic distribution
to try scabies regime

Cont.

9-7-52

Nauseating in the morning
cough and pain in chest for
1 week.

PE: ① wheezing over both lungs.
② epigastric tenderness.

X Ray chest: neg.

Rx: Amphygal and cough syrup
d.t.c.

19.9.52

head - chest cold and sore throat
for 1 day. T: 98°

PE: tonsils red and swollen
not exudated

chest: essentially neg.

BP: 146/70

Return for recheck of BP in
1 week.

Rx: Gyogle. ASA. E.T.H. d.t.c.

23.9.52.

Recheck of BP.

BP: 160/98. heart: not enlarged

heart sounds: clear

Impo. early hypertension

Rx: quit smoking and drinking
elix Phenobarb.

Return Friday.

gde

26 Sept. 52. Bp. 160/65. P. 104. Pt. quite apprehensive
and, to improve matters, is due to face a promotion board.

After "resting" recumbent for 1/2 hr. Bp. is 150/80.

Believe this is all on a tension basis.

In view of Sept. 22 2 ampts.

8 Jan. 53. Small mass on rt. foot, which has been growing
in size & itching. Has some overlying erythema.

Imp. was a 2nd yr infect.

Rx: Dexameth. & hot soaks.

Jan 10. 53. cyst still red and
infected.

Cont.

Rx: Dexameth. and soaks.

Jan 12. 53. Abscess is beginning
to form.

gde.

Rx: Dexameth. and soaks gde.

Jan. 13th. 53. - continue as above.

Jan 16. 53. infection has subsided

Jan 30. 53. appointment for cystectomy gde.

Feb 5. 53. Cystectomy

Feb 9. 53. Sutures removed & dressed

Dr. Mattson
Dr. Mattson

RECORD OF OUTPATIENT SERVICE

SHEET OF SHEETS

RECORDING MEDICAL UNIT
 7351 st AIR BASE SQUADRON
 APO 61, U.S. AIR FORCE

LOCATION

NAME OF PATIENT (Last, first, middle initial)

SERVICE NO.

PERSONNEL CLASS

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, NOTES, ETC. (Sign each entry)

~~10/2/53~~ Since some days a cold.
 Irritation of the throat, and nose.
 Rhinopharyngitis

10-2-53
 (1) Pain of chest, when he takes breath. This
 starts up in evening, cough.
 (1) Coughing mainly in evening
 R: ETH Dicic. 2 tabs
 X Ray: Chest

13/2/53
 (1) Pt. feels better to day.
 R: Brown's mixture

15/2/53
 (1) R: Only some moid rales on the lower part of
 the lungs.
 R: Brown's Mixture

10/8/53.

18.2.54
 Headache since some time, eye trouble.
 hmg. sinusitis. X Ray

19.2.54
 sinusitis. R: Penicillin, rest day.

23.3.54
 Eye appointment.

4. 2
 eye on the right lower part.

1 April 54
 (1) Schedule for removal of cyst

1. LAST NAME, FIRST NAME, MIDDLE INITIAL
Cash, John R.

2. REGISTER NO. 3. ARMY SERIAL NO. 4. GRADE
AF-18351914 PFC

5. ORGANIZATION AND AREA OF SERVICE (If AAF personnel, see below)*
3389th. Tnc. Sqd.

6. AGE 7. RACE 8. BRANCH OF SERVICE 9. DATE OF ADMISSION
18 W 4/12

10. SOURCE OF ADMISSION
W

11. GRADE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGES
27 OCT 1950

12. LINE OF DUTY
3 mos - mess attendant.

13. DISTRIBUTION
3 mos - mess attendant.

14. DATE OF DISPOSITION
27 OCT 1950

15. DAYS LOST → TOTAL HOSPITAL QUARANTINE
3000

16. NAME AND LOCATION OF REPORTING INSTALLATION
3000

17. SIGNATURE
3000

18. SOURCE OF ADMISSION
W

19. GRADE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGES
27 OCT 1950

(This form supersedes W. D. M. D. Form No. 82)

TAG ALLOTMENT DISCONTINUANCE No. 689674

NOTICE UPON DISCHARGE OR RELEASE FROM ACTIVE DUTY

NAME AND PERMANENT MAILING ADDRESS		ARMY SERIAL NUMBER	GRADE	REASON FOR SEPARATION	DATE OF SEPARATION	DATE OF BIRTH, IF AVAILABLE
CASH, JOHN R. DYESS, ARK.		AF 1835 1914	S/SGT	DISCH	3 Jul 54	26 FEB 32
ENTER IN THE SPACE PROVIDED BELOW EACH ALLOWANCE OR ALLOTMENT NOW IN EFFECT						
FAMILY ALLOWANCE APPLICATION NUMBER, IF IN SERVICE RECORD	VETERANS ADMINISTRATION NUMBER	ALLOTMENT	AMOUNT (1)	EFFECTIVE DATE MONTH AND YEAR (First Deduction) (2)	FINAL DEDUCTION MADE FOR MONTH OF (3)	(No Entry Here)
X-	N-	N	NONE			
ENTER NAMES OF ALL ALLOTTEES, IF IN SERVICE RECORD						
(1)	(2)	(3)	E	NONE		
NAME AND LOCATION OF ORGANIZATION EFFECTING DISCHARGE OR RELEASE						
2267TH PP SQ (SEP BR) CP KILMER, NJ		D	NONE			
SIGNED NAME, GRADE, AND TITLE OF PERSONNEL OR DISBURSING OFFICER EFFECTING DISCONTINUANCE (No Signature Necessary)						
RUDOLPH F MUTTER, 1ST LT, USAF		F	NONE			

TO: THE ADJUTANT GENERAL'S OFFICE, WASHINGTON 25, D. C.
 (Folded and inserted in the service record in cases of enlisted personnel)

WD AGO FORM 1 SEP 1945 30-S 6 PART

REPORTS CONTROL SYMBOL M				DO NOT USE CODE BOXES		
1. LAST NAME, FIRST NAME, MIDDLE INITIAL				A1	A2	A3
Cash John R.						
2. REGISTER No.	3. ARMY SERIAL No.	4. GRADE		B1	B2	B3
	18 351 914	Pvt				
5. ORGANIZATION AND ARM OR SERVICE (if AAF personnel, see below)*				C1	C2	
3712 T.S.						
6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION	D1	D2	D3
18	W	2 Weeks				
10. SOURCE OF ADMISSION				E1	E2	E3
* If AAF, indicate pilot, non-pilot flying pers., ground pers., or avn. cadet				F		
11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS				G		
JUL 25 1944				H		
<i>Fungus infection of ears.</i>				I		
<i>Rx Dromobromine solution #3 11</i>				J		
<i>Cotton wick in each ear &</i>				K		
<i>keep wick wet with solution</i>				L		
<i>constantly.</i>				M		
<i>L.O.D. J.S. Dy J.C.</i>				N		
				O		
				P		
				Q1	Q2	
				R		
12. LINE OF DUTY				S		
13. DISPOSITION				T		
14. DATE OF DISPOSITION				U		
15. DAYS LOST →		TOTAL	HOSPITAL	QUARTERS		
16. NAME AND LOCATION OF REPORTING INSTALLATION				W1	W2	
17. SIGNATURE						

W. D., A. G. O.
FORM NO. 8-24
1 July 1944

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME CASH, JOHN E.		2. GRADE AND COMPONENT OR POSITION SSGT USAF		3. IDENTIFICATION NO. AF 18351914	
4. HOME ADDRESS (Number, street or R.F.D., city or town, zone and State) Dress, Arkansas		5. PURPOSE OF EXAMINATION Separation		6. DATE OF EXAMINATION 2 Jul 54	
7. SEX Male	8. RACE White	9. TOTAL YRS. GOVT. SERVICE MILITARY 4 CIVILIAN 0	10. DEPARTMENT, AGENCY, OR SERVICE DAF		11. ORGANIZATION UNIT 2267th FPPS
12. DATE OF BIRTH 2 Feb 32 (22)		13. PLACE OF BIRTH Kingsland, Arkansas		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN Mr. Ray Cash, father	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS 2267th USAF Dispensary, Co Kilmer, NJ				16. OTHER INFORMATION	
17. RATING OR SPECIALTY					

CLINICAL EVALUATION		NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)
NORMAL	ABNOR-MAL	(Check each item in appropriate column; enter "N" or "E" if not evaluated)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	18. HEAD, FACE, NECK, AND SCALP
<input checked="" type="checkbox"/>	<input type="checkbox"/>	19. NOSE
<input checked="" type="checkbox"/>	<input type="checkbox"/>	20. SINUSES
<input checked="" type="checkbox"/>	<input type="checkbox"/>	21. MOUTH AND THROAT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	22. EARS—GENERAL (Int. & ext. acuity; (S auditor) acuity under items 70 and 71)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	23. DRUMS (Perforation)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	24. EYES—GENERAL (Visual acuity and refraction under items 69, 60, and 61)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	25. OPHTHALMOSCOPIC
<input checked="" type="checkbox"/>	<input type="checkbox"/>	26. PUPILS (Equality and reaction)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel movements; nystagmus)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate if indicated)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	33. ENDOCRINE SYSTEM
<input checked="" type="checkbox"/>	<input type="checkbox"/>	34. G-U SYSTEM
<input checked="" type="checkbox"/>	<input type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	36. FEET
<input checked="" type="checkbox"/>	<input type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL
<input checked="" type="checkbox"/>	<input type="checkbox"/>	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	40. SKIN, LYMPHATICS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under item 73)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)
Females only		(Check how done)
<input type="checkbox"/>	<input type="checkbox"/>	43. PELVIC <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL

TIME IN THIS CAPACITY: TOTAL — LAST SIX MONTHS —

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

CLASS II TYPE - 3

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively)																REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES	
O—Restorable teeth X—Missing teeth (X X)—Fixed bridge, brackets to include abutments /—Nonrestorable teeth XXX—Replaced by dentures																	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

45. URINALYSIS: SP. GR. 1.013			46. CHEST X-RAY (Place, date, film number, result) Camp Kilmer, NJ 2 Jul 54 Film No 2-45 Negative			47. SEROLOGY (Specify test used and result) Cardiolipin Microflocculation Test		
ALBUMIN Neg	SUGAR Neg	MICROSCOPIC -	48. EKG			49. BLOOD TYPE AND RH FACTOR		
50. OTHER TESTS								

45

DENTAL HEALTH RECORD

I. PATIENT DATA							
1. LAST NAME - FIRST NAME - MIDDLE NAME GASH, JOHN R				2. GRADE AND COMPONENT OR POSITION SSGT		3. IDENTIFICATION NUMBER AF 18351914	
4. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		5. RACE <input checked="" type="checkbox"/> CAUCASIAN <input type="checkbox"/> NEGROID <input type="checkbox"/> MONGOLIAN <input type="checkbox"/> AMER. INDIAN <input type="checkbox"/> MALAYAN		6. DATE OF BIRTH 26 Feb 39		7. ORGANIZATION UNIT 2267thPPS	
						8. TOTAL YEARS GOV'T SV 4	
						MILITARY <input checked="" type="checkbox"/>	
						CIVILIAN <input type="checkbox"/>	

II. DENTAL EXAMINATION														
9. PURPOSE OF EXAMINATION						10. TYPE EXAMINATION MADE				11. DENTAL CLASSIFICATION				
INITIAL		SEPARATION		OTHER (Specify)		1	2	3	4	1	2	3	4	5

12. MISSING TEETH AND EXISTING RESTORATIONS												
												REMARKS
<p>PLACE OF EXAMINATION: CAMP KILMER, NEW JERSEY</p> <p>DATE: JUL 2 1954</p> <p>SIGNATURE OF DENTIST COMPLETING THIS SECTION: <i>[Signature]</i></p>												

13. DISEASES, ABNORMALITIES AND X-RAYS												
												<p>A. CALCULUS</p> <p><input type="checkbox"/> SLIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY</p> <p>B. PERIODONTOCLASIA</p> <p><input type="checkbox"/> LOCAL <input type="checkbox"/> GENERAL</p> <p><input type="checkbox"/> INCIPIENT <input type="checkbox"/> MODERATE <input type="checkbox"/> SEVERE</p> <p>C. STOMATITIS (Specify)</p> <p><input type="checkbox"/> GINGIVITIS <input type="checkbox"/> VINCENT'S</p> <p>D. DENTURES NEEDED (Include dentures needed after indicated extractions)</p> <p><input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL</p> <p>U L U L</p> <p>ABNORMALITIES OF OCCLUSION AND REMARKS</p>
<p>E. INDICATE X-RAYS USED IN THIS EXAMINATION</p> <p><input type="checkbox"/> FULL MOUTH PERIAPICAL <input type="checkbox"/> POSTERIOR BITE-WINGS OTHER (Specify)</p>												
<p>DATE: JUL 2 1954</p> <p>PLACE OF EXAMINATION: CAMP KILMER, NEW JERSEY</p>												
<p>SIGNATURE OF DENTIST COMPLETING THIS SECTION: <i>[Signature]</i></p>												

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 72	52. WEIGHT 185	53. COLOR HAIR Brown	54. COLOR EYES Brown	55. BUILD: SLENDER <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE <input type="checkbox"/>	56. TEMP. 98.6
57. BLOOD PRESSURE (Arm at heart level) SYS. 106 DIA. 64		58. PULSE (Arm at heart level) 74		59. DISTANT VISION RIGHT 20 LEFT 20	
60. REFRACTION RIGHT 20 LEFT 20		61. NEAR VISION CORR. TO		62. HETEROPHORIA (Specify distance) ES 0	
63. ACCOMMODATION RIGHT LEFT		64. COLOR VISION (Test used and result)		65. DEPTH PERCEPTION (Test used and score) UNCORRECTED CORRECTED	
66. FIELD OF VISION		67. NIGHT VISION (Test used and score)		68. RED LENS	
69. INTRAOCULAR TENSION		70. HEARING RIGHT 15 LEFT 15		71. AUDIOMETER 250 500 1000 2000 4000 8000 RIGHT LEFT	
72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)		73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY Excision of wen of cheek 1953- and 1954 NCD			

- 40. SKIN
 - 41. HEAD EXAMINATION
 - 42. NECK EXAMINATION
 - 43. CHEST EXAMINATION
 - 44. ABDOMEN AND PELVIS (Including rectum)
 - 45. SPINAL COLUMN (Including vertebrae)
 - 46. EARS, NOSE AND THROAT
 - 47. EYES
 - 48. MOUTH AND PHARYNX
 - 49. HEENT
- (Use additional sheets of plain paper if necessary)

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

- 50. GENERAL APPEARANCE
- 51. EYES - GENERAL
- 52. EYES - REFRACTION
- 53. EARS
- 54. NOSE
- 55. MOUTH
- 56. HEENT

75. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)	76. PHYSICAL PROFILE
77. EXAMINEE CHECKS <input checked="" type="checkbox"/> IS QUALIFIED FOR <input type="checkbox"/> IS NOT QUALIFIED FOR General Service Separation	PHYSICAL CATEGORY
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER	
79. TYPED OR PRINTED NAME OF PHYSICIAN ROSENTHAL 1ST LT USAF (MC)	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

CLINICAL RECORD

RADIOGRAPHIC REPORTS

STAPLE 3D REPORT ALONG HERE ↑ AND SUCCEEDING ONES ON ABOVE LINES

STAPLE 2D REPORT WITH TOP AT THIS LINE ↑

(Check one) <input type="checkbox"/> BEDSIDE, WHEEL CHAIR, OR STRETCHER <input type="checkbox"/> BED PATIENT <input checked="" type="checkbox"/> AMBULATORY	PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME <i>CASH, John R</i>	REGISTER NO. <i>18351914</i>	WARD NO.
	REQUESTED BY <i>Dr. Kinstmann</i>	DATE OF REQUEST <i>11.2.54</i>	
EXAMINATION REQUESTED <i>Frontal and maxillary sinuses</i>	AGE <i>21</i>	SEX <i>male</i>	IDENTIFICATION NO.

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

Headache since some time, but worse in the left eye.

RADIOGRAPHIC REPORT	FILM NO.	DATE OF REPORT
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*NO left frontal sinus visible
 The rest " " is cloudy -*

*Imp: consistent c sinusitis
 DR*

SIGNATURE: (SPECIFY LOCATION OF LABORATORY IF NOT PART OF REQUESTING FACILITY)

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)
 AF USAFE WSBN GER 83-415C-3884

Standard Form 519A (Rev. Feb. 1951)
 Promulgated by Bureau of the Budget
 Circular A-32

RADIOGRAPHIC REPORTS

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	REGISTER NO.	WARD NO.
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(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)