

DENTAL RECORD

(To be filled in by the dental officer)

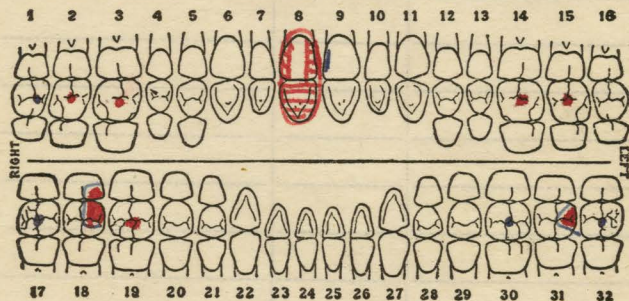
DO NOT REMOVE FROM HEALTH RECORD

BROWN (Surname) 0504477
Jesse (Christian name(s)) Leroy
Born: Place Hattiesburg, Miss. Date 10-13-26

INSTRUCTIONS

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

RECORD OF FIRST DENTAL EXAMINATION

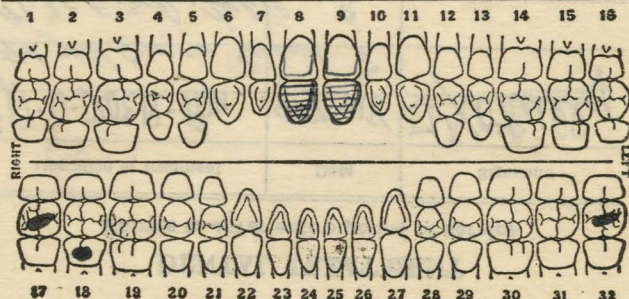


REMARKS:

31-B
O.P. Delcambre
O.P. DELCAMBRE LT(jg) 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
#17-0-20EB-Am	8-30-48	J. X. Reilly
3-4 gold Crowns in Remains		
M-20E 3rd Dental		
for Usability - Manual		
#32-0-20E-Am	9-28-48	J. X. Reilly
3-4 Crowns #8-9 NAS	10-20-48	W. E. Henderson
#1-0-Am #2-0-Am	10-22-48	A. E. Gustafson
#16-0-Am	10-22-48	A. E. Gustafson
#18-B-Am	6-5-50	W. E. Henderson

ABSTRACT OF SERVICE

BROWN

(Surname)

Jesse Leroy

(Christian name(s))

Born Hattiesburg, Miss. 13 Oct. 1926

(Place)

(Date)

NOP Cincinnati, Ohio

Enl.

8 July 46

NAS Glenview Ill. 3-17-47

USNPF, NAS, OTTUMWA, IOWA 4/10/47

6-30-47

US NAS PENSACOLA, FLA. JUN 30 1947

6-21-48

USNAS, Jax, Fla. 6-23-48

10-1-48

NATO, NAAS, SAUFLEY,

10-4-48

OCT 1948

NAS Jax

10-15-48

10-22-48

USN AIR STA., JAX, FLA.

10-22-48

10-22-48

VF-33

US Navy Personnel 1-4-49

U.S.S. LEYTE (CV32) Terminated by reason of
appointment as ENS.USN. 4-15-49 12-4-50

Terminated by reason of DD, 12-4-50 at 1540.
Diagnosis: INJURIES, MULTIPLE, EXTREME #8651,
Key Letter "C", Specialty Letter "R".

ABSTRACT OF MEDICAL HISTORY

A. or R. A.
date

Diagnosis

Disposition
date

Sick
days

A3-11-49 CAT.FEVER, ACUTE

D

3-13-49 (2)

Terminated by reason of DD on 12-4-50 at 1540
Diagnosis: INJURIES, MULTIPLE, EXTREME, #8651,
Key Letter "C"; Specialty Letter "R".

NAVJAG H-9 (5-45)

NAME	(Surname)	FILE OR SERVICE NO.
BROWN		993 18 76
(Christian Name(s))		

Jesse Leroy	
BIRTHPLACE	BIRTH DATE
Miss.	10-13-26

ALTITUDE TRAINING

DATE	STATION	SIGNATURE OF MEDICAL OFFICER (in ink)
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1. 23 SEP 1947 US NAS PENSACOLA, FLA.

REMARKS LPC HIGH ALTITUDE HOP
THIS DATE 30,000 Indiv 10AS

25-11-48 US NAS PENSACOLA FLA. ✓

REMARKS	H. W. HILL Lieut. M.C.U.S.N.
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THIS DATE, 3.5.05 was for all

3.		
REMARKS	82-48	522

USNAS JAX, FLA. Date 2-2-4
 Continuation of report on obstacle course. *P45 Chabot*

NIGHT VISION TRAINING

TWO DIMEN.	THREE DIMEN.	DATE COMPLET- ED	STATION	SIGNATURE OF MEDICAL OFFICER (in ink)
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ISSUES TAX FLA. Date 2-3-18

USNAS JAX, FLA.	Completed.	<i>pu chaf</i>
Night Vision Training Completed.		

SUSPENSION FROM FLYING

DATE	MEDICAL REASON	SIGNATURE OF MEDICAL OFFICER (in ink)
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[illegible]

SUMMARY OF PHYSICAL EXAMINATIONS FOR FLYING

16-44669-1

DATE	PLACE	PURPOSE	RESULT—RECOMMENDATION (Defects—Waivers)	BUMED ACTION	SIGNATURE OF MEDICAL OFFICER
4-10-47	USNPFS, NAS, OTTUMWA, IOWA	SPECIAL (CHECK IN)	QUALIFIED DEFECTS: VARICOCELE, LT. SMALL. NCD	NOT REQ.	<i>Stanley J. Okulicz</i> S. J. OKULICZ LCDR (MC) USN
4-15-47	USNPFS, NAS, OTTUMWA, IOWA	APP'T TO MIDSHIPMAN	QUALIFIED DEFECTS: NCD VARICOCELE, LT. SMALL. NCD Phy. qual. & aero. adapt. for duty any act. cont. of aircraft, & still main- taining phy. requirements as pres. in the MIDN. Prgm.		<i>S. J. Okulicz</i> S. J. OKULICZ LCDR (MC) USN
8/18/47	NAS, Pensa- cola, Fla.	SPECIAL			<i>W. D. Tucker</i> W. D. TUCKER Lt. Cdr. (MC) USN.
11-16-48	NAS, NORVA	ANNUAL	PHYSICALLY QUALIFIED		<i>C. R. Phoebus</i> C. R. PHOEBUS Commander (MC), U.S.N.
10-27-49	NAS, Quonset Point, R.I.	ANNUAL	EXEMPT, Para. 21104 MMD and Adv. Change 3-15 dtd 9-28-49		<i>R. E. Luehrs</i> R. E. LUEHRS LTJG, MC, USN

AVIATION MEDICAL ABSTRACT

NAVMED H-9 (5-45)

This Abstract will be retained in the Health Record

NAME (Surname)	FILE OR SERVICE NO.
BROWN (Christian Name(s))	993-18-76

BIRTHPLACE	BIRTH DATE
Jessie L. Hattiesburg, Miss	10-13-26

ALTITUDE TRAINING

DATE	STATION	SIGNATURE OF MEDICAL OFFICER (in ink)
1-7-22-49	NAS Quonset Pt, R.I.	<i>[Signature]</i>
REMARKS Pressure Breathing Indoctrination 40,000 Feet		
2.		
REMARKS		

3.		
REMARKS		

NIGHT VISION TRAINING

TWO DIMEN.	THREE DIMEN.	DATE COMPLETED	STATION	SIGNATURE OF MEDICAL OFFICER (in ink)

SUSPENSION FROM FLYING

DATE	MEDICAL REASON	SIGNATURE OF MEDICAL OFFICER (in ink)
FROM		
TO		
FROM		
TO		
FROM		
TO		
FROM		
TO		
FROM		
TO		
FROM		
TO		
FROM		
TO		

SUMMARY OF PHYSICAL EXAMINATIONS FOR FLYING

16-44669-1

DATE	PLACE	PURPOSE	RESULT—RECOMMENDATION (Defects—Waivers)	BUMED ACTION	SIGNATURE OF MEDICAL OFFICER
3-17-47	^{Ill.} NAS Glenview	Spec. Act. Duty	Physically qualified and aeronautically adapted for spec. act. duty as a student aviator.		<i>G.B. Ribble</i> G.B. RIBBLE Capt. (MC) USN
11-13-50	USS LEYTE, CV-32	ANNUAL	QUALIFIED		<i>E.R. Browneller</i> E.R. BROWNELLER LTJG MC USN

[54]

PHYSICAL EXAMINATION FOR FLYING

VR

Name BROWN, Jesse Leroy Civilian U. S.
(Surname) (Christian names) (Rank or rate) (Branch of service)

Examination: Place ONOP, Cincinnati, Ohio. Purpose Original Date 3 July 1946

Present station 61 E. 11th Ave., Columbus, Ohio. Flying status App for V-5 NAPP

Birth Miss. 13 Oct. 1926 Age 19 8
(Place) (Date) (Years) (Months)

Years of service None Flying time last 12 months None Total flying time None
(Hours) (Hours)

Typhoid prophylaxis 1943 Smallpox vaccination 1943 Primary

INSTRUCTIONS: Be definite in statement. To assist the statistician in selecting significant data, it is requested that all abnormal conditions be given a diagnostic title as listed in the Nomenclature of the Manual of the Medical Department, United States Navy, 1938. Examiners shall express an opinion as to whether any defects recorded are considered sufficient to disqualify.

1. The preparation of this form shall include all statements relating to aeronautical adaptability. It shall be forwarded in duplicate via the Commanding Officer to the Bureau of Medicines and Surgery, Navy Department, for approval.

2. One copy of this form, bearing the indorsement of the Bureau of Medicine and Surgery, will be returned to the ship or station submitting the report, for retention in the local files.

3. When an individual is transferred to a new ship or station, the copy of this form, bearing the indorsement of the Bureau of Medicine and Surgery, shall be forwarded by the medical officer to the medical officer of the new ship or station to which he is to be attached.

General Examination

1.	Previous medical history	Date	Duration	Complication
(a)	<u>Usual childhood diseases.</u>			
(b)				
(c)				
(d)				
(e)				
(f)				

2. General build and appearance Athletic Posture Good Frame Medium

3. Temperature 98.6 Height 69½ inches. Weight 147 pounds. Gain 0 pounds. Loss 0 pounds.

4. Measurements: Chest expiration 34 inches, inspiration 37 inches. Abdomen 29 inches.

5. Respiratory Normal

6. Bones and joints 3rd degree pes planus.

7. Skin Normal

8. Cardiovascular system Normal

(a) Condition of arteries Normal

(b) Condition of veins Normal Hemorrhoids None

(c) Pulse rate per minute: Prone 60; standing 72; after exercise 88; return to normal 45

(d) Blood pressure: Prone: Syst. 108; diast. 58 Standing: Syst. 110; diast. 64

(e) Heart Normal

(1) Murmurs None

(2) Arrhythmias None

(f) Circulatory efficiency rating + 15

9. Abdomen and pelvis (condition of wall, scars, abnormality of viscera) Normal

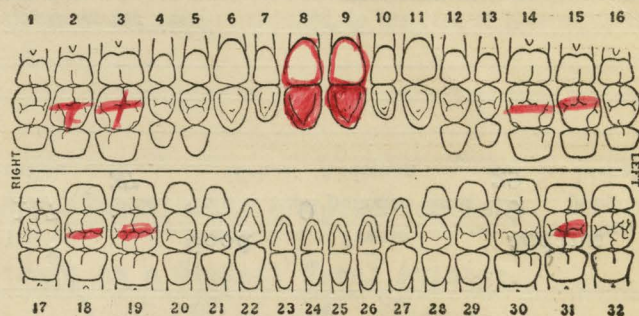
(a) Gastro-intestinal system Normal

(b) Hernia None

10. Genito-urinary system Normal
 Urinalysis: Sp. gr. 1.024, alb. Neg, sugar Neg, microscopical _____
 Venereal disease None apparent Serological tests (when required) _____
 11. Endocrine system Normal
 12. Teeth and gums (disease or anatomical defect): As charted

Missing teeth None
 (List numbers) _____
 Nonvital teeth None
 (List numbers) _____
 Periapical disease None
 (Degree) _____
 Marked malocclusion No
 (Yes or no) _____
 Lack of serviceable occlusion No
 (Yes or no) _____
 Pyorrhea alveolaris None
 (Degree) _____
 Teeth replaced by bridges None
 (List numbers) _____
 Meets dental requirements Yes
 (Yes or no) _____
 Dentures None
 (Description) _____

Mark missing teeth by X whether replaced or not. Show size and position of caries in black, use red to indicate fillings and restorations.



Same as undersigned Medical Officer.

(Signature of examiner)

Neuropsychiatric Examination

13. Family history of mental disorders, particularly the psychoneuroses Negative for mental disorders and nervous breakdown.
 14. Personal history High school graduate. 1 1/3 years of college, majoring in engineering. Plays basketball, football, dances, swims and motorboats. 3 or 4 hours in air.
 15. Reflexes, motor disturbances, etc.:
 (a) Station Romberg Negative (e) Tic None
 (b) Gait Normal (f) Other motor disturbances None
 (c) Patellar reflexes + (g) Peripheral circulation Normal
 (d) Tremor None (h) Psychomotor tension Normal
 16. Alcohol Abstains Drugs Denies Tobacco Abstains.
 (See paragraph 137(10) N. R.)
 17. Epilepsy D (Grand mal and petit mal) D
 (a) Enuresis N (e) Migraine N
 (b) Stammering I (f) Somnambulism I
 (c) Dizziness E (g) Fainting S
 (d) Convulsions S
 (h) Other disturbances in consciousness (amnesia, momentary lapses, prolonged absences, double and multiple personality, etc.) Denies
 18. Anxiety trends None pathological
 (Whether pathological)
 19. Elation and depression None pathological
 (Whether pathological)
 20. Irritability and apathy None pathological
 (Whether pathological)
 21. Phobias None pathological
 (Whether pathological)
 22. Sensory disturbances None apparent
 23. Aeronautical adaptability Favorable.
 Remarks: _____

Eye Examination

24. Visual acuity: R. E. 20/20 L. E. 20/20 Binocular vision _____
(Without lenses—Recorded only when visual defects exist)
25. Depth perception at 6 meters 9 mm.
26. Phorometer readings (diopters):
At 6 meters: Eso. 3 D. Exo. 0 D. R. H. 0 D. L. H. 0.4 D.
At 33 cm.: Eso. _____ D. Exo. _____ D. Prism divergence 8 D.
27. Associated parallel movements Normal Nystagmus None
Tangent curtain diagnosis _____
(In all cases of muscular imbalance)
28. Inspection Normal
Pupils: Equality Equal; shape Round; reaction React to L & A
29. Accommodation: R. E. 11.5 D. L. E. 12.4 D.
30. Angle of convergence: PcB 48 mm. Pd. 66 mm. Angle 69
31. Central color vision: R. E. Normal L. E. Normal
(Distinguish between plates confused and missed. Indicate plate numbers.)
32. Field of vision. Form: R. E. Normal L. E. Normal
Color: R. E. _____ L. E. _____
33. Refraction, on original examination and when indicated (Homatropine). Tension Normal
Retinoscopic findings: R. E. _____ L. E. _____
Cycloplegic acceptance (reads 20/20 with): R. E. _____ L. E. _____
34. Ophthalmoscopic examination: R. E. Normal L. E. Normal

Ear Examination

35. History of ear trouble:
(a) Ringing or buzzing, earache, or discharge Denies
(b) Severe injuries to head Denies
36. (a) External auditory canal: Right Normal Left Normal
(b) Membrani tympani: Right Normal Left Normal
(c) Hearing: Spoken voice (when indicated), binaural _____/15 feet; right _____/15 feet; left _____/15 feet.
Right ear, watch 40/40 inches; coin click 20/20 feet; whispered voice 15/15 feet.
Left ear, watch 40/40 inches; coin click 20/20 feet; whispered voice 15/15 feet.

Nasopharynx

- / Slight deviation of septum to Right.
37. Condition of nares: Right Adequate Ventilation Left Adequate Ventilation
38. Condition of tonsils and history of attacks of tonsilitis:
Right Normal Left Normal
39. Presence of adenoids None apparent
40. Condition of eustachian tubes after politzerization Patent

Equilibrium

41. Equilibrium. Barany chair vestibular test, on original examination and when indicated.
Nystagmus: (a) Rotation to right, 10 turns in 20 seconds, horizontal nystagmus to left _____ seconds.
(b) Rotation to left, 10 turns in 20 seconds, horizontal nystagmus to right _____ seconds.
Falling test: (a) Rotation to right, 5 turns in 10 seconds. Falls to _____
(b) Rotation to left, 5 turns in 10 seconds. Falls to _____
(NOTE.—Rotation nystagmus of 26 seconds is normal. A variation of 10 seconds above and 12 seconds below is allowable.)
42. Self-balancing test: Right 1 attempts. Left 1 attempts. Result Steady