10. Genito-urinary system Slight asymptomatic left varicocele.

Urinalysis: Sp. gr. 1.021, alb. Neg., sugar Neg., microscopical Normal

Venereal disease None apparent Serological tests (when required) Kahn 8/18/47 Neg.

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)

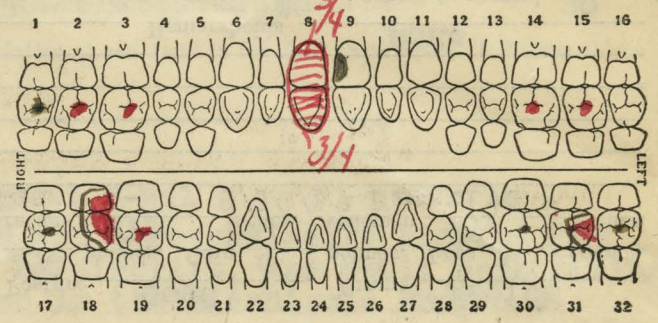
Pyorrhea alveolaris None
(Degree)

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.



O. P. DELCAMBRE, Lt.(jg)(DC)USNR.
(Signature of examiner)

Neuropsychiatric Examination

13. Family history of mental disorders, particularly the psychoneuroses No change since last examination.

14. Personal history No change since last examination.

15. Reflexes, motor disturbances, etc.:

(a) Station Romberg negative
(b) Gait Normal
(c) Patellar reflexes +
(d) Tremor None
(e) Tic None
(f) Other motor disturbances None
(g) Peripheral circulation Normal
(h) Psychomotor tension Normal

16. Alcohol Abstainer Drugs Denies Tobacco Abstainer
(See paragraph 137(10) N. R.)

17. Epilepsy Denies
(Grand mal and petit mal)

(a) Enuresis D
(b) Stammering E
(c) Dizziness N
(d) Convulsions I
(e) Migraine D
(f) Somnambulism E
(g) Fainting N
I
(h) Other disturbances in consciousness (amnesia, momentary lapses, prolonged absences, double and multiple personality, etc.) S
E
S

18. Anxiety trends N
O
(Whether pathological)

19. Elation and depression N
E
(Whether pathological)

P

20. Irritability and apathy
(Whether pathological)

A
T

21. Phobias
(Whether pathological)

H

22. Sensory disturbances None

23. Aeronautical adaptability Favorable

Remarks:

16—11708-1

[5,50]

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 11 mm.

26. Phorometer readings (diopters):
At 6 meters: Eso. 1.0 D. Exo. 0.0 D. R. H. 0.0 D. L. H. 0.0 D.
At 33 cm.: Eso. _____ D. Exo. _____ D. Prism divergence 6 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 Normal - L & A

29. Accommodation: R. E. 11.5 D. L. E. 11.5 D.

30. Angle of convergence: PcB 47 mm. Pd. 64 mm. Angle 68

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. _____ L. E. _____

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*) Membrana tympani: Right Normal Left Normal
(*c*) Hearing: Spoken voice (when indicated), binaural _____/15 feet; right _____/15 feet; left _____/15 feet.
Right ear, watch _____/40 inches; coin click 20/20 feet; whispered voice 15/15 feet.
Left ear, watch _____/40 inches; coin click 20/20 feet; whispered voice 15/15 feet.

Nasopharynx

37. Condition of nares: Right Adequate ventilation Left Adequate ventilation

38. Condition of tonsils and history of attacks of tonsillitis: Denies recent attacks.
Right Normal Left Normal

39. Presence of adenoids None apparent

40. Condition of eustachian tubes after politzerization Patent

Equilibrium

41. Equilibrium. Bárány 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

Result of Examination

43. Defects #10 - Not considered disqualifying.
(Indicate by number and state whether considered sufficient to disqualify. See General Order 122)

44. Is candidate qualified for duty involving flying as: (*a*) Pilot _____ (YES or NO); (*b*) observer _____ (YES or NO); (*c*) student aviator Yes (YES or NO); (*d*) other classification _____ (Specify classification and state YES or NO)

45. Is the individual physically qualified to perform all of his duties at sea (and in the field, in the case of Marine Corps officer)? Yes (State YES or NO) If not, state limit of duty _____

46. Recommendations Is physically qualified and aeronautically adapted for duty involving the actual control of aircraft, and still maintaining physical requirements as prescribed in the Midshipman Program.

W. D. TUCKER
Lt. Commander *Medical Corps, U. S. N.*

Medical Corps, U. S. N.

Medical Corps, U. S. N.

NA9/JLH/ih
FIRST INDORSEMENT:
From: The Commanding Officer, NAS., Pensacola, Fla.
To: Bureau of Medicine and Surgery, Navy Department, Washington, D. C.

1. Forwarded. Approved.

16 OCT 1947

BUREAU OF MEDICINE AND SURGERY:

Is physically qualified and aeronautically adapted for duty involving the actual control of aircraft.

J. L. HOLLAND
Capt.(MC)USN.
By direction.

21 OCT 1947

Bupers.
Forwarded. Considered physically qualified.
By direction of Chief, Bumed:

By direction of the Chief, Bumed:

N. L. BARR
COMMANDER (MC), U.S.N.

R. W. BURST
Comdr. (MC) USN

U. S. GOVERNMENT PRINTING OFFICE 16—11708-2

[155]

METAL USED			
GOLD	DWT	GRS.	COST
¾ CROWN	2	02	2.95
SAD-BAR			
INLAY			
LIN. BAR-LONG			
" " -MED.			
" " -STOCK			
FOIL CYLINDER			
PLATE 22K			
" 24K			
SOLDER FOR 16K			
" " 18K			
" " 20K			
" " 22K			
WIRE RD. # 14 G			
" ½RD. # 14G			
" RD. # 16 G			
" RD. # 18 G			
11-			
PLATINUM FOIL			
TOTAL	2	02	2.95
TICONIUM			
VITALLIUM			

PATIENT'S FULL NAME, RANK OR RATING, AND NO.: BROWN, Jesse Leroy, Midshn, USN C504477

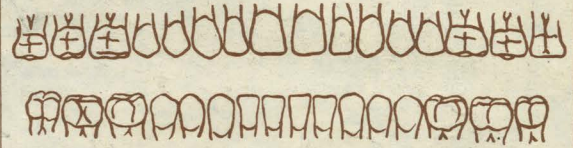
U. S. NAS, Jacksonville, Fla.

DATE: 9-15-48

STATION TO WHICH ATTACHED: NAS, Jacksonville, Fla.

AGE	YEARS OF SERVICE	PLACE OF BIRTH
21	1	Mississippi

DATES AND TYPES PREVIOUS NAVY PROSTHESIS: None



MOUTH IS READY FOR PROSTHESIS DEEMED NECESSARY IN ACCORDANCE WITH CURRENT DIRECTIVES. MISSING TEETH ARE INDICATED (X) ON CHART.

SIGNATURE OF PATIENT: X Jesse L. Brown

D. Henderson D.C., U. S. N.

ACTIVITY FURNISHING PROSTHESIS TO MAKE ENTRIES BELOW AND TO LEFT. MARK (X) OR INSERT NUMBER AS APPROPRIATE BELOW AND IN METAL COLUMN.

DO NOT COUNT CROWNS OR INLAYS IF BRIDGE ABUTMENTS

DENTURE	TYPE						MOLD	SHADE	NO. TEETH		BRIDGE					CROWN		INLAY	
	FULL	PART	ACR	VUL	REP	REC			ANT.	POST.	TYPE	MOLD	SHADE	ANT.	POST.	TYPE	NO. OF TEETH	TYPE	NO. OF TEETH
MAX											MAX					GOLD X	2	GOLD	
MAND											MAND					PORC		PORC	
																ACR		ACR	

OTHER (DESCRIBE): 3/4 Crowns, gold #8&9

DATE OF IMPRESSION	DATE OF INSERTION	NO. OF DAYS ELAPSED	SIGNATURE OF OFFICER RENDERING THIS TREATMENT
9-15-48	9-20-48	5	D. Henderson

STATION COMPLETING ABOVE PROSTHESIS: NAS, Jacksonville, Fla.

TYPE NAME OF OFFICER RENDERING THIS TREATMENT: D. Henderson, Cmdr. D. C., U. S. N.

REPORT OF PROSTHETIC DENTAL TREATMENT

SHEET NO. 1 - - NAVMED FORM L - REVISED 1945

INSTRUCTIONS- ORIGINATING ACTIVITY MAKE ENTRIES (TYPE OR PENCIL) IN QUADRUPLICATE. RETAIN SHEET NO. 2 AND FORWARD SHEETS NOS. 1, 3 AND 4 TO THE APPROPRIATE ACTIVITY.

PROSTHETIC ACTIVITY ENTER APPROPRIATE DATA IN TRIPLICATE. RETAIN SHEET NO. 3 AND FORWARD SHEETS NOS. 1 AND 4 TO BUMED WITH MONTHLY LETTER NOTED IN PAR. 274(C), MAN. MED. DEPT.

WHEN ORIGINATING ACTIVITY ACCOMPLISHES PROSTHESIS SHEET NO. 2 MAY BE DISCARDED.

Standard Form 88
Promulgated March 1948
By Bureau of the Budget
Circular A-24

REPORT OF MEDICAL EXAMINATION

AVIATION 535

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.

APR 25 REC'D

1. LAST NAME—FIRST NAME—MIDDLE NAME: BROWN, Jesse Leroy

2. PLACE AND DATE OF EXAMINATION: U.S.S. LEYTE (CV32) 13 April, 1949

3. DATE OF BIRTH: 10-13-26

4. AGE IN YEARS LAST BIRTHDAY: 22

5. IDENTIFICATION NO.: C-504477

6. PURPOSE OF EXAMINATION: Appointment to the grade of Ensign, USN.

7. SERVICE, DEPARTMENT, OR AGENCY: U.S.NAVY

8. COMPONENT AND BRANCH: Line

9. ORGANIZATION: VF-32

10. GRADE, RATING, OR POSITION: MIDSHIPMAN

11. SEX: Male

12. RACE: Negro

13. HOME ADDRESS (*Street, or RFD number, city, zone, State*): Hattiesburg, Miss. Rt. #1.

14. PLACE OF BIRTH: Hattiesburg, Miss.

15. OTHER DATA

16. RATING OR SPECIALTY: Naval Aviator (*Time in this capacity*) TOTAL 439 Hrs. LAST 6 MONTHS 108 Hrs.

17. MEASUREMENTS — HEIGHT (*Shoeless*) 69 INS. WEIGHT (*Stripped*) 157 LBS.

18. BUILD (*Including frame and figure*) — MEDIUM X; SLENDER; HEAVY; OBESE

19. TEMP. 98.6

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

21. LYMPH GLANDS AND LYMPHATICS N. S. A. [X]

22. HEAD, FACE, AND NECK—N. S. A. [X]

23. NOSE, SINUSES, MOUTH, AND THROAT—N. S. A. [ ]
Slight diviation of septum to right.

24. EARS—A. CANALS, EXT. EARS—N. S. A. [X]
B. DRUMS—NO PERFORATION [X] N. S. A. [X]

C. HEARING (*Whispered and spoken voice at 15 ft.*)
RIGHT WV 15/15: SV 15/15
LEFT WV 15/15: SV 15/15

D. AUDIOMETER DECIBELS LOSS

	256	512	1024	2048	4096	8192
RIGHT						
LEFT						

25. EYES—A. EXTERNAL EYE, RIGHT EYE—N. S. A. [X] LEFT EYE—N. S. A. [X]
B. PUPILS—EQUAL [X] NORMAL TO ACCOMMODATION [X] TO LIGHT [X]

C. ASSOCIATED PARALLEL MOVEMENTS, NYSTAGMUS—N. S. A. [X]

D. DISTANT VISION
RIGHT 20/ 20 CORR. TO 20/ BY S. C CX
LEFT 20/ 20 CORR. TO 20/ BY S. C CX

E. REFRACTION (*Manifest*) (*Cycloplegic*) STRIKE OUT ONE

F. NEAR VISION—(*At 14 inches*)
CORR. TO BY
CORR. TO BY

G. COLOR VISION—N. S. A. [X] TEST USED A.O. 1940.

H. HETEROPHORIA (*Specify distance*) ES° 3 EX° R. H. 0 L. H. 0.4 PRISM DIVERGENCE 8 PRISM CONVERGENCE

I. RED LENS—N. S. A. [ ]

J. FIELD OF VISION—RIGHT—N. S. A. [X] LEFT—N. S. A. [X]

K. DEPTH PERCEPTION TEST USED SCORE 9

L. OPHTHALMOSCOPIC—RIGHT—N. S. A. [X] LEFT—N. S. A. [X]

M. ACCOMMODATION—RIGHT 11.5 LEFT 12.4

N. 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: EDCBA ABCDE ABOVE OR BELOW 54321 12345.

Normal — MALOCCLUSION—N. S. A. [X]
Normal — PERIODONTOCLASIA—N. S. A. [X]
Normal — GINGIVITIS—N. S. A. [X]

UR	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	UL
	F	F	F	N	N	N	N	C	C	N	N	N	N	F	F	F	
	F	F	F	N	N	N	N	N	N	N	N	N	N	N	F	F	
LR	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	LL

REMARKS AND DISQUALIFYING DENTAL DEFECTS: None

CLASS:

27. PULSE RATE AND BLOOD PRESSURE (*Arm at heart level*)
SITTING: PULSE 64 B. P.: S. 108 . D. 80
RECUMBENT: PULSE 52 B. P.: S. 106 . D. 76
STANDING (*3 min.*): PULSE 72 B. P.: S. 110 . D. 80
SITTING: PULSE AFTER EXERCISE 88 : 2 MIN. AFTER 66

28. LUNGS—N. S. A. [X] CHEST—N. S. A. [X] (*Include breasts for females*)
Expiration 34"
Inspiration 37"

29. CHEST—N. S. A. [X] NOT DONE [ ] X-RAY
11-15-48 NEGATIVE

30. HEART—N. S. A. [X]

31. EKG—N. S. A. [ ] NOT DONE [X]

32. VASCULAR SYSTEM—A. ARTERIES AND VEINS—N. S. A. [X]
B. VARICOSE VEINS—NONE [X]

16—54662-1

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

Small Varicocele, Left.

34. HERNIA. (*If present describe location, size, shape, reducibility*) (*Complete or incomplete*)

NONE [X]

35. ANUS AND RECTUM—HEMORRHOIDS, FISTULAE, OTHER ABNORMALITIES

N. S. A. [X]

36. VENEREAL DISEASE

NONE [X]

37. ENDOCRINE SYSTEM

N. S. A. [X]

38. G-U SYSTEM N. S. A. [X] (*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. [X] B. FEET—N. S. A. [X]

3rd. degree pes planus.

C. GAIT—N. S. A. [X]

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.*)

A. NEUROLOGICAL—N. S. A. [X] B. PSYCHIATRIC—N. S. A. [X] C. PSYCHOLOGICAL TESTING TEST USED SCORE D. PERSONALITY DEVIATION YES [ ] NO [X] (*If answer is yes, explain and cite recommendations under Item No. 42*)

41. LABORATORY TESTS—A. SEROLOGY (*Specify test used—Result*)

--

B. URINALYSIS

SP. GR.	ALBUMIN	SUGAR
1.023	Neg	Neg

MICROSCOPIC

Negative

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

23, 33, 39; Not considered disqualifying.

To: BuPers 25 APR 1949
Forwarded. Considered physically qualified.

By direction of the Chief, BuMed:

DEANE E. PARKE
Captain, MC, USN

43. FURTHER SPECIALIST'S EXAMINATION INDICATED [ ] YES [X] NO. IF YES, SPECIFY

EXAMINEE (IS) OR ~~(ARE)~~ (*Strike out one*) QUALIFIED FOR Appointment as Ensign, U.S. Navy. and aeronautically adapted as a Naval Aviator.

TYPE OF QUALIFICATION

IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS AND RECOMMENDATIONS

44. SIGNATURE OF PHYSICIAN — NAME TYPED OR PRINTED: D. G. DOANE, LTJG. MC USN.

45. SIGNATURE OF PHYSICIAN — NAME TYPED OR PRINTED

46. SIGNATURE OF DENTIST OR PHYSICIAN (*Indicate which*) — NAME TYPED OR PRINTED: R. M. BISHOP. LTJG. DC USN.

47. SIGNATURE OF ~~REVIEWING~~ Commanding OFFICER — NAME TYPED OR PRINTED: E. D. WILLEMS, LCDR. USN. — DATE: 4-14-49

U. S. S. LEYTE (CV-32)

13 April 1949

APR 25 RECD

I certify that I have informed the board of medical examiners of all bodily or mental ailments which I have suffered and to the best of my knowledge and belief I am at present free from any bodily or mental ailment.

Jesse Leroy Brown

Jesse Leroy BROWN

13 April 1949

I certify that I have informed the board of medical examiners of all bodily or mental ailments which I have suffered and to the best of my knowledge and belief I am at present free from any bodily or mental ailment.

Jesse Leroy Brown

Jesse Leroy BROWN

[5,55]

BUREAU OF
MEDICINE AND SURGERY

1949 APR 19 10 58

ENS.

JESSE LEROY BROWN, USN

SEPT. 1949

504477