Standard Form 88
(Rev. June 1956)

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
GAY, MARVIN PENTZ JR.	A/B USAF	AF 13 589 961
4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
#12 60TH STREET N. E. WASHINGTON, D. C.	DISCHARGE	10 JUN 57

7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE		10. AGENCY	11. ORGANIZATION UNIT
		MILITARY	CIVILIAN		
MALE	NEGRO	9/12	-	DAF	802D SUPPLY SQ, SAFB, KS.

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
(18) 2 APR 39	WASHINGTON D. C.	MRS. ALBERTA GAY (MOTHER) SAME AS #4

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
USAF HOSP. SCHILLING AFB, KANSAS	-

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
X	18. HEAD, FACE, NECK, AND SCALP	
X	19. NOSE	
X	20. SINUSES	
X	21. MOUTH AND THROAT	
X	22. EARS—GENERAL (*Int. & ext. canals*) (*Auditory acuity under items 70 and 71*)	
X	23. DRUMS (*Perforation*)	
X	24. EYES—GENERAL (*Visual acuity and refraction under items 59, 60 and 67*)	
X	25. OPHTHALMOSCOPIC	
X	26. PUPILS (*Equality and reaction*)	
X	27. OCULAR MOTILITY (*Associated parallel movements, nystagmus*)	
X	28. LUNGS AND CHEST (*Include breasts*)	
X	29. HEART (*Thrust, size, rhythm, sounds*)	
X	30. VASCULAR SYSTEM (*Varicosities, etc.*)	
X	31. ABDOMEN AND VISCERA (*Include hernia*)	
X	32. ANUS AND RECTUM (*Hemorrhoids, fistulae*) (*Prostate, if indicated*)	
X	33. ENDOCRINE SYSTEM	
X	34. G-U SYSTEM	
X	35. UPPER EXTREMITIES (*Strength, range of motion*)	
	36. FEET	X
X	37. LOWER EXTREMITIES (*Except feet*) (*Strength, range of motion*)	
X	38. SPINE, OTHER MUSCULOSKELETAL	
X	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
X	40. SKIN, LYMPHATICS	
X	41. NEUROLOGIC (*Equilibrium tests under item 72*)	
X	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.*)

36. PES PLANUS, MODERATE OF BOTH FEET. ASYMPTOMATIC.

LARGE CALLOUS BENEATH HEADS OF RIGHT 2ND & 3RD METATARSAL - PAINFUL OCCASIONALLY AFTER A LONG PERIOD OF WALKING.

(*Continue in item 73*)

44. DENTAL (*Place appropriate symbols above or below number of upper and lower teeth, respectively.*)

○—*Restorable teeth* /—*Nonrestorable teeth* X/XXX—*Missing teeth / 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
	X																
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
															○		

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

CLASS I
TYPE 3

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY	1.019	D. MICROSCOPIC	46. CHEST X-RAY (*Place, date, film number and result*)
B. ALBUMIN	NEG	-	SAFB #A-10054 10 JUN 57 NEG
C. SUGAR	NEG	-	

47. SEROLOGY (*Specify test used and result*)	48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
VDRL NEG	-	-	- X

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD:	56. TEMPERATURE
70¼	180	BLACK	BROWN	☐ SLENDER ☒ MEDIUM ☐ HEAVY ☐ OBESE	98.6

57. BLOOD PRESSURE (*Arm at heart level*)						58. PULSE (*Arm at heart level*)				
A. SITTING	SYS. 108 / DIAS. 64	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.
						82	110	80	-	-

59. DISTANT VISION		60. REFRACTION		61. NEAR VISION	
RIGHT 20/ 20	CORR. TO 20/ -	BY -	S. - OX -	20/20 CORR. TO -	BY -
LEFT 20/ 20	CORR. TO 20/ -	BY -	S. - OX -	20/20 CORR. TO -	BY -

62. HETEROPHORIA (*Specify distance*)

ES°	EX°	R. H.	L. H.	PRISM DIV.	PRISM CONV.	PC	PD
-	-	-	-	-	- CT	-	-

63. ACCOMMODATION		64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	
RIGHT -	LEFT -	PASSES VTS-CV -	-	UNCORRECTED - / CORRECTED -

66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS TEST	69. INTRAOCULAR TENSION
-	-	-	-

70. HEARING		71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)
			250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192	
RIGHT WV 15	/15 SV - /15	RIGHT	0	0	5	5					-
LEFT WV 15	/15 SV - /15	LEFT	5	0	0	5					

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

PATIENT STATES THAT HE HAS HAD SEVERE HEADACHES SI NCE HE WAS 16 YEARS OLD. HEADACHES WERE ON RIGHT SIDE OF HEAD, THROBBING, DECREASING INCIDENCE IN LAST 2 YEARS.
CRAMPS IN LEGS WHILE SWIMMING.
HOSPITALIZED IN 1945, AT WASHINGTON D. C. FOR 3 WEEKS FOR EYE INJURY. NO COMP. NO SEQ.
DENIES OTHER ILLNESS, INJURY, OPERATION OR HOSPITALIZATION OF SIGNIFICANCE.

(*Use additional sheets if necessary*)

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

-

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

-

76. A. PHYSICAL PROFILE

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

77. EXAMINEE (*Check*)

A. ☒ IS QUALIFIED FOR
B. ☐ IS NOT QUALIFIED FOR DISCHARGE

B. PHYSICAL CATEGORY

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

-

A	B	C	E
X			

79. TYPED OR PRINTED NAME OF PHYSICIAN
RICHARD J. NOVEROSKE, CAPT USAF (MC) AME

SIGNATURE Richard J. Noveroske

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 : 1956—O-388206

(L1'17)

Standard Form 89
(Rev. Aug. 1950)
PROMULGATED BY
BUREAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL HISTORY

3916

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.
GAY, MARVIN RENTZ	~~13589961~~ A/B	13589961
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
#12-60th ST. NE. Wash. D.C.	DISCHARGE	10 JUNE 57

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE MILITARY	CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	Negro	9 Mos.		D.A.F.	802 Supply Sq.

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
2 APR. 39	Washington D.C.	Mrs. Alberta Gay - #12-60th ST. NE.

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
USAF HOSP. SCHILLING AFB, KANSAS	307

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

Good

18. FAMILY HISTORY

RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH
FATHER	49	Poor		
MOTHER	49	Fair		
SPOUSE		None		
BROTHERS AND SISTERS	12	Good		
	14	Good		
	20	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)*
	✓	SCARLET FEVER, ERYSIPELAS		✓	GOITER		✓	TUMOR, GROWTH, CYST, CANCER		✓	"TRICK" OR LOCKED KNEE
	✓	DIPHTHERIA		✓	TUBERCULOSIS		✓	RUPTURE		✓	FOOT TROUBLE
	✓	RHEUMATIC FEVER		✓	SOAKING SWEATS (Night sweats)		✓	APPENDICITIS		✓	NEURITIS
	✓	SWOLLEN OR PAINFUL JOINTS		✓	ASTHMA		✓	PILES OR RECTAL DISEASE		✓	PARALYSIS *(Inc. infantile)*
	✓	MUMPS		✓	SHORTNESS OF BREATH		✓	FREQUENT OR PAINFUL URINATION		✓	EPILEPSY OR FITS
	✓	WHOOPING COUGH		✓	PAIN OR PRESSURE IN CHEST		✓	KIDNEY STONE OR BLOOD IN URINE		✓	CAR, TRAIN, SEA, OR AIR SICKNESS
✓		FREQUENT OR SEVERE HEADACHE		✓	CHRONIC COUGH		✓	SUGAR OR ALBUMIN IN URINE		✓	FREQUENT TROUBLE SLEEPING
	✓	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
	✓	EAR, NOSE OR THROAT TROUBLE		✓	CRAMPS IN YOUR LEGS		✓	RECENT GAIN OR LOSS OF WEIGHT		✓	LOSS OF MEMORY OR AMNESIA
	✓	RINGING EARS		✓	FREQUENT INDIGESTION		✓	ARTHRITIS OR RHEUMATISM		✓	BED WETTING
	✓	CHRONIC OR FREQUENT COLDS		✓	STOMACH, LIVER OR INTESTINAL TROUBLE		✓	BONE, JOINT, OR OTHER DEFORMITY		✓	NERVOUS TROUBLE OF ANY SORT
	✓	SEVERE TOOTH OR GUM TROUBLE		✓	GALL BLADDER TROUBLE OR GALL STONES		✓	LAMENESS		✓	ANY DRUG OR NARCOTIC HABIT
	✓	SINUSITIS		✓	JAUNDICE		✓	LOSS OF ARM, LEG, FINGER, OR TOE		✓	EXCESSIVE DRINKING HABIT
	✓	HAY FEVER		✓	ANY REACTION TO SERUM, DRUG OR MEDICINE		✓	PAINFUL OR "TRICK" SHOULDER OR ELBOW		✓	HOMOSEXUAL TENDENCIES

21. HAVE YOU EVER *(Check each item)*

✓	WORN GLASSES	✓	ATTEMPTED SUICIDE
✓	WORN AN ARTIFICIAL EYE	✓	BEEN A SLEEP WALKER
✓	WORN HEARING AIDS	✓	LIVED WITH ANYONE WHO HAD TUBERCULOSIS
✓	STUTTERED OR STAMMERED	✓	COUGHED UP BLOOD
✓	WORN A BRACE OR BACK SUPPORT	✓	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION

22. FEMALES ONLY: A. HAVE YOU EVER—

	BEEN PREGNANT
	HAD A VAGINAL DISCHARGE
	BEEN TREATED FOR A FEMALE DISORDER
	HAD PAINFUL MENSTRUATION
	HAD IRREGULAR MENSTRUATION

B. COMPLETE THE FOLLOWING:

	AGE AT ONSET OF MENSTRUATION
	INTERVAL BETWEEN PERIODS
	DURATION OF PERIODS
	DATE OF LAST PERIOD

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)*
None	None	None	☒ 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*)
	✓	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*)
	✓	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: MARVIN GAY, SENTZ JR.

SIGNATURE: Marvin Gay Jr.

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

PATIENT STATES THAT HE HAS HAD SEVERE HEADACHES SINCE HE WAS 16 YEARS OLD. HEADACHES WERE ON RIGHT SIDE OF HEAD, THROBBING, DECREASING INCIDENCE IN LAST 2 YEARS.
CRAMPS IN LEGS WHILE SWIMMING.
HOSPTTALIZED IN 1945, AT WASHINGTON D. C. FOR 3 WEEKS FOR EYE INJURY. NO COMP. NO SEQ.
DENIES OTHER ILLNESS, INJURY, OPERATION OR HOSPITALIZATION OF SIGNIFICANCE.

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS
RICHARD J. NOVEROSKE, CAPT USAF (MC) AME	10 JUN 57	Richard J. Noveroske	

16—62289-1 U. S. GOVERNMENT PRINTING OFFICE

(81' 1)

OFFICE OF THE BASE CHAPLAIN
Schilling Air Force Base
Kansas

BCH

10 June 1957

SUBJECT: Air Force Regulation 39-16 Interview

TO: Commander
802d Supply Squadron
Schilling Air Force Base, Kansas

1. Airman Basic Marvin Gay, AF13589961, 802d Supply Squadron, Schilling Air Force Base, Kansas, has been interviewed by me in connection with proceedings instigated for the purpose of discharging him under the provisions of Air Force Regulation 39-16.

2. This was the first opportunity I have had to council with the Airman and in my opinion this man has no future value to the Air Force.

3. I make no recommendation.

Charles E. Smith
CHARLES E. SMITH
Chaplain (Major) USAF
Installation Chaplain

ALLOTMENT DISCONTINUANCE

AAG NOTICE UPON DISCHARGE, RESIGNATION, DEATH, OR RELEASE FROM ACTIVE DUTY.

10. THIS SPACE RESERVED FOR ADDRESSOGRAPH STAMP

1. SERVICE PERSON'S NAME (LAST, FIRST, MIDDLE)	2. SERVICE NUMBER	3. GRADE	4. TRANSMITTAL NO.
GAY MARVIN JR	AF13589961	A/B	

5. HOME ADDRESS	6. REASON FOR SEPARATION	7. DATE SEPARATED
12 60th ST, Washington D.C.	Discharge 39-16	10 JUN 57

8. TYPED NAME, GRADE, AND TITLE OF OFFICER EFFECTING DISCONTINUANCE (NO SIGNATURE NECESSARY)	9. NAME AND LOCATION OF ORGANIZATION EFFECTING DISCHARGE OR RELEASE
C.G.WARDEN CPT USAF	802D SUPPLY 802D ABGRU

ALLOTMENTS IN EFFECT AT TIME OF DISCHARGE OR RELEASE

CLASS	A. AMOUNT	B. FINAL DEDUCTION MADE FOR MONTH OF:	C. NAMES OF ALLOTTEES IF IN PERSONNEL RECORDS FOLDER
11. E	(1) (2) (3) (4)		
12. Q	(1) (2) (3)		
13. N			I CERTIFY THAT THE INFORMATION SHOWN HEREON IS IN AGREEMENT WITH ENTRIES MADE ON THE MEMBER'S MILITARY PAY RECORD.
14. D			SIGNATURE OF FINANCE OFFICER AND DATE

15. BRIEF STAMP

DISPOSITION: COPY NO. 1 WILL BE RETAINED IN THE UNIT PERSONNEL RECORDS. WHERE UNIT PERSONNEL RECORDS ARE NOT AVAILABLE, OR IF COMMISSIONED OR WARRANT OFFICER, FORWARD TO:
AIR ADJUTANT GENERAL, HEADQUARTERS USAF,
ATTN: MILITARY PERSONNEL RECORDS DIVISION, WASHINGTON 25, D.C.

AF FORM 1326 15 JAN 55 REPLACES DA FORM 30S, DATED 1 SEPTEMBER 1945, WHICH MAY NOT BE USED.

COPY NO. 1

HEADQUARTERS
802D AIR DIVISION (SAC)
Schilling Air Force Base
Kansas

SPECIAL ORDERS)
NUMBER 132)

10 June 1957

E X T R A C T

18. Under FROV SAC REG 55-16, FNOA, ORG INDC, 802 ABGRU, SAC, this sta, are APTD Class X Control team (PERM). In the event that TDY is required, Budget & Accounting Office will be notified with 24 hours of completion. Tvl by military aircraft directed when AVAL, & common carr rail, bus and/or air AUTH. TVL AUTH by common carriers of foreign registry when required for accomplishment of mission whenever commercial air transport is used, routing will be that which provides earliest possible arrival at destination without regard to cost of shortest available route. CIPAP. TCS. BUD & ACCT NR 802-112. TDN 5773400 067-8900 P458-02-03 S14-612. SCTY CLNC AS INDC. (All orders in conflict with the above are rescinded.)

LTCOL	GEORGE M. MATSKO	7057A	HQ 802 ADIV	TOPSEC
MAJ	EDWARD J. KELLY	A0433003	do	do
MAJ	CASIMER S. APOLINSKI	A0762696	do	do
CAPT	CLARENCE E. GILMORE	A0837774	802 HEDRON	do
CAPT	PAUL H. MORRIS	A0802600	do	do
1STLT	JEFFERSON D. ELLIOTT	A02222377	802 OPRON	INTERIM TOPSEC
1STLT	HAROLD P. SCHEDLER	A03023374	802 INSTLRON	do
MSGT	HORACE W. STANGER	AF39834018	HQ 802 ADIV	TOPSEC
TSGT	CURTIS M. BEENE	AF37619840	802 HEDRON	do
TSGT	RONALD L. DAVIS	AF16288694	HQ 802 ABGRU	INTERIM TOPSEC
SSGT	CHARLES L. PERKINS	AF19327449	do	TOPSEC
A/1C	FRANK L. BEJARANO	AF19513209	HQ 802 ADIV	INTERIM TOPSEC
A/1C	HENRY C. HARRINGTON	AF14499794	802 HEDRON	do
A/1C	GEORGE D. RAMSEY	AF13341581	do	do
A/1C	LLOYD E. FINLEY	AF17408635	do	do
A/2C	JEAN N. DEBLOIS	AF21198498	do	do
A/2C	THOMAS G. APPLEGATE	AF12490050	do	do
A/2C	CLYDE F. MCLEOD	AF14593793	do	SECRET
A/2C	PAUL L. SELF	AF13553856	do	INTERIM TOPSEC
A/2C	WILLIAM S. E. WINKLER	AF13548391	do	do

19. A/B MARVIN GAY JR, AF13589961 is rel from asgd 802 SUPRON, 802 ABGRU, SAC, this sta and disch under hon cond (SDN 363) eff 10 JUN 57. HOR: 12 60th St, NE, WASH, D.C. Future Mailing Adee: Same as HOR. DD Form 257AF w/b issued. PCS. TDN 5773500 048-141 P531(11)-02-03 S99-999. AUTH: AFR 39-16.

BY ORDER OF THE COMMANDER:

R. A. DICE
CWO W-2, USAF
Asst Adj

DISTRIBUTION
A

MILITARY LEAVE RECORD

1. DATES COVERED — FROM: 1 Jan 57 — TO: 10 JUN 57

2. LAST NAME - FIRST NAME - MIDDLE INITIAL: GAY, MARVIN JR.

3. SERVICE NUMBER: AF13589963

I. LEAVE TAKEN

SYMBOLS A	FROM B	TO C	NUMBER OF DAYS D	MORNING REPORT UNIT E
				FROM PREVIOUS RECORD →
D	28 FEB 1957	16MAR57	~~17~~ 16	36ADS, SCHILLING afb, KANSAS

II. LEAVE CREDITED

PERIOD FROM F	PERIOD TO G	DAYS EXCL H	DAYS LV CREDITED I	BALANCE AVAILABLE J	CERTIFICATION SIGNATURE-OFFICER VERIFYING ENTRIES K
			6		William M. Gay Jr. 1st Lt., USAF
1 JAN57	10JUN57	0	14	~~4~~ 3	1STLT., USAF

III. RECORD CLOSING DATA

4. FINAL COMPUTATION		5. DISPOSITION	
A. TOTAL DAYS LEAVE CREDITED (*Total—Col. I*)	~~20~~ 20		A. BALANCE CARRIED FORWARD TO NEW RECORD
B. TOTAL DAYS LEAVE TAKEN (*Total—Column D*)	~~16~~ 17	X	B. CASH SETTLEMENT REQUESTED
C. BALANCE (*A minus B*)	~~4~~ 3		C. OTHER (*Specify*)

TYPED NAME, GRADE AND ORGANIZATION OF CERTIFYING OFFICER: FRANK L. VACIN, 1STLT., USAF

SIGNATURE OF CERTIFYING OFFICER:

AF FORM 15 SEP 56 617 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

☆ U. S. GOVERNMENT PRINTING OFFICE: 1956 O—405618

MILITARY LEAVE RECORD

1. DATES COVERED — FROM: 1 JAN 57 — TO: 10 JUN 57

2. LAST NAME - FIRST NAME - MIDDLE INITIAL: GAY, MARVIN JR.

3. SERVICE NUMBER: AF 13589961

I. LEAVE TAKEN

SYMBOLS A	FROM B	TO C	NUMBER OF DAYS D	MORNING REPORT UNIT E
D	28FEB57	16MAR57	17	802D SUPRON, SCHILLING AFB, KANS.

II. LEAVE CREDITED

PERIOD FROM F	PERIOD TO G	DAYS EXCL H	DAYS LV CREDITED I	BALANCE AVAILABLE J	CERTIFICATION SIGNATURE-OFFICER VERIFYING ENTRIES K
FROM PREVIOUS RECORD →			6		Frank L Vacin 1STLT., USAF
1 JAN 57	10JUN57		14	3	Frank L Vacin 1STLT., USAF

III. RECORD CLOSING DATA

4. FINAL COMPUTATION		5. DISPOSITION	
A. TOTAL DAYS LEAVE CREDITED *(Total—Col. I)*	20		A. BALANCE CARRIED FORWARD TO NEW RECORD
B. TOTAL DAYS LEAVE TAKEN *(Total—Column D)*	17	X	B. CASH SETTLEMENT REQUESTED
C. BALANCE *(A minus B)*	3		C. OTHER *(Specify)*

TYPED NAME, GRADE AND ORGANIZATION OF CERTIFYING OFFICER: FRANK L. VACIN, 1STLT., USAF

SIGNATURE OF CERTIFYING OFFICER: Frank L Vacin

AF FORM 15 SEP 56 617 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

☆ U. S. GOVERNMENT PRINTING OFFICE: 1956 O—405618

LEGEND: Insert N/A to the items below which are not applicable.

PERSONAL DATA

1. LAST NAME - FIRST NAME - MIDDLE NAME	2. SERVICE NUMBER	3a. GRADE, RATE OR RANK	b. DATE OF RANK (Day, Month, Year)
GAY MARVIN JR	AF13589961	A/B (P)	12 JAN 57

4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS	5. PLACE OF BIRTH (City and State or Country)	6. DATE OF BIRTH	DAY	MONTH	YEAR
AIR FORCE RegAF	Washington, D.C.		2	APR	39

7a. RACE	b. SEX	c. COLOR HAIR	d. COLOR EYES	e. HEIGHT	f. WEIGHT	8. U.S. CITIZEN	9. MARITAL STATUS
Negroid	Male	Black	Brown	5'10"	156	[X] YES [ ] NO	Single

10a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED	b. MAJOR COURSE OR FIELD
High School-3	Academic

TRANSFER OR DISCHARGE DATA

11a. TYPE OF TRANSFER OR DISCHARGE	b. STATION OR INSTALLATION AT WHICH EFFECTED
Discharge	Schilling Air Force Base, Kansas

c. REASON AND AUTHORITY	d. EFFECTIVE DATE	DAY	MONTH	YEAR
AFR 39-16 &3th IND 802 ABGRU, 10 JUN 57, Item 32; (SDN 363) & Ltr Dept of the Air Force, 1DEC 55		10	JUN	57

12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND	13a. CHARACTER OF SERVICE	b. TYPE OF CERTIFICATE ISSUED
802 SUPRON (SAC) App Sup Records Spec	Under Honorable Conditions	257AF

SELECTIVE SERVICE DATA

14. SELECTIVE SERVICE NUMBER	15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE	16. DATE INDUCTED DAY	MONTH	YEAR
N/A	N/A		N/A	

17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED: N/A

SERVICE DATA

18. TERMINAL DATE OF RESERVE OBLIGATION DAY	MONTH	YEAR	19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY	b. TERM OF SERVICE (Years)	c. DATE OF ENTRY DAY	MONTH	YEAR
	N/A		[X] ENLISTED (First Enlistment) [ ] ENLISTED (Prior Service) [ ] REENLISTED [ ] OTHER: AFQT-5-22-IV	4	24	Oct	56

20. PRIOR REGULAR ENLISTMENTS	21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE	22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State)
N/A	A/B	Alexandria, VA.

23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State): 12 60th St., NE, Washington, D.C.

24. STATEMENT OF SERVICE		YEARS	MONTHS	DAYS
a. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD	00	07	17
	(2) OTHER SERVICE	00	00	00
	(3) TOTAL (Line (1) + line (2))	00	07	17
b. TOTAL ACTIVE SERVICE		00	07	17
c. FOREIGN AND/OR SEA SERVICE		00	00	00

25a. SPECIALTY NUMBER AND TITLE	b. RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER
64132 App Sup Records Spec	UNK

26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED: N/A

27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known): N/A

28. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED

SCHOOL OR COURSE a	DATES (From - To) b	MAJOR COURSES c
FE Warren, Wyo	Nov 56 to Feb 57	Apr Sup Rec Specl

29. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED: N/A

VA DATA

30a. GOVERNMENT LIFE INSURANCE IN FORCE	b. AMOUNT OF ALLOTMENT	c. MONTH ALLOTMENT DISCONTINUED
[ ] YES [X] NO	N/A	N/A

31a. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type)	b. VA CLAIM NUMBER
N/A	C- N/A

AUTHENTICATION

32. REMARKS: Blood Group "OP ". No time lost. Mech-25, ADM-60, RadOpr-60, Gen-35, Elect-20. Not Entitled to MOP. Paid for 3 days accrued leave. FSSD: 7 DEC 41. Code RE-2. NAC Compl 25 Mar 57, filed 4th OSI Dist OSI. Item 11c: Recommendation for disposition of Airman declared as UnPrd due to Char of Service Rendered.

33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State)	34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED
See Item 23:	Marvin Gay Jr.
35a. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER	b. SIGNATURE OF OFFICER AUTHORIZED TO SIGN
MARVIN H. OTTO, CWO W-3, USAF	Marvin H Otto

DD FORM 1 NOV 55 214 REPLACES EDITION OF 1 JUL 52 WHICH IS OBSOLETE AFTER 1 JULY 1956.

ARMED FORCES OF THE UNITED STATES REPORT OF TRANSFER OR DISCHARGE

(1,25)

30. RECORD OF MILITARY ASSIGNMENTS

EDCSA/ED	DUTY AFSC	DUTY TITLE	ORGANIZATION AND STATION OR THEATER	CHAR-ACTER	EFFI-CIENCY
24 Oct 56	00010	A/B	3706 BAMILTRARON Lackland AFB-	Ex	Ex
24Nov56	64010	(A chd) AWT TNG	3450TH STURON FE WARREN AFB		
1 Dec56	64010	AWT TNG	3450TH STURON FE WARREN AFB	UNK	UNN
3 Dec 56	64132	Student	3467th Sturon F E Warren AFB Wyo.	Good	SAT
13 Mar 57	64152	Sup Records Spec (OJT)	802D SUPRON, 802D ABGRU, Smoky Hill AFB		
10 Jun 57	Sep from Active Military Service by reason of "Inaptitude or Unsuitability", 802d SUPRON, 802d ABGRU, Schilling AFB, Kansas				

1. LAST NAME - FIRST NAME - MI - AFSN: CAY MARVIN JR AF 13589961

GRADE A/B COMP Regt

2. DT ENTRY AD OR INACT DY: 24 Oct 56

3. DT COMPL CURR ENL: 23 Oct 60

4. DT COMPL SV OBLG: 23 Oct 62

5. RACE: Negroid

6. MARITAL ST AND NO DEP: S-0

7. RELIGION: Seven Day Adventist

8. DT TO BE REL AD:

9. TOT ACT FED MIL SV DT: 24 oct 56

10. TOT MIL SV DT: 24 oct 56

11. DT OF BIRTH: 2 Apr 39

12. CITIZENSHIP: US

13. AIR FORCE SPECIALTIES

AFS	AFSC	DESIG-NATED	AUTHORITY
~~Supply Helper~~	~~64010~~	~~P~~	~~SO224/15Nov53~~
			~~3700USAFPRC MTW~~
~~Apr Sup Rec Specl~~	~~64132~~	~~U P~~	~~Pam 100/20Feb57/3450TTGP~~
App Sup Records Spec	64132	PC	PERAM 100, 20 Feb 57
OJT-C	64152		PERAM 50, 4 MAR 57

14. GRADE STATUS

PERM GRADE	TEMP GRADE	DATE OF RANK	AUTHORITY
A/B		24 Oct 56	AFM 39-9/1 Dec 54
A/3C		11 Jan 57	SO7/3467th Sturon/11 Jan 57
~~A/B~~		~~12 Jan 57~~	~~Art 15, UCMJ/3467th Sturon/12 Jan 57~~
A/B		12 Jan 57	PERAM 4/12 Jan 57, Hq 3450TTGP, ART15

15. IN-SERVICE SCHOOLS

COURSE TITLE AND AFSC		RATING	YR TERM
Basic Training	00010	Compl	57
Apr Sup Rec Specl	64132	Cpmpl	57

16. EDUCATION

	NAME	COURSE	DEG	YEAR
SCHOOL 0-12	Washington D C	Acad	11	56
COLLEGE OR UNIV				
OTHER				

17. PHYSICAL STATUS

P	U	L	H	E	S	SUFFIX	DATE
1	1	1	1	1	1		22 oct 56

18. TEST DATA

ACB AQE CLUSTER	INDEX	OTHER
MECH	25	
ADM	60	
RAD OP	60	
GEN	35	
ELECT	20	

19. ASSIGNMENT LIMITATIONS

AF FORM 7
15 DEC 54

AIRMAN MILITARY RECORD

(1;24)

20. CIVILIAN OCCUPATION			
	JOB TITLE	NO. MOS	YR TERM
MAIN	None		
OTHER			

21. FOREIGN LANGUAGES						
LANGUAGE	DIALECT	INTPR	TRANS	U	R	W

22. FOREIGN SERVICE			
DATE TOUR STARTED	TOUR LOCATION	DT RETD Z/1	FSSD
			7Dec41

23. AWARDS		
AWARD	AUTHORITY	ISSUED OR PRESENTED

FOREIGN SERVICE SUMMARY

24. COMBAT RECORD

25. SECURITY CLEARANCE		
CLEARANCE GRANTED	DATE GRANTED	INVESTIGATIVE DATA
Secret	29Apr57	NAC 25 Mar 57, 4th OSI Dist OSI

26. RESERVE DATA						
ASSIGNED			QUALIFIED FOR (PENCIL)		AVAILABILITY CODE	
CATEGORY	STATUS	DATE	CATEGORY	DATE	CODE	DATE

27. DATE RECORD ACCOMPLISHED: 26 Oct 56

NO. OF ACCOMPLISHMENT: 1

PERMANENT HOME ADDRESS (PENCIL)

28. REMARKS	

29. ITEM CONTINUATION

Standard Form 88
(Rev. Aug. 1950)
PROMULGATED BY
BUREAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL EXAMINATION

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
GAY, Marvin, Jr	A/B	AF 13 589 961
4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
12 - 60th St., NE, Washington, DC	Enl	22 Oct 56

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE (MILITARY / CIVILIAN)	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
Male	Negroid		Air Force	

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
2 Apr 39	Washington, DC	Marvin Gay, Sr (Father) 12 - 60th St.,NE,Wash.,DC

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
AFES: Alexandria, Va.	

17. RATING OR SPECIALTY — TIME IN THIS CAPACITY: TOTAL — LAST SIX MONTHS

CLINICAL EVALUATION

NORMAL	ABNORMAL	(*Check each item in appropriate column; enter "N. E." if not evaluated*)
X		18. HEAD, FACE, NECK, AND SCALP
X		19. NOSE
X		20. SINUSES
X		21. MOUTH AND THROAT
X		22. EARS—GENERAL (*Int. & ext. canals*) (*Auditory acuity under items 70 and 71*)
X		23. DRUMS (*Perforation*)
X		24. EYES—GENERAL (*Visual acuity and refraction under items 59, 60, and 61*)
X		25. OPHTHALMOSCOPIC
X		26. PUPILS (*Equality and reaction*)
X		27. OCULAR MOTILITY (*Associated parallel movements, nystagmus*)
X		28. LUNGS AND CHEST (*Include breasts*)
X		29. HEART (*Thrust, size, rhythm, sounds*)
X		30. VASCULAR SYSTEM (*Varicosities, etc.*)
X		31. ABDOMEN AND VISCERA (*Include hernia*)
X		32. ANUS AND RECTUM (*Hemorrhoids, fistulae*) (*Prostate if indicated*)
X		33. ENDOCRINE SYSTEM
X		34. G-U SYSTEM
X		35. UPPER EXTREMITIES (*Strength, range of motion*)
X		36. FEET
X		37. LOWER EXTREMITIES (*Except feet*) (*Strength, range of motion*)
X		38. SPINE, OTHER MUSCULOSKELETAL
X		39. IDENTIFYING BODY MARKS, SCARS, TATTOOS
X		40. SKIN, LYMPHATICS
X		41. NEUROLOGIC (*Equilibrium tests under item 72*)
X		42. PSYCHIATRIC (*Specify any personality deviation*)
Females only		(*Check how done*)
		43. PELVIC ☐ 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 × 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: SP. GR.	ALBUMIN	SUGAR	MICROSCOPIC
1.018	Neg	Neg	

46. CHEST X-RAY (*Place, date, film number, result*)
AFES: Alexandria, Va
22 Oct 56 (T-1464) Neg

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

48. EKG

49. BLOOD TYPE AND RH FACTOR

50. OTHER TESTS

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MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD: SLENDER ☐ MEDIUM ☒ HEAVY ☐ OBESE ☐	56. TEMP.
68	156	Black	Brown		Normal

57. BLOOD PRESSURE (*Arm at heart level*)

		SYS.	DIAS.
SITTING		100	68
RECUMBENT			
STANDING (*3 min.*)			

58. PULSE (*Arm at heart level*)

SITTING	AFTER EXERCISE	2 MIN. AFTER	RECUMBENT	AFTER STANDING 3 MIN.
72				

59. DISTANT VISION		60. REFRACTION			61. NEAR VISION	
RIGHT 20/ 20	CORR. TO 20/	BY	S.	CX	CORR. TO	BY
LEFT 20/ 20	CORR. TO 20/	BY	S.	CX	CORR. TO	BY

62. HETEROPHORIA: (*Specify distance*) ES° EX° R. H. L. H. PRISM DIV. PRISM CONV. PC PD

Normal to cover test

63. ACCOMMODATION	64. COLOR VISION (*Test used and result*)	65. DEPTH PERCEPTION (*Test used and score*)	UNCORRECTED
RIGHT N LEFT N			CORRECTED

66. FIELD OF VISION	67. NIGHT VISION (*Test used and score*)	68. RED LENS	69. INTRAOCULAR TENSION
			N

70. HEARING

RIGHT WV 15 /15 SV 15 /15

LEFT WV 15 /15 SV 15 /15

71. AUDIOMETER

	250 *256*	500 *512*	1000 *1024*	2000 *2048*	3000 *2896*	4000 *4096*	8000 *8192*	
RIGHT								
LEFT								

72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*)

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

(*Use additional sheets of plain paper if necessary*)

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

No defects

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

76. PHYSICAL PROFILE

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

77. EXAMINEE (*Check*)

☒ IS ☐ IS NOT QUALIFIED FOR Enlistment

PHYSICAL CATEGORY

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

A	B	C	E
x			

79. TYPED OR PRINTED NAME OF PHYSICIAN: G.T.KIFFNEY,JR., Capt., MC USA — SIGNATURE: G.T. Kiffney Jr

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 16—62288-1

(112)

Standard Form 89
(Rev. Aug. 1950)
PROMULGATED BY
BUREAU OF THE BUDGET
CIRCULAR A-24

1130 Test

AF

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.
BAY-MARVIN PENTZ	A/B	AF 13 589 961
4. HOME ADDRESS (*Number, street or RFD, city or town, zone and State*)	**5. PURPOSE OF EXAMINATION**	**6. DATE OF EXAMINATION**
12 60th ST. NE. WASHINGTON 19-D.C.	Enl.	22 Oct 56

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE MILITARY	9. TOTAL YRS. GOVT. SERVICE CIVILIAN	10. DEPARTMENT, AGENCY, OR SERVICE	11. ORGANIZATION UNIT
MALE	NEGRO			Air Force	

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
APR. 2-1939	WASHINGTON DC.	MRS. Alberta Gay, 12-60th St. NE.

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
AFES: Alexandria, Va.	

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

I am in good health, except for a few minor headaches now & then.

18. FAMILY HISTORY

RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH
FATHER	43	FAIR		
MOTHER	43	FAIR		
SPOUSE				
BROTHERS AND SISTERS (SISTER)	19	GOOD		
BROTHERS AND SISTERS (BROTHER)	14	FAIR		
BROTHERS AND SISTERS (SISTER)	11	GOOD		
CHILDREN				

19. HAS ANY BLOOD RELATION (*Parent, brother, sister, other*) OR HUSBAND OR WIFE:

YES	NO	(*Check each item*)	RELATION(S)
	X	HAD TUBERCULOSIS	
	X	HAD SYPHILIS	
	X	HAD DIABETES	
	X	HAD CANCER	
	X	HAD KIDNEY TROUBLE	
	X	HAD HEART TROUBLE	
	X	HAD STOMACH TROUBLE	
	X	HAD RHEUMATISM (*Arthritis*)	
	X	HAD ASTHMA, HAY FEVER, HIVES	
	X	HAD EPILEPSY (*Fits*)	
	X	COMMITTED SUICIDE	
	X	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		X	GOITER		X	TUMOR, GROWTH, CYST, CANCER		X	"TRICK" OR LOCKED KNEE
	X	DIPHTHERIA		X	TUBERCULOSIS		X	RUPTURE		X	FOOT TROUBLE
	X	RHEUMATIC FEVER		X	SOAKING SWEATS (*Night sweats*)		X	APPENDICITIS		X	NEURITIS
	X	SWOLLEN OR PAINFUL JOINTS		X	ASTHMA		X	PILES OR RECTAL DISEASE		X	PARALYSIS (*Inc. infantile*)
X		MUMPS		X	SHORTNESS OF BREATH		X	FREQUENT OR PAINFUL URINATION		X	EPILEPSY OR FITS
	X	WHOOPING COUGH		X	PAIN OR PRESSURE IN CHEST		X	KIDNEY STONE OR BLOOD IN URINE		X	CAR, TRAIN, SEA, OR AIR SICKNESS
	X	FREQUENT OR SEVERE HEADACHE		X	CHRONIC COUGH		X	SUGAR OR ALBUMIN IN URINE		X	FREQUENT TROUBLE SLEEPING
	X	DIZZINESS OR FAINTING SPELLS		X	PALPITATION OR POUNDING HEART		X	BOILS		X	FREQUENT OR TERRIFYING NIGHTMARES
X		EYE TROUBLE		X	HIGH OR LOW BLOOD PRESSURE		X	VENEREAL DISEASE		X	DEPRESSION OR EXCESSIVE WORRY
	X	EAR, NOSE OR THROAT TROUBLE		X	CRAMPS IN YOUR LEGS		X	RECENT GAIN OR LOSS OF WEIGHT		X	LOSS OF MEMORY OR AMNESIA
	X	RUNNING EARS		X	FREQUENT INDIGESTION		X	ARTHRITIS OR RHEUMATISM		X	BED WETTING
	X	CHRONIC OR FREQUENT COLDS		X	STOMACH, LIVER OR INTESTINAL TROUBLE		X	BONE, JOINT, OR OTHER DEFORMITY		X	NERVOUS TROUBLE OF ANY SORT
	X	SEVERE TOOTH OR GUM TROUBLE		X	GALL BLADDER TROUBLE OR GALL STONES		X	LAMENESS		X	ANY DRUG OR NARCOTIC HABIT
		SINUSITIS		X	JAUNDICE		X	LOSS OF ARM, LEG, FINGER, OR TOE		X	EXCESSIVE DRINKING HABIT
	X	HAY FEVER		X	ANY REACTION TO SERUM, DRUG OR MEDICINE		X	PAINFUL OR "TRICK" SHOULDER OR ELBOW		X	HOMOSEXUAL TENDENCIES

21. HAVE YOU EVER (*Check each item*)

X	WORN GLASSES		X	ATTEMPTED SUICIDE
X	WORN AN ARTIFICIAL EYE		X	BEEN A SLEEP WALKER
X	WORN HEARING AIDS		X	LIVED WITH ANYONE WHO HAD TUBERCULOSIS
X	STUTTERED OR STAMMERED		X	COUGHED UP BLOOD
X	WORN A BRACE OR BACK SUPPORT		X	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION

22. FEMALES ONLY: A. HAVE YOU EVER— B. COMPLETE THE FOLLOWING:

	BEEN PREGNANT		AGE AT ONSET OF MENSTRUATION
	HAD A VAGINAL DISCHARGE		INTERVAL BETWEEN PERIODS
	BEEN TREATED FOR A FEMALE DISORDER		DURATION OF PERIODS
	HAD PAINFUL MENSTRUATION		DATE OF LAST PERIOD
	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?	25. WHAT IS YOUR USUAL OCCUPATION?	26. ARE YOU (*Check one*)
None	MONTHS None	None	☑ RIGHT HANDED ☐ LEFT HANDED

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YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
	X	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
	X	B. INABILITY TO PERFORM CERTAIN MOTIONS
	X	C. INABILITY TO ASSUME CERTAIN POSITIONS
	X	D. OTHER MEDICAL REASONS (*If yes, give reasons*)
	X	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
	X	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (*If yes, give details*)
	X	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (*If yes, state reason and give details*)
	X	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (*If yes, state reason and give details*)
X		32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (*If yes, describe and give age at which occurred*)
	X	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*)
	X	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (*If yes, specify when, where, and give details*)
	X	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*)
	X	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (*If yes, which illnesses*)
	X	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (*If yes, give date and reason for rejection*)
	X	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*)
	X	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*)

32. eye; I was 13 at the time. The operation was very sucessful. my vision is 20-20. The way it happend is my brother shot me in my left eye with a slingshot

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
MarvIN Pentz Gay	Marvin Gay Jr.

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

32. No complications. No sequelae - vision 20/20 ocular motility good.

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS
G.T. KIFFNEY, JR., Capt., MC USA	22 Oct 56		

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

(212)

3467

(Check one)
☐ BED PATIENT
☐ AMBULATORY

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME: Gay, Marvin P

REGISTER:

WARD NO.: OPC #2

REQUESTED BY: Dr. Hanna

DATE OF REQUEST: 13 Dec 56

PROVISIONAL DIAGNOSIS:

SPECIMEN: Throat swab

SOURCE:

TIME AND DATE TAKEN: 1500 A. M. / P. M. 13 Dec 1956

TEST OR EXAMINATION REQUESTED: Throat culture

RESULT:

Negative

12/14
(DATE OF REPORT)

SIGNATURE (*Specify Lab. if not part of requesting facility*)

3450 USAF HOSP FEW AFB WYO
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

GPO c9—16—56909-3 †

Standard Form 514m—Rev. May 1951. Promulgated By Bureau of the Budget—Circular A—32

MISCELLANEOUS TEST OR EXAMINATION

3467

(Check one)	PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	REGISTER	WARD NO.
☐ BED PATIENT	Gay, Marvin Jr		OPC #2
☐ AMBULATORY	REQUESTED BY: Dr. Inskeep	DATE OF REQUEST: 21 Dec 56	

PROVISIONAL DIAGNOSIS

SPECIMEN	SOURCE	TIME AND DATE TAKEN
Throat swab		1435 A. M. P. M. 21 Dec 19 56

TEST OR EXAMINATION REQUESTED

~~Throat culuture~~

RESULT:

L Stiep

12/22
(DATE OF REPORT)

SIGNATURE (*Specify Lab. if not part of requesting facility*)

3450 USAF HOSP FEW AFB WYO
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

GPO c9—16—56909-3 †

Standard Form 514m—Rev. May 1951. Promulgated By Bureau of the Budget—Circular A—32

MISCELLANEOUS TEST OR EXAMINATION

Standard Form 514
Rev. August 1954
Promulgated
by Bureau of the Budget
Circular A-32 (Rev.)

CLINICAL RECORD | **LABORATORY REPORTS**

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

ATTACH 2D REPORT WITH TOP AT THIS LINE ↑

ATTACH 1ST REPORT ALONG LEFT MARGIN WITH TOP AT THIS LINE ↑

ATTACHING MARGIN

STANDARD FORMS 514a THROUGH 514m WILL BE ATTACHED TO THIS SHEET

PATIENT'S IDENTIFICATION (*For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility*)

GAY, MARVIN

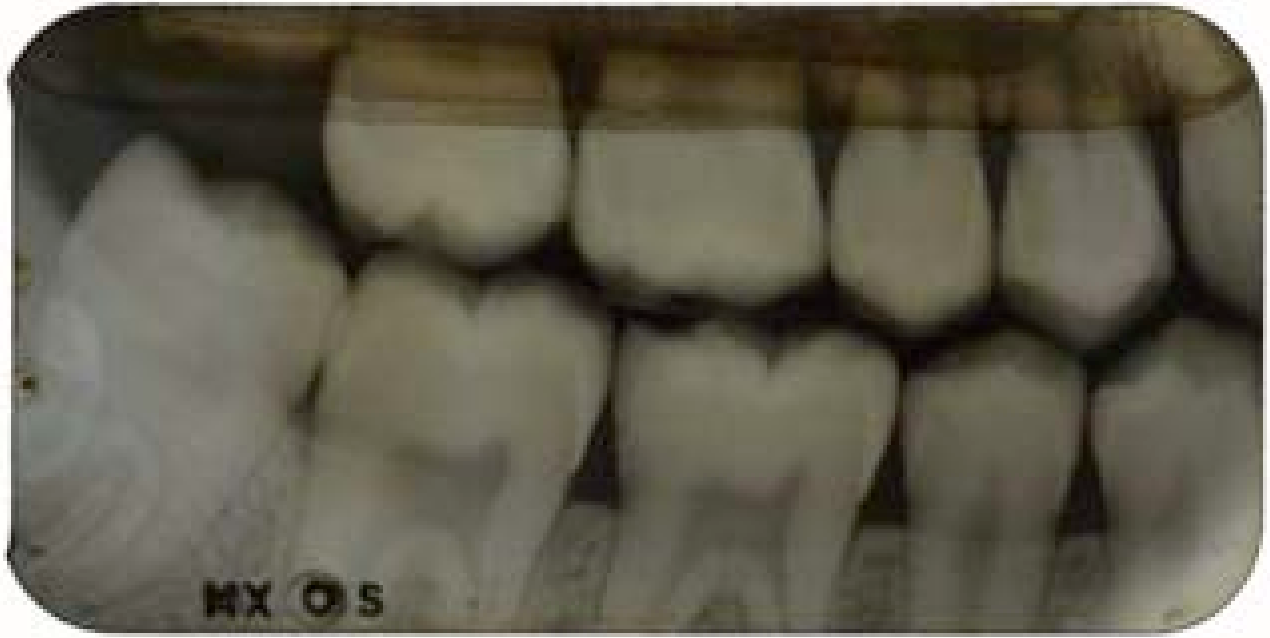
REGISTER NO.

WARD NO.

LABORATORY REPORTS
Standard Form 514

U. S. GOVERNMENT PRINTING OFFICE 16—56294-4

Gay, Marvin, Jr.
Dental
X-Ray


MX OS

UNITED STATES AIR FORCE HOSPITAL
SCHILLING AIR FORCE BASE
KANSAS

MEDICAL CERTIFICATE

THIS IS TO CERTIFY THAT A/B MARVIN PENTZ GAY, JR. AF 13589961, 802D SUPPLY SQUADRON, WAS EXAMINED ON 10 JUNE 1957. HE WAS FOUND PHYSICALLY QUALIFIED AND THERE WAS NO EVIDENCE OF MENTAL OR PHYSICAL DEFECT WHICH WOULD WARRANT ACTION UNDER THE PROVISIONS OF AIR FORCE MANUAL 35-4.

Richard J. Noveroske

RICHARD J. NOVEROSKE
CAPT, USAF (MC) AME