

HATFIELD & HATFIELD

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FAX (910) 273-9238

KATHRYN K. HATFIELD
JOHN B. HATFIELD, JR.
CYNTHIA A. HATFIELD

NR
10-27-97

October 17, 1997

Department of Veteran Affairs
Service Medical Records Center
P. O. Box 150950
St. Louis, MO 63115

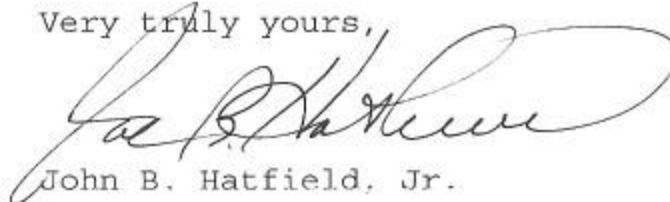
Re: Ronnie Kimble
SSN:
DoB: 01-17-72

To Whom It May Concern:

I represent Ronnie Kimble and hereby request copies of his medical records in your possession. I am enclosing a Release for these records.

Thank you for your assistance in this matter.

Very truly yours,



John B. Hatfield, Jr.

JBHjr/ph
Enclosure

sent
11-25-97
A. Hunter

MEDICAL AUTHORIZATION
PATIENT'S REQUEST FOR CONFIDENTIAL
TREATMENT OF MEDICAL INFORMATION
AND EMPLOYER'S LOSS OF WAGES AUTHORIZATION

TO: Department of Veteran Affairs

RE: Ronnie Kimble

You are hereby authorized and directed to permit the examination of and the copying or reproduction in any manner, whether mechanical, photographic, or otherwise, by my attorney or such other person as he may authorize, all or any portions desired by him of the following:

- a. Hospital records, x-rays, x-ray readings and reports, laboratory records and reports, all tests of any type, character and reports thereof, statement of charges, and any and all of my records pertaining to hospitalization, history, condition, treatment, diagnosis, prognosis, etiology or expense.
- b. Medical records, including patient's record cards, x-ray, x-ray readings and reports, laboratory records and reports, all tests of any type and character and reports thereof, statements of charges, and any and all of my records pertaining to medical care, history, condition, treatment, diagnosis, prognosis, etiology or expense.

You are further authorized and directed to furnish oral and written reports to my attorney, or his delegate, as requested by him on any of the foregoing matters.

By reason of the fact that such information that you have acquired as my physician or surgeon is confidential to me, you are also requested to treat such information as confidential and requested not to furnish any of such information in any form to anyone, without written authorization from me. I hereby revoke any previously dated medical authorization.

I also authorize my attorneys or their delegate to photograph my person while I am present in any hospital.

I further authorize the sending of medical and hospital bills to my attorney, and in the event of recovery by trial or settlement to allow my attorney to withhold an amount sufficient to cover these bills and to make payment directly to you and to deduct the same from any recovery which may be due me.

I further authorize my employer _____ to furnish any and all information requested by my attorney regarding wages or benefits lost by me in regard to the above said matter.

John B. Kaufeld
Authorized Attorney

Ronnie Kimble
Client
POA - Kimberly S. Kimble



BOICE SLEEP DISORDERS LABORATORY
 BLDG ONE, SUITE 101
 NAVAL MEDICAL CENTER, PORTSMOUTH
 PORTSMOUTH, VA 23708-2197

FACSIMILE TRANSMISSION

Please deliver the following pages :

TO: ENT Clinic - P.O. Hunt
 OF: Camp Lejeune

FROM: Jim Pruitt

NUMBER OF PAGES (INCLUDING THE COVER SHEET): 4 *Many*

Our fax number is (804) 398-7792. Please call (804)398-7781 if there are any problems with the transmission.

Thank you,
 The Boice Sleep Lab Staff

MESSAGES: _____

Patient Name: RONNIE KIMBLE -
 Test Date: 01/23/97

Staging Summary:

Recording start time :	21:40:23	Recording end time :	05:51:47
Analysis start time :	21:40:23	Analysis end time :	05:51:23
Total number of epochs :	982	Epoch size (sec) :	30
Total recording time (hr) :	8.2	Total sleep time (hr) :	7.7
Number of Awakenings :	16	Total wake time (hr) :	0.5
Sleep Efficiency (%) :	94.4	Sleep Maintenance Effic(%) :	97.8
Sleep onset latency (min) :	17.5	Stage REM latency (min) :	154.0

Oximetry Summary:

Total number of desaturations	47
Desaturation Index (/hr)	6
Basal O2 during sleep	95.9

Heart Rate Summary:

Basal heart rate during sleep (bpm)	61.9
Slowest heart rate (bpm)	45.5
Fastest heart rate (bpm)	128.6
Number of Bradycardic events	0
Number of Tachycardic events	0

Respiratory Summary:

	Total #	Min time	Max time	Mean	Total hrs
Apneas+Hypopneas	34	10	25	16	0.1
Apneas	27	10	25	16	0.1
Hypopneas	7	11	25	16	0.0

	REM	Non-REM	Sleep
Apneas	4	23	27
Hypopneas	4	3	7
Apneas+Hypopneas	8	26	34
% time in Apnea+Hypopnea	2	2	2
Apnea Index (/hr)	2	4	3
Apnea Arousal Index (/hr)	2	3	3

PLMs and Arousal Summary:

	Number of Movements	Index/hr
Sleep	14	1.8
Wake	0	0.0
Respiratory event related movements	3	
	Arousals	Possible Arousals
Number	234	0
Index (/hr)	30.3	0.0

REQUEST

FROM: (Requisition number or activity)

DATE OF REQUEST

Polysomnogram over Camp Lejeune - Neurology
 40 yr old male with excessive daytime sleepiness
 w/ episodes of uncontrollable sleep 1-2/
 any event while driving. Wife describes episodes of sleep
 apnea. He also has had hypnagogic hallucinations
 & cataplexy, sleep paralysis. Has had nocturnal polyuria
 at September 9/96 - 6/95
 R/O Narcolepsy, Obstructive Sleep Apnea

PHYSICIAN'S SIGNATURE

APPROVED

PLACE OF CONSULTATION

ROUTINE TODAY
 BEDSIDE ON CALL 72 HOURS EMERGENCY

E. W. Zander

E. W. ZANDER
 LT. MC. USMP
 88-8097
 NEUROLOGIST

CONSULTATION REPORT

PATIENT EXAMINED: YES NO

11/26/96 left message at work
 for patient to call.
 1 auto accident - falling asleep

appt Wednesday Jan 22 @ 2100.

(Continue on reverse side)

AUTHORITY AND TITLE		DATE	
JOL 910-451-4633			
IDENTIFICATION NO.	ORGANIZATION	REGISTER NO.	WARD NO.

CONSULTANT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

KIMBLE, RONALD
 201
 17 Jan 72
 AD/USMC/ACPL

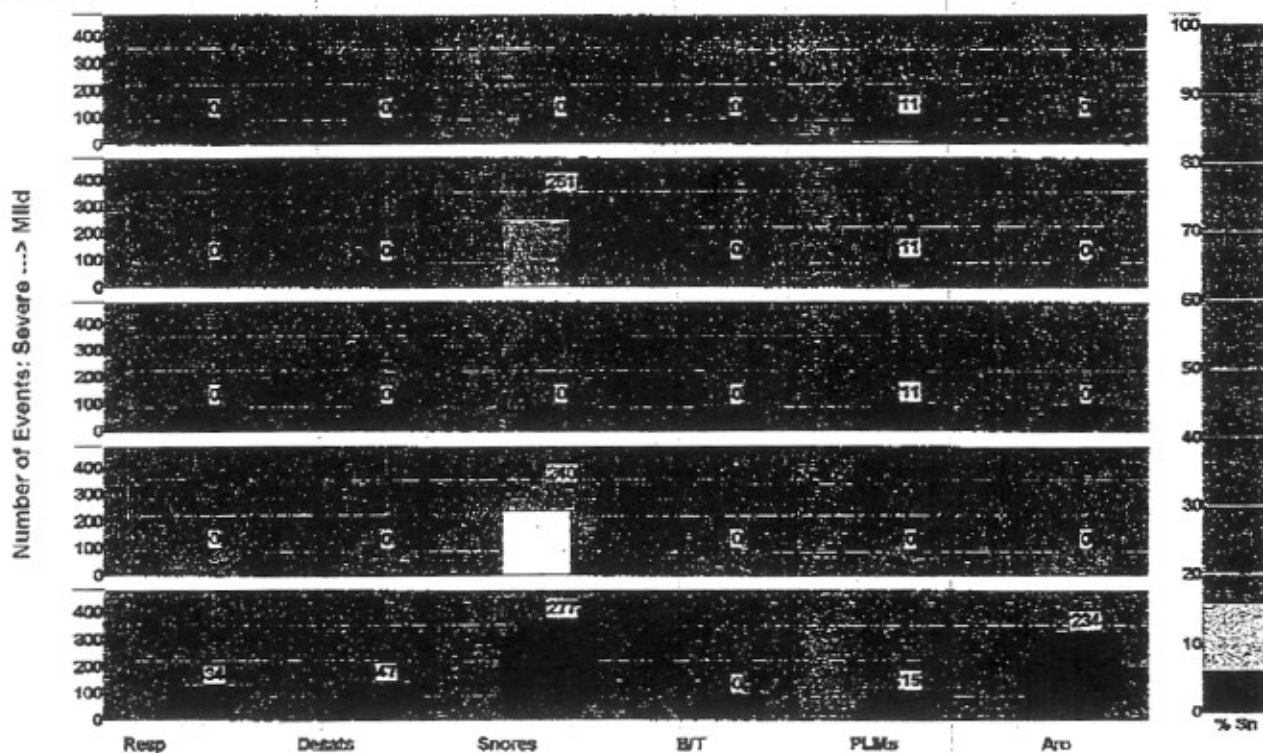
W: 910 451-3210
~~H: 910 697-2687~~
 non-published

5646

CONSULTATION SHEET
Medical Record

STANDARD FORM 613 REV. 6-82
 Prescribed by GSA, FPMR (41 CFR) 101-11.6
 1-910-697-0076

Boice Sleep Laboratory, Building One

KIMBLE, RONNIE L.
B970028 01/23/97

IMPRESSIONS

SNORES STRONGLY CORRELATE WITH RESP CHANGES AND AROUSALS
SOME DISORDERED BREATHING NOTED NOT MEETING SCORING CRITERIA

Apnea/Hypopnea Associated Desaturation Summary (including possibles)
Number of Respiratory events (number of associated desaturations)

Event duration	Apneas	Hypopneas	Apneas+Hypopneas
0 - 5	0 (0)	0 (0)	0 (0)
5 - 10	0 (0)	0 (0)	0 (0)
10 - 15	13 (10)	4 (3)	17 (13)
15 - 20	8 (6)	1 (1)	9 (7)
> 20	6 (6)	2 (0)	8 (6)
ALL	27 (22)	7 (4)	34 (26)

Sleep Disorders Laboratory
Naval Medical Center
Portsmouth, Virginia 23708

MULTIPLE SLEEP LATENCY TEST TECHNICIAN REPORT

Date: 1-23-97 Tech: BROWN/HOONETT

PATIENT INFO: Name: RIMBLE, RONNIE /Record No. X970829

Nap #1 Lights out 08:07:28 Lights on _____
0800 Pt fell asleep no yes Time 08:10:03
REM no yes Time _____

COMMENTS: _____

Nap #2 Lights out 1008 Lights on _____
1000 Pt fell asleep no yes Time 1018 (1023)
REM no yes Time _____ (1033)

COMMENTS: audible breathing (nasal)

Nap #3 Lights out 1207 Lights on _____
1200 Pt fell asleep no yes Time 1212 (12
REM no yes Time _____ 1234)

COMMENTS: audible breathing (nasal) - labored
tracheal

Nap #4 Lights out 1407 (1427) Lights on _____
1400 Pt fell asleep no yes Time 1424
REM no yes Time _____ (1241)

COMMENTS: st. sniffing (nasal drainage)

Nap #5 Lights out _____ Lights on _____
1400 Pt fell asleep no yes Time _____
REM no yes Time _____

COMMENTS: _____

NEUROLOGY CLINIC CZANDER, ERIC W 17 Mar 1997 0930 FU BAKA
REF: CMT: 14b
RSN:

BP: 115/64 PULSE: 68 RESP: 16 TEMP: 98.9 HT: 72" WT: 175

ADDITIONAL COMMENTS:

24 yo (R) H/O → hnd for flu of hypersomnolence
He states there have been no changes.
He has seen the allergist at
Portsmouth → no determined cause of
hypersomnolence 2° allergies.

going to bed 21-2200, awakening @
0630. He is still falling asleep 1/day.
Falls easily only 1/2 weeks difficulty
falling asleep. Running 15-30 mins/
one per week.
Dipping - 7 can / 3-4 days
E to H - φ

Has had no further episodes of sleeping
white driving.

ASB: Hypersomnolence - pt w/ &
Polysomnogram / MSLT's
which were normal

- Man: - Medical board
- Stop Tobacco use
- ↑ Exercise

E. W. CZANDER
LT. MC, USNR
68-8097
NEUROLOGIST

20/ KIMBLE, RONNIE LEE M11 H: 910-697-2557
17 Jan 1972 MALE W: 3210
Spon: KIMBLE, RONNIE LEE CIC: HBR
CS: Rank: CPL D: 3210
Unit: A COMPANY HQSPTBN RR: BLDG 15 - FILE

ALLERGY NMCP STOCK, MARGARET E

REF:

RSN:

APPT TIME:

BP: 112/57 PULSE: 71 RESP: 20 TEMP: 97.5 HT: 72 WT: 175 AGE: 25

CMT: cfg

10 Mar 1997 10:00 AM NEW BABA

OR30

Additional Comments:

He drove here. He says he is able to predict his episodes and pull off the road.

"I have a sleeping disorder"

"They don't know what kind"

"They want me to have Allergy tests"
"I used to do landscaping. If I had had allergies I'd be dead by now"
In the past 4 yrs he has uncontrollable hypersomnolence. Falls asleep maybe once a day

Sleeps all night at night. Not aware of restless or uncomfortable sleep. Not a snorer but "deep breather, like I'm fighting to get my breath"
Has had 2 sleep studies here.

Flt
⊕ Asthma mother
⊕ "sinus" father

MARGARET E. STOCK
CDR, MC, USN
293-82-8043

Recent septoplasty - nasal airway seems clear to him now.

Dr. who did his nose surgery just ~~prescribed~~ put him on Vancenase for his sinuses.

9:45 AM → He appears well.

ENT - somewhat poorer space ⊕ nostril mid tur RT = pale.

Neck ⊕
Chest - clear.

Stock
Allergist

Imp: It is extremely easy to determine his atopic status, but I would

Patient Education Given
Return 1 wk _ 2 wks _ 1 month _ 3 months _ 6 months _ 1 year _ other _

20/ KIMBLE, RONNIE M11
17 Jan 1972 MALE W: (910) 451-5646 H: (910) 697-0076
Spon: KIMBLE, RONNIE CIC:
CS: Rank: CPL D: (910) 451-5646
SF600 UNIT: qqtrs subbats 3RDMAR RR: LOCATION IN ANOTHER MTF

have to defer the interpretation of the slats vis-a-vis his medical problem.

I will say the results of the tests. He will provide



**BOICE SLEEP DISORDERS LABORATORY
 BLDG ONE, SUITE 101
 NAVAL MEDICAL CENTER, PORTSMOUTH
 PORTSMOUTH, VA 23708-2197**

FACSIMILE TRANSMISSION

Please deliver the following pages :

TO: Dr. De Beck

OF: Neurology - Camp Lejeune

FROM: Dr. Prutz

NUMBER OF PAGES (INCLUDING THE COVER SHEET): 4

Our fax number is (804) 398-7792. Please call (804)398-7781 if there are any problems with the transmission.

Thank you,
 The Boice Sleep Lab Staff

MESSAGES: _____

SLEEP DISORDERS LABORATORY
NAVAL MEDICAL CENTER
PORTSMOUTH, VIRGINIA 23708-5100

(804) 398-7781

POLYSOMNOGRAPHY REPORT

Date: 31 July 95

Patient: KIMBLE, Ronnie
SSN: 20/
Date of Study: 21 Jun 95

Referring Physician: Dr. DeBeck
Clinic: NEUROLOGY-Camp Lejeune
Ref: A950248 & X950250

Chief Complaint: "Daytime drowsiness."

Reason for Referral: Rule out Narcolepsy, Myoclonus.

Pre-study Data: The 23 year old man describes a history of excessive daytime sleepiness which he feels is independent of total sleep time. PLM's are suggested from history. No secondary symptoms of Narcolepsy. He has no significant medical problems listed. Medications: Sudafed.

Height: 72 inches Weight: 168 pounds

Psychometrics: The Beck Depression Inventory was normal.

Polysomnography Data: Overnight polysomnography was performed with EEG, EOG, EMG, EKG, respiratory effort, respiratory airflow, and pulse oximetry leads attached in standard fashion.

a. Sleep Quality. The subject went to bed at 2200 and arose at 0630, sleeping for 474 minutes out of 511 minutes in bed for a sleep efficiency of 93%. Sleep architecture was normal. Subjective assessment of sleep quality was "better than usual."

b. The technician noted the following: No snoring, hypopnea or Myoclonus. Some body movement was seen during slow-wave sleep, suggesting night terrors or sleep-walking.

c. Respiratory Events. There were no abnormal respiratory events. There were no events associated with oxygen desaturations below 90%. No unusual cardiac events.

d. A trial on nasal CPAP was not done.

e. Periodic leg movements. There were no PLM'S noted.

f. Multiple Sleep Latency Test (MSLT). An MSLT was performed the morning after his polysomnogram. This was normal. Over 5 naps, the mean sleep latency was 12.4 minutes (normal is greater than 10 minutes) with one REM sleep onset (normal is one or less).

Patient: KIMBLE, Ronnie
SSN: 20/
Date of Study: 21 Jun 95
Ref: A950248 & X950250

Impression:

1. Normal overnight polysomnogram.
2. No evidence of Pathologic Sleepiness or multiple REM sleep onsets on his MSLT.

Recommend:

1. Review sleep hygiene (handout).
2. Try to increase allotted sleep time by 1-2 hours per night.
3. Follow up with Neurology at Camp Lejeune.

These findings were sent to the referring physician on 8/3/95



Andrew K. Vaaler, LCDR, MC, USNR

Sleep Hygiene Guidelines

Time in Bed

A person should stay in bed for as long as sleep is needed but no longer. Most patients with insomnia tend to stay in bed too long; the result is shallow and fragmented sleep with many awakenings. Some behavioral treatments (see page 20) severely curtail the time allowed in bed.²⁶

Sleep-Wake Rhythm

Each day the internal oscillators that control the human circadian cycle must be synchronized with one another and "reset" to the rotation of the planet. For young persons, whose clocks are typically much slower than 24 hours, the most effective means of accomplishing these goals is to establish a regular wake-up time. In many elderly persons, with their often shorter than 24-hour clocks, a regular, somewhat delayed sleep-onset time is indicated to stretch the periodicity to 24 hours. The best way to maintain circadian cycling is to remain active and be exposed to bright light during the day, even after a night of poor sleep.²⁷

Trying to Sleep

The more one tries to sleep, the less one is able to do so. Relaxation and sleep are promoted by quiet activities, such as reading, watching television, or listening to music. Investigators disagree about whether such activities should be done in bed or away from the bedroom. Whether a patient should engage in reading or TV-watching in bed depends on whether that individual finds the activity stimulating or soporific.

Exercise or a Hot Bath

Regular exercise in late afternoon or early evening seems to promote sleep,²⁸ but the effects may evolve slowly (over weeks). Intermittent strenuous exercise has little effect on sleep.²⁹ Exercise initially increases body temperature, but a

rebound cooling 5 to 6 hours later seems to help sleep. Spending 20 minutes in a tub of hot water an hour or two before going to bed may have a similar effect.³⁰

Napping

Individuals must determine for themselves whether a nap helps them. Some patients with insomnia "pay" for each daytime nap with more sleeplessness during the following night, whereas others are considerably refreshed by a daytime nap and seem to fall asleep more easily during the subsequent night.

Bedroom Environment

Both extreme heat and extreme cold can disturb sleep. In nearly all studies, a quiet environment is more soporific than a noisy one; in fact, even after subjects had seemingly habituated to an intermittent noise (eg, living near an airport), an EEG revealed partial arousal whenever the noise occurred.³¹ When unavoidable, intermittent noises can be masked by background white noise, for example, from a fan or from an FM radio tuned between two stations. An illuminated bedroom clock can significantly contribute to anxiety when patients are unable to sleep.

Eating

A light bedtime snack, such as a glass of warm milk or cheese and crackers, can promote sleep.³² Some researchers think digestive hormones have a sedative effect.³³ Others believe that the tryptophan in the snack might be involved.

18 NOV 96
01435

Date: 20-Sep-96 Day: Friday SDS: X SDA: ROUT: Scheduled: X Emergency:
Hospital ID#: 150652 SSN:
Name(Last, First): KIMBLE, RONNIE Age: 24
AEAA: AEBA: ABAA: ACAA: ACBA: ABEA: ABGA: X ABKA: ABFA: AADA:
Preop DX: NSD/NASAL DEFORMITY
OP DX: SAA
OP Procedures: SEPTORHINOPLASTY

of Procedures: 1
Surgeon: KEYSER Assistant:
Anesthesia Technique Used: MAC WITH LOCAL
Anesthetist: SMITH Assistant:
RN: JONES RN Relief:
Technician 1st Assistant: HUNT
Technicians: CARTER Scrub Tech:
Patient Pick Up Time: 07:00
Anesthesia Start Time: 07:30
Surgery Start Time: 07:45
Surgery Stop Time: 10:40
Anesthesia Stop Time: 10:55
Total Room Time: 205 Total Surgery Time: 175 Total Patient Care Time: 235

Sponge: Needle: Count: RN Signature: JONES
Correct: X2: X3: Aborted: Discrepancy:
Items Involved: Surgeon Notified: X-ray Taken: MVR:
Pathology Tissue to Lab N: X Y: (Specimen):

Lab Specimens:

Drains None: X Foley/Size: Hemovac: Jackson/Pratt: Other:
Wound Class: 2
X-rays (N): X Portable: Imaging: CSR: 36323 Flash Sets:
Excessive Personnel N: X Y: Steris: Individual Inst:
Total Tourniquet Time(Minutes):
Room No: 4

MC/AD: X RET: DEP/AD: DEP/RET:
N/AD: RET: DEP/AD: DEP/RET:
A/AD: RET: DEP/AD: DEP/RET:
AF/AD: RET: DEP/AD: DEP/RET:
CG/AD: RET: DEP/AD: DEP/RET:
CIV HUM: OTHER:

Cesarean: Male: Female:
APGAR 1 min: APGAR 5 min: Pediatrician:
ID#:
Drugs Given:
Additional Remarks:

Implants:

SURGERY DATA COLLECTION WORKSHEET NHCLNC 6150/34 (3-94)

OUTPATIENT RECORD
COPY

MEDICAL RECORD

CONSULTATION SHEET

REQUEST

TO: ENT

FROM: (Requesting physician or activity) *MR*

DATE OF REQUEST 200416

REASON FOR REQUEST (Complaints and findings)

PAV 24yo ♂ HAS PROBLEM BREATHING THRU @ NOSTRIL PLEASE EVALUATE.

PROVISIONAL DIAGNOSIS

NARROW @ NOSTRIL

DOCTOR'S SIGNATURE

*G. T. BJORNSSON
CAPT MC USNR
047-42-9241*

APPROVED

PLACE OF CONSULTATION

ROUTINE TODAY
 BEDSIDE ON CALL 72 HOURS EMERGENCY

CONSULTATION REPORT

RECORD REVIEWED YES NO

PATIENT EXAMINED YES NO

DATE: *130496*
APPT. TIME: *0557*
TIME ARRIVED: *1015*
PROVIDER: *KIMBLE*
ENT CLINIC NRM/C/CLNC

*31 May 96
0915
1034196
1045/CLNC*
*N 24yo W ♂ @ nose
dyspnea. No nasal trauma,
Nx intermittent ~~nasal~~ nasal congestion,
PMH/ hypersomnolence syndrome? w/ per
neurology*

*By UD, WU, W ♂
NOSE - NSD @ ~~nasal~~ caudal septal show @
oculop. mucosa clear
Imp: NSD @ nasal dyspnea
PMH - Will await final result of sleep eval*

(Continue on reverse side)

SIGNATURE AND TITLE

*- PMH per neurology w/u.
- will need septoplasty*

DATE

IDENTIFICATION NO.

ORGANIZATION

REGISTER NO.

*TKM
490722225*

WARD NO.

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

*KIMBLE, ROBERT L
207*

CONSULTATION SHEET
Medical Record

ICDA S. 24.410 in for referral to urology. ~~ICDA~~

0

wife beginning eval for infertility p 1 year of unsuccessful attempts to become pregnant. Her doctor request he get a sperm count as a first step.

9

A. infertility work up.

B. order sperm count.

K. G. Nanney PA-C

K.G. NANNEY PA-C
GS-11 230-66-2790

patient/Responsible other:
instructed on:

verbalizes an understanding of instructions given
Yes No

teaching standards given to patient: Yes No
Provider

.....
K. G. NANNEY PA-C
17 Jan 1972
.....

MEDICAL RECORD

CONSULTATION SHEET

REQUEST

TO: *neurology Seymour Johnson AFB* FROM: (Requesting physician or activity) *BAS 3/2* DATE OF REQUEST *7 Apr 95*

REASON FOR REQUEST (Complaints and findings)

SUM TTD TO YOUR AREA DUE TO FAMILY PROBLEMS. Sx Suggestive of Narcolepsy or Absence Seizures. requires w/u prior to return to duty.

PROVISIONAL DIAGNOSIS

Narcolepsy vs. Absence S2.

DOCTOR'S SIGNATURE

APPROVED

PLACE OF CONSULTATION

ROUTINE TODAY
 BEDSIDE ON CALL 72 HOURS EMERGENCY

CONSULTATION REPORT

RECORD REVIEWED YES NO

PATIENT EXAMINED YES NO

(Continue on reverse side)

SIGNATURE AND TITLE			DATE
IDENTIFICATION NO.	ORGANIZATION	REGISTER NO.	WARD NO.

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

Kimble Ronnie
AD USMC Capt
ed
K2IC0 3968

DOB: 17 Jan 72
USA
male

home # 3126
work # 3868

CONSULTATION SHEET
 Medical Record

MEDICAL RECORD

CONSULTATION SHEET

REQUEST

TO: *Nemo* FROM: (Requesting physician or activity) *DM* DATE OF REQUEST *4/3/98*

REASON FOR REQUEST (Complaints and findings) *23yo @ 19yo lifelong an exhaustion, daytime fatigue (pos. c/w OSA) but also falls asleep while reading! @ MVA: falling asleep while driving @ 19yo pt 6', 175# and prolonged anatomy.*

PROVISIONAL DIAGNOSIS *? narcolepsy, abnormal?* *+2181*

DOCTOR'S SIGNATURE *[Signature]* APPROVED **A. BONACQUISTI** PLACE OF CONSULTATION ROUTINE TODAY BEDSIDE ON CALL 72 HOURS EMERGENCY

RECORD REVIEWED YES NO PATIENT EXAMINED YES NO *Reviewed: 03 APR 95 NR Sherman*

Confirmed Hypert 1330 20 Apr 95
At times 5yr+ Hx of some tendency to daytime sleepiness & he's unaware of any change; he thinks this is independent of TST at night. When he naps on the day he doesn't recall dreaming. When driving (trips) he will stop briefly. At has PMH of falling asleep x1 driving 4 years ago. No Hx sleep analysis. H. halluc. and no Hx of cataplexy. At snores when sleeps on back, also pt has Hx of kicking wife in sleep; occ sitting up for which he has no recall (incl. if engaged in conversation). At has occ tension HA & 4 syncopal episodes he related to stress PMH of febrile SZ as child. No other significant neuro. SX. occ. SE. hand tremor (esp after working long day).

EXAM - alert & usual station, gait speed. CN-III motor - trac tremor. Olfact on either wing. RH pt. sens / cerebellar etc. Reflexes symmetrical.

Imp -> excessive daytime sleepiness & possible periodic limb movements. Doubt narcolepsy. No positional apnea

IDENTIFICATION NO. ORGANIZATION REGISTERED NO. WARD NO.

Dep A schedule for MSLT after PSG (valh at)
2) Physical exam by neurologist & return in 2 weeks. (PMH)
Kimble Runia 17 Jun 72
201 usmc/AD/UCPL EW Ph 3768
3/2 100 3rd plt CH 3736

DE BECK, TW, NEUROLOGIST
CDR, MC, USNR
217-34-0988
NAWOSP CAMP LEJEUNE

[Signature]

U.S. GPO: 1994-307-955
CONSULTATION SHEET
Medical Record
STANDARD FORM 513 (REV. 8-92)
Prescribed by GSA/ICMR, FIRM (41 CFR) 201-9.202-1

MEDICAL RECORD

CONSULTATION SHEET

REQUEST

TO: ENT FROM: (Requesting physician or activity) 3/2 DATE OF REQUEST 14 Feb 75

REASON FOR REQUEST (Complaints and findings)

Daytime Drowsiness, wakes up during night (wife sometimes wakes him due to snoring). Chronic ↓ nasal passage air flow. From Hx of Airway related sleep apnea in father + brother. please eval for sleep apnea.

PROVISIONAL DIAGNOSIS

Sleep Apnea due to Airway Anatomy.

DOCTOR'S SIGNATURE: JM JAMES M. MICK, LT, MC, USNR, 2AA 286-72-2704
 APPROVED: _____ PLACE OF CONSULTATION: ROUTINE TODAY BEDSIDE ON CALL 72 HOURS EMERGENCY

CONSULTATION REPORT

RECORD REVIEWED YES NO

PATIENT EXAMINED YES NO

TE: 03 APR 75
 TIME: 0930
 HE ARRIVED: 0905
Bonacquisti
 CLINIC: _____
 AC/CLNC: _____

23yD
 3 APR 75 0930 Dr B.
 legs 4-8° (L8° x 2/pkts).
 AM exhaustion
 daytime hypersomnolence
 fell asleep driving to/from work - pt has totaled a truck running N the road - 3y ago
 AM VAs
 had snorer.
 pt has fallen asleep while marching 9/93-nemo @ vid but not done.
 Sm, slight for morning, have been present his whole life.

DMH ⊕
 DSA ⊕
 Ig B
 M-
 SA tok kcal/day to
 every 2 glasses @ 2 meals.
 ROS - wt 175#
 ht 6'0"

find PE - no slows.
 NRO clear
 NRO al about pulmonary tonsil 12-2003; Class I.
 VAs - al in the

(Continue on reverse side)

no snoring 2 OSA
 ② Ac above suggests nasopharynx

NAME AND TITLE: _____ DATE: _____
 IDENTIFICATION NO. ORGANIZATION REGISTER NO. WARD NO.

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

Simple Ronnie L.
 of
 USMC/AD/Copt
 1/2 I CO. 3rd pt
 pl: 3968
 Male
 DOB: 17 Jan 72

wt 3948/2136
~~3936~~

OSA
 PII ① pt advised not to drive about op. make it
 Medical Record
 STANDARD FORM 513 (REV. 8-64) U.S. GPO: 1964-367-955
 ② ③ Name - P " .

will probably need sleep study →

MEDICAL RECORD

CONSULTATION SHEET

REQUEST

ENT

FROM: (Requesting physician or activity)

3/2

DATE OF REQUEST

14 Feb 75

REASON FOR REQUEST (Complaints and findings)

Daytime Drowsiness, wakes up during night (wife sometimes takes him due to snoring). Chronic ↓ nasal passage air flow. From Hx of Airway related sleep apnea in father + brother. please eval for sleep apnea.

VISIONAL DIAGNOSIS

Sleep apnea due to airway anatomy.

CTOR'S SIGNATURE

JAMES M. MICK
LT, MC, USNR
2AA 286-72-2704

APPROVED

PLACE OF CONSULTATION

ROUTINE TODAY
 BEDSIDE ON CALL 72 HOURS EMERGENCY

CONSULTATION REPORT

RECORD REVIEWED YES NO

PATIENT EXAMINED YES NO

DATE: 03 APR 75

TIME: 0930

ARRIVED: 0905

BY: Bonacquisti

CLINIC: MC/CLNC

23yD
legs 4-8° (LB x 2/mb)

3 Apr 75
0930 Dr B.

- ⊗ An explanation
- ⊗ daytime hypersomnolence
- ⊗ falls asleep driving to/from work - pt has totaled a truck
- ⊗ AM VAs running N of road - 3y ago
- ⊗ head snoring.
- * pt has fallen asleep while marching 9193-nemo @ road but not done
- Sm, absent for morning, have been present his whole life.

PMH ⊕
DHA ⊕
Hx ⊕
Mx ⊕
SA - tot kcal/day to
EOM. 2 glasses @ 2 meals.
ROS - w/175#
LA 6'0"

found PE - no slows.
NROcks
NRO oil short p/abty toward H-200m; Clom,
H2O nl incl rvc

(Continue on reverse side)

SIGNATURE AND TITLE

Dr B. morning 2 OSA

DATE

⊗ Dr above suggests nasal surgery, absence of etc need to be

IDENTIFICATION NO.

ORGANIZATION

REGISTER NO.

WARD NO.

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

Kimble Ronnie L.

20/

USMC/AD/Co1

3/2 I Co. 3rd pt

PL: 3968

Male

DOB: 17 Jan 72

W# 3948/2136

~~#39316~~

will probably need sleep study →

mal 5/ before

OSA

Pl ① pt advised sent

Medical Record

STANDARD FORM 513 (REV. 8-64)

② ⊗ New

P "

DATE /TIME

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (SIGN EACH ENTRY)

27JUN94/1845

USS AUSTIN LPD-4

Malaria Chemoprophylaxis Questionnaire

- 1) Have you ever been in a malaria endemic area? Y N
- 2) Have you ever been on chemoprophylaxis before? Y N
- 3) Did you ever have any side effects from the antimalarial? Y N
- 4) Do you have Sick Cell Trait or are you G6PD deficient? Y N
- 5) Do you have a nervous condition or psychiatric problems? Y N

Chemoprophylaxis initiated this date: ENTERED Somalia operation area

Agent: ~~LARTAM~~ Mefloquine

Dosage: 250mg

Departure date: 27JUN94

Terminal prophylaxis initiated on: 25 Jul 94

Agent: N/A PT did not go ashore

Dosage: N/A

Terminate: N/A

In accordance with current Navy Medical Department Guide to Malaria Prevention and Control and NEPMU Guidelines, you have been placed on the Malaria Prophylaxis Program.

The side affects have been described to me and I understand the procedures of the program.

X Rennie L Kimble

Patient signature

PATIENT'S IDENTIFICATION (USE THIS SPACE FOR MECHANICAL IMPRINT)

PATIENT'S NAME (LAST, FIRST, MIDDLE INITIAL)

SEX

X Kimble, Rennie L.

MALE

YEAR OF BIRTH | RELATIONSHIP TO SPONSOR | COMPONENT/STATUS | DEPART/SERVICE

X 1/17/72

N/A

Active Duty

DOD/USMC

SPONSOR'S NAME

N/A

RANK/GRADE

X Ltjg

SSN/IDENTIFICATION NO

201

ORGANIZATION

1- BLT 3/2 / CO.

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
01 JUN 84 T-98.6 P 72 @ meals R 20 BP 102/56 NKA	BAS 3d Battalion, 2d Marines, 2d MarDiv, FMF, 26 MEU, LPD-4 USS Austin MESS-PHYSICAL INTERVIEW FOR MESS COOK/DUTY
YES/NO	1. Have you ever been: a. Treated for any STD within the last 30 days or present being evaluated for possible STD exposure (Yes-explain)
YES/NO	b. Treated for diarrhea within the past two weeks?
YES/NO	c. Treated for intestinal parasites within the last six months?
YES/NO	d. Exposed or treated for hepatitis?
YES/NO	e. Treated for flu, cold, or any URI within the last 30 days?
YES/NO	f. Exposed to or treated for tuberculosis? Last PPD: 23 Feb 94 Results 2000 mm
YES/NO	g. Treated for severe acne/rash? Any open lesions in hand, face, neck, arms?
YES/NO	h. Exposed to any other communicable diseases?
MEDS φ NKA	2. Member is qualified for mess duty. <u>Joe Kenneth Gaines Jr</u> (HM signature) <u>Joe Kenneth Gaines Jr</u> (HM print name) <u>251 37 6406</u> (HM SSN)
	3. Or member is temporarily disqualified for mess cook/duty and can be reevaluated in 30 days. _____ (HM signature) _____ (HM printed name) _____ (HM SSN)

Handwritten signature and stamp:
K.K. Butler
170-58-0743
HM USN

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS MAINTAINED AT:	3/2 BAS USS Austin LPD 4		
PATIENT'S NAME (Last, First, Middle initial)	Kimble, Ronnie L.		SEX: Male
RELATIONSHIP TO SPONSOR	STATUS: ADuty	RANK/GRADE: LCPL	
SPONSOR'S NAME	INDIA		BLT 3b
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	
DOD/usmc	201	17 Jan 72	

CAMP BELLEVILLE BRANCH CLINIC
 124 74 PULSE: 72 RR: 16 TEMP: 99.2
 RINGWORM, ATHLETE'S FOOT, RASH ON BUTTOCKS

ALLERGIC TO: NKDA
 MEOS: 8

PATIENT/RESPONSIBLE OTHER: _____
 INSTRUCTED ON _____
 AND VERBALIZES UNDERSTANDING. COPY OF
 TEACHING STANDARD GIVEN TO PATIENT. YES _____ NO _____
 PROVIDER _____ DATE _____

S - 21 YO ♂ in S/c for c/o possible ringworm, athlete's and rash on buttocks. Pt. denies any history of skin disease. Pt. states he has had a history of ringworm on buttocks, arms, & back. Pt. states he was taking Lotrimin cream.

- O - WD, WU, WM, VSS, NAD
- ⊕ scaly spots on buttocks, right hand.
- erythematous border on right wrist
- *Tinea pedis* & erythema ^{to} bilateral feet.
- small open blister to bilateral feet under toes
- white spot to right side of face.

A - *Tinea pedis*
 - *Tinea corporis*

- P - 1) Give Monastatderm BID x 3 wks 1 refill
- 2) instructed pt. on personal hygiene in/out field
- 3) instructed pt. how to apply meds. & to return if symptoms recur.

R. MICHELLI
 PA
 499 70 9494

Sajid M. Fakhreddin
 HA Sajid M. Fakhreddin
 054601496

CLINICAL REPORT KIMBLE, RONNIE
 17 Jan 1972 Male
 Spouse: KIMBLE, RONNIE
 Unit: 3495, ALFA 11, 17B
 CAMP BELLEVILLE BRANCH CLINIC

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
DATE: <u>10 Feb 97</u>	
APPT. TIME: <u>1330</u>	
TIME ARRIVED: <u>1325</u>	
PROVIDER: <u>Keyser</u>	
ENT CLINIC <u>NRMC/CLNC</u>	

Pt eval by Neurology for somnolence. Asked by sleep lab to have ENT P/U. Report by phone today of study 3 wks ago → AFI=4. Notes completed.

Noise - septum 1, no mass
 - down slight
 - main well held.

A - Chronic rhinitis
 2) Hypersomnolence - no OSA
 P - Vascular 2-3 times/chr
 F/U 3-4 mos

J.B. KEYSER
 LCDR MC USNR
 ENTOLARYNGOLOGY

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS MAINTAINED AT: <u>5 mos SIP</u>	PATIENT'S NAME (Last, First, Middle Initial) <u>Kimble, Ronnie J.</u>		SEX <u>M</u>
RELATIONSHIP TO SPONSOR <u>Self</u>	STATUS <u>AD</u>	RANK/GRADE <u>LCPL</u>	
SPONSOR'S NAME <u>Na</u>		ORGANIZATION <u>3D BN 2nd MA</u>	
DEPART./SERVICE <u>25MC</u>	SSN/IDENTIFICATION NO. <u>201</u>	DATE OF BIRTH	

PATIENT VERBALIZES UNDERSTANDING OF INSTRUCTIONS.
 SIGNATURE Ronnie J Kimble

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
DATE: 18 Nov 94	
APPT. TIME: 1435	
TIME ARRIVED: 1415	
PROVIDER: Keyser	
ENT CLINIC NRM/CLNC	FLU Septorhinoplasty
	Pleural - res - 1h
	Breathy intake
	PE - Good symmetry
	Sept L
	A - Donnell
	D. Debs 2h
	M. Gans

[Handwritten Signature]

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS MAINTAINED AT: 2 mos post op	
PATIENT'S NAME (Last, First, Middle initial): Kimble, Bonnie	
RELATIONSHIP TO SPONSOR: self	STATUS: AD
SPONSOR'S NAME: WA	ORGANIZATION:
DEPART./SERVICE: 2smc	SSN/IDENTIFICATION NO.: 201
DATE OF BIRTH:	

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE: 10 Sep 96
 SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
 APT. TIME: 0730 WJ
 TIME ARRIVED: 0805
 PROVIDER: Keyser
 CLINIC: NRM/CLNC

PM - op Septoplasty - pt
 dx: (R) vocal dysphonia

PO - dorsal bow + cartilage dev to
 (R) bowled cartilage
 (R) cartil cartilage dev to (R)
 larynx (R) inf larynx.
 will dorsal bump
 NLA 90° NFA 135°
 lip narrow but dev to (C)
 skin mod.

A/P. - pt to consider septorhinoplasty
 will check eyes to 9/20
 new mod -

[Signature]
 U.S. KEYSER
 LCDR MC USNR
 OTOLARYNGOLOGY

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS MAINTAINED AT:	U.S. KEYSER LCDR MC USNR OTOLARYNGOLOGY		
PATIENT'S NAME (Last, First, Middle initial)	SEX	Kimble, Rosanne Male	
RELATIONSHIP TO SPONSOR	STATUS	RAO RANK/GRADE LCPL	
SPONSOR'S NAME	ORGANIZATION	MCB	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	
USMC	201	17 Jun 72	

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

DATE: 29 SEP 90

LAST NAME: 0615

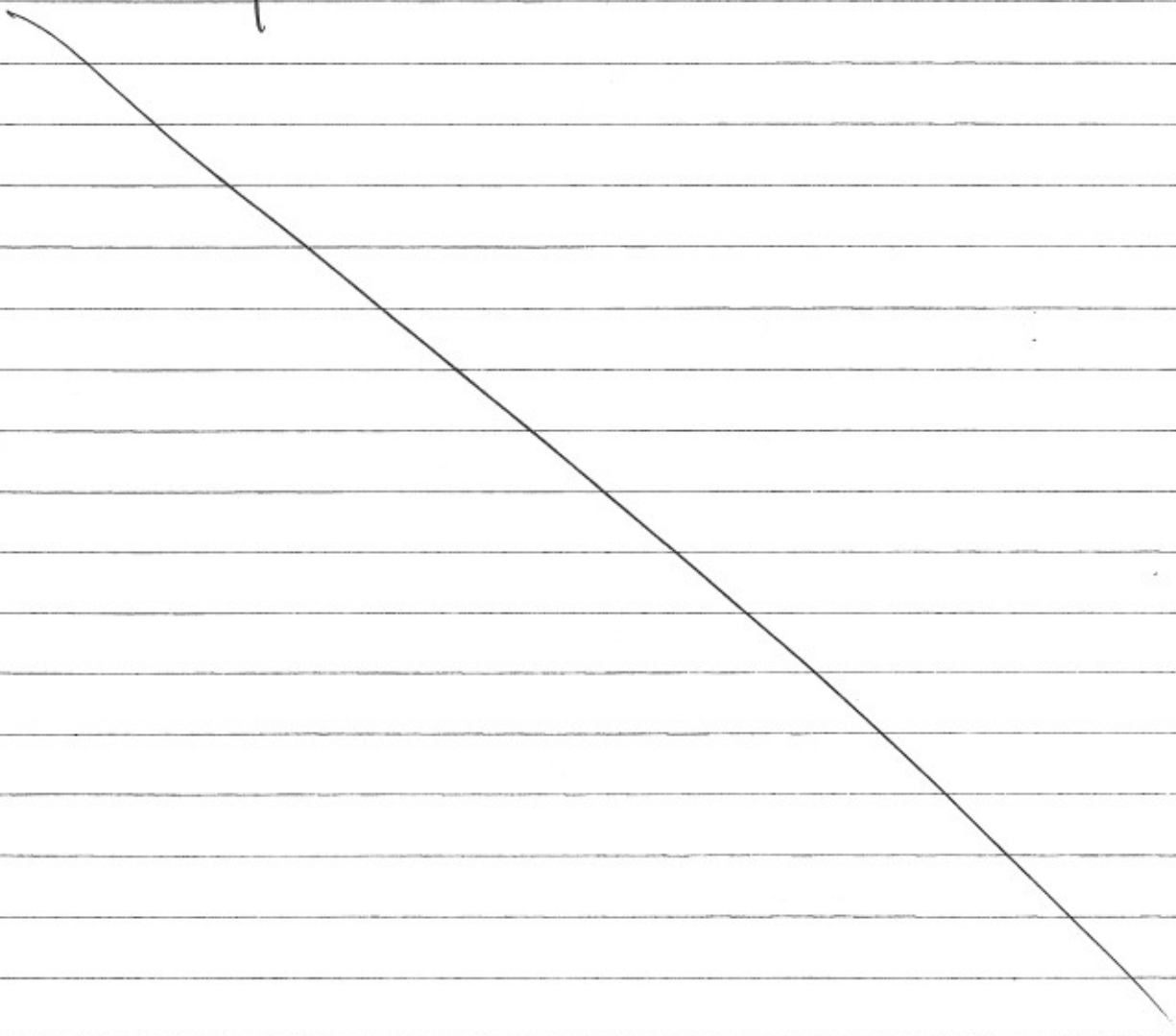
TIME / DRIVED: 0900

LOCATION: KENSIC

UNIT: 101170

PH-1

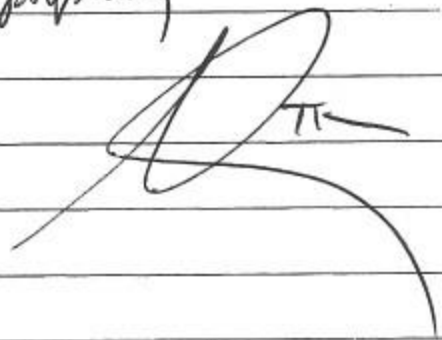
7547



HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
<p>DATE: <u>8/6/96</u> REPORT TIME: <u>0815</u> ARRIVED: <u>0815</u> FROM: <u>George</u> CLINIC NRMC/CLINIC</p>	<p>By here for Fh NSD and recent w/u by neurology regarding hypersomnolence syndrome. Patient now on Zoloff.</p>
	<p>Rx: <u>NSD</u> - mmsa healthy, NSD = (R) caudal septal show.</p>
	<p><u>Imp NSD</u> <u>PWN</u>, will need septoplasty</p>
	<p>N# 910-697-2687 PAGER PAGER 1-800-412-6666 W# 451-3210</p>



PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS MAINTAINED AT:		SEX	
PATIENT'S NAME (Last, First, Middle initial)		M	
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	
Self	AD	LCPL	
SPONSOR'S NAME		ORGANIZATION	
		3D BN 2nd Mar	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	
usmc	201	17 Jan 78	

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
01 Apr 96 Allg: NKDA Meds: Advil B/P 10/70 P- 80 R- 16 T- (004)	S: 24 y/o male to clinic for fever, sore throat, sinus pressure. 4H3 clips Pt complaining of sinus pressure and pain in face and sore throat since last Thursday. He denies any other sx's at this time. O - Ears - no ext canals, rmo to no landmarks Nose - very clear Sinus - percussed mild tenderness to max sinuses Throat - mod erythema to posterior pharyngeal wall & mild post nasal drip, no exudate noted No lymphadenopathy noted Neck - supple. Full R/L Lungs - clear to A & P Bilat, no rales, rhonch, wheals A - 1. Sinusitis 2. Pharyngitis vs Strep P 1. Septtra DS #20 $\dot{\bar{i}}$ tab p.o. BID F10 2. Tylenol 325 mg #30 $\dot{\bar{i}}$ tabs p.o. q 4h prn 3. Sudafed 60 mg #21 $\dot{\bar{i}}$ tabs p.o. tid F7 4. Rinse Mouth 5. 3-14 24hrs, pt to recheck next am. 6. Pt to return to clinic as needed if worse at after. 7. Throat Culture <div style="text-align: right;"> R.G. [Signature] R.G. METER HM IDC 15619851 </div>

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)
 • Patient/Responsible other:
 • Instructed on: 24 pleu [Signature]
 • Verbalizes an understanding of instructions given
 Yes No
 • Teaching standards given to patient: Yes No
 • Provider: [Signature]

RECORDS MAINTAINED AT:		BRANCH MEDICAL CLINIC, BLDG 15 NAVHOSP CAMP LEJ. NC 28542-5008	
PATIENT'S NAME (Last, First, Middle initial)		SEX	
Kemble, Ronnie L		Male	
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	
	AD	Epl/E-3	
SPONSOR'S NAME		ORGANIZATION	
		Base Chaplains	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	
DOD/USMC	201	72 Jan 17	

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT	TREATING ORGANIZATION (Sign each entry)
26 JUL 1995 27 JUL 1995	% Blood tests for Hypo Glycemia	<i>[Signature]</i>
BP-129/68	S: Hasnt had blood drawn yet	
P-62	Heart Chit	
R-18	P: Lab ordered:	
T-96.6	Chem 7 - OK	
NKPA	Cbc OK	
Omells	TTI pending	
	RTO p lab results.	
	<i>[Signature]</i>	

S. L. WOODRUFF
CDR, USNR, ANP
270-50-8056

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

• Patient/Responsible other:
Instructed on:
Verbalizes an understanding of instructions given
Yes No
Teaching standards given to patient: Yes No
Provider

RECORDS MAINTAINED AT:	BRANCH MEDICAL CLINIC, BLDG 15 NAVHOSP CAMLEJ NC 28542-5006		
PATIENT'S NAME (Last, First, Middle, Initial)	Kimble, Ronnie L	SEX	Male
RELATIONSHIP TO SPONSOR		STATUS	Active Patient
SPONSOR'S NAME		ORGANIZATION	HQ SPT BN ACo
DEPART./SERVICE	USMC	SSN/IDENTIFICATION NO.	
		DATE OF BIRTH	1-17-72

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
26 Jul 95	Pt in for CBC and Glucose test
All: NKDA	request _____ M. Fleet J.
Meds: X	Request consult for sleep disorder, seen
BP 134/66	at Postsmoth, Va Jun 95 — M. Fleet J.
P 66	S: Seen @ P. mouth for visits for
T 99.3	sleep disorder ~ needs PM & Dr. Beck.
R 20	C/O excessive sleepiness, xfw.
FH - DM -	Has episodes light headedness ~ occasion-
	ally, feels better & intake sugar.
	O: w@t in NAD, VSTO, looks well, AFO.
	HEENT: no nodes, supple; sinus NT,
	ears, nose, pharynx nl; thyroid uncl.
	lungs CTA CO151-52. RLR, no w
	abd - BSA, soft, NT, GCAT/mig nodes.
	DTR's ankles 2+1=.
	A: Sleepiness
	Light headedness - ? cause.
	P: uppt made @ Dr. Beck, 1m clinic
	1300 27 July
	CBC, T-T, SMA7
	RTC 2 day - v labs.
	S.W. Woodruff

S. L. WOODRUFF
CDR, USNR, ANR

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

- Patient/Responsible other: _____
- Instructed on: above
- Verbalizes an understanding of instructions given: Yes No
- Teaching standards given to patient: Yes No
- Provider: [Signature]

RECORDS MAINTAINED AT: BRANCH MEDICAL CLINIC, BLDG 15 NAVHOSP, CAMLEJ, NC 28542-5008	
PATIENT'S NAME (Last, First, Middle Initial)	SEX
<u>Kimble, Ronnie</u>	<u>Male</u>
RELATIONSHIP TO SPONSOR	RANK/GRADE
_____	<u>LCpl</u>
STATUS	ORGANIZATION
<u>Active Duty</u>	<u>A-Co. MCBHQ</u>
SPONSOR'S NAME	DATE OF BIRTH
_____	<u>17 Jun 72</u>
DEPART./SERVICE	SSN/IDENTIFICATION NO.
<u>DDM/USMC</u>	<u>20/</u>

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION <i>(Sign each entry)</i>
14 JUL 1995	HADNOT POINT BRANCH MEDICAL CLINIC, NAVAL HOSPITAL, CAMP LEJELNE, NC 28547-0100
	HEALTH RECORD VERIFICATION PERFORMED IN ACCORDANCE WITH NAVMED P-117.
	Age of patient: 25 NOBC/MOS: Occasion: <u>Check-in</u> Check-out PE Annual
<input checked="" type="checkbox"/> N	Y PRP (Personnel Reliability Program)
	YES NAVMED 6150/20, Problem Summary. G6PD, SCT, and ABO test results entered/absent/ordered.
<input checked="" type="checkbox"/> N	Y G6PD ABNORMAL (deficient). "X" after "Sensitivities" in "Alert" Box on jacket front.
	Documentation of participation in educational program present/absent.
<input checked="" type="checkbox"/> N	Y SCT POSITIVE. Documentation of participation in educational program present/absent.
<input checked="" type="checkbox"/> N	Y Allergy documented. Medical Warning Tag issued/ordered. "X" after "Allergies"
	in "Alert" Box on jacket front. (circle if none) <u>NKDA</u>
YES	SF 601, Immunization Record. Deficiencies circled below.
	: Tetanus : Typhoid I 2 B : Yellow Fever : Polio : MMR 1 2 : HBV 1 2 3 : Influenza : PPD :
<input checked="" type="checkbox"/> N	Y PPD Converter. NAVMED 6224/1, TB Contact/Tuberculin Reactor Follow-up:
YES	NAVMED 6000/2, Chronological Record of HIV Testing. HIV within last 12 months: <u>20 JAN 95</u>
N	<input checked="" type="checkbox"/> SF 88, Record of Medical Examination. (enter last date below)
	Entry: <u>27 JAN 95</u> (Entry-49) Q5: (50-59) Q2: (60) Q1: (50) Q1:
<input checked="" type="checkbox"/> N	Y Female. Annual PAP: Mammogram - 35,40,43,46,49: (50) Q1:
<input checked="" type="checkbox"/> N	Y Corrective lenses. Exam within last 24 months:
<input checked="" type="checkbox"/> N	Y Over age 40. Tonometry within last 24 months:
N	<input checked="" type="checkbox"/> DD 2215, Reference Audiogram. Audiogram within last 60 months: <u>09 APRIL 95</u>
YES	Asbestos Medical Surveillance Questionnaire, patient signature present/absent.
YES	NAVMED 6150/4, Abstract of Service and Medical History.
YES	DD 2005, Privacy Act Statement - Health Care Records, patient signature present/absent.
YES	OPNAV 5211/9, Record Of Disclosure - Privacy Act of 1974.
YES	Forms in proper order.
YES	Jacket serviceable.
YES	Inside jacket front leaf completed (in pencil).
YES	Current year of verification blackened on jacket front.

DEFICIENCIES NOTED: NONE NOTED. PHS 731 TO SUM.

LATE ENTRY: HEP B #2

Record Screened by: [Signature]

MEMBER ACKNOWLEDGMENT

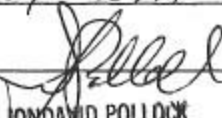
I have been instructed on the importance of immediately correcting any deficiency. I have been informed that military treatment records and their contents are the property of the Federal Government and the practice of patients maintaining custody of health care treatment records is prohibited. I understand I may charge the record out from file for periods not to exceed five (5) workdays.

Date: 95 07 14 Signature of Service Member: Ronnie L. Kimble

PATIENT'S IDENTIFICATION <i>(Use this space for Mechanical Imprint)</i>		RECORDS MAINTAINED AT: <u>HADNOT POINT BRANCH MEDICAL CLINIC, BLDG 15</u>
PATIENT'S NAME <i>(Last, First, Middle Initial)</i> <u>KIMBLE RONNIE L.</u>		SEX: <u>M</u>
RELATIONSHIP TO SPONSOR <u>SELF</u>	STATUS <u>ACTIVE DUTY</u>	RANK/GRADE <u>LCPL</u>
SPONSOR'S NAME <u>SAME AS ABOVE</u>		ORGANIZATION <u>HQ&SPT BN MCB CLNO</u>
DEPART./SERVICE <u>DOD/US MC</u>	SSN/IDENTIFICATION NO. <u>2011</u>	DATE OF BIRTH <u>17 JAN 77</u>

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
11 April 94 13:39	S) 22yo ♂ for Mess PE Pt Denies UCI's, GI Disturbances, Eye infection, Nail biting, & Hx of heat Related injuries Last PPD 13 FEB 94 Dental Class O) @ Skin infection, has open wound on his right index finger, @ wounds or lacerations on hands/FACE A) Mess PE Fail 2° finger wound P) unfit for Mess duty
	Hm 3 HANEY D.A  JON DAVID POLLOCK LT MC USNR 217-48-1746
	<p style="text-align: center;">NO FURTHER ENTRY NFE</p>

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS MAINTAINED AT: 3/2 BLT India USS Austin LPD 4	
PATIENT'S NAME (Last, First, Middle Initial): Kimble, Bonnie L	
RELATIONSHIP TO SPONSOR: A	STATUS: Active AD duty
SPONSOR'S NAME: A	ORGANIZATION: India
DEPART./SERVICE: PDD/UMC	SSN/IDENTIFICATION NO.: 20/
	DATE OF BIRTH: 17 JAN 72
	SEX: male
	RANK/GRADE: PFC

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

25 May 93

PI BMC

meos: \emptyset ALL: \emptyset

T 98.9

S) 2 1/2 \emptyset PAIN to (R) SHIN & KNEE. PAIN IN KNEE HAS BEEN SINCE PT ARRIVED AT

R 18

PI (R) SHIN PAIN SINCE 3 day ago. PT

P 68

STATES he hit his ^{SHIN} KNEE ON LOCKER...

B/P 98/62

Training days:

Continues to c/o Bilat knee pain

3rd phase

Mainly inflexible when sitting, standing and running.

Abt note: men. Tenderness over patella Tenderness Full ROM. No effusion. No crepitus.

-Op: Patella Tendinitis - mild
plan: - reduce 2.5 \emptyset to 1.5 \emptyset
: Rest pain.

[Signature]

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS MAINTAINED AT:

MCRD

PATIENT'S NAME (Last, First, Middle Initial)

Kimble RONNIE L

SEX

MALE

RELATIONSHIP TO SPONSOR

N/A

STATUS

Active URT acty

RANK/GRADE

PVT

SPONSOR'S NAME

N/A

ORGANIZATION

PLT 2061

DEPART./SERVICE/IDENTIFICATION NO.

USMC 90/

DATE OF BIRTH

17 JAN 72

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
FIMR (41 CFR) 201-45 505

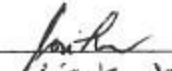

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)	
30 APR 93	BMC, MCRD, PARRIS ISLAND, SC	ALLERGIES: \emptyset
TEMP: 99.2	RECRUIT SICK CALL	MEDS: \emptyset
PULS: 68	TYLENOL, SUDAGED AFIRIN	
RESP: 16	Z1 y/o \emptyset c F/O SORE THROAT, ALSO c %	
B/P: 118/72	PAIN TO (R) KNEE X 2 DAYS	
	Sore throat day 14x of sore throat	
	No cough.	
	Occasional episode of intercostal pain	
	(R) knee while running.	
	Clear nose no discharge.	
	Throat - posterior + lat wall engorged	
	no exudate.	
	Nodes - unremarkable	
	Ears - clear eardrums.	
	Cervix - Reg. W @	
	(R) knee - mild tenderness over patellar tendon.	
	diag: Pharyngitis	
	: Tonsillitis (R) knee.	
	plan: T.C.	
	: Pen V-K 250mg i bid.	
	: Motrin 800mg, PRN.	
	: Rest prescribed	

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS MAINTAINED AT:	MCRD		
PATIENT'S NAME (Last, First, Middle initial)	KIMBLE, RONNIE L		SEX: Male
RELATIONSHIP TO SPONSOR	N/A	STATUS: URT Active Duty	RANK/GRADE: PVT
SPONSOR'S NAME	N/A	ORGANIZATION	PLT# 2061
DEPT/AFSC/USMC	207	SSN IDENTIFICATION NO.	DATE OF BIRTH: 17 JAN 72

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
FEB 14 1995	3rd Battalion, 2nd Marines
T: 48-2	2nd Marine Division, FMF
P: 58	Camp Lejeune, NC 28542 <i>SLEEPING PROBLEMS</i>
R: 16	S: 23 year old w/m to slc i/c/o uncontrollable sleeping
B/P: 110/68	problem. Hx: Pt states "had this problem all of my life".
ALLERG: none	documentation in health record from Sep 93. Pt states "sleeping
MEDS: none	attack happens when not doing anything / when marching or
TIN: 0815	standing Pt falls asleep just for a few minutes then regaining
	consciousness not knowing what happened. Pt states only time
	ever having physical trauma was a car wreck 2 years ago.
	O: Pt Alert and responsive to surroundings normal gait.
	⊖ mastoid tenderness, ⊖ sinus pressure, Eyes PEARL, 12 CN intact
	⊖ nystagmus 20/20 uncorrected bilat, ⊖ problems in hearing
	⊕ valsalva bilat. lungs CTA clear, Heart/HRR pulse equal, strong
	S1/S2 in extremities. NVT, full ROM in all extremities.
	⊕ alignment of spine.
	A: Normal exam / also for sleep apnea sleep apnea
	P: recommend neuro consult
	i. refer to MA.
	<div style="text-align: right;">  Little Don AD USN/ET 515 76 0892 </div>
	<div style="text-align: right;">  JAMES M. BROCK LTJG, USN 2AL 250-72-2704 </div>

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS MAINTAINED AT:	3/2 BAS		
PATIENT'S NAME (Last, First, Middle Initial)	SEX		
KIMBLE, RONNIE	MALE		
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	
-NA-	ACTIVE	LCPL	
SPONSOR'S NAME	ORGANIZATION		
-NA-	3/2 I CO.		
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	
DDO/USMC	20/	17 JAN 72	

30 BS

1976/5/25
(CONT)

lifelong Hx of daytime sleepiness

sleeps 6-8 hrs per night falls asleep

9-11 pm ~~per night~~ ^{every night} no trouble falling

asleep. Difficulty waking up in AM

wakes 1-2 times during night but

falls ~~to~~ asleep immediately. Wife reports

excessive snoring with a lot of apnea

from Hx of URSH. Recurrently leading

to sleep apnea.

Sleepiness during day is witnessed

He is inactive, will fall asleep in

many situations and it makes him

fall asleep again promptly as the

of activity is suggestive of seizures

of the mouth

↓ Air flow through URSH passages

but

neuro Grossly normal

of daytime consciousness prob.

Sleep apnea

ENT consult for eval of
apnea.

JAMES M. MICK
LT, MC, USAR
2AA 285-72-2704

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
9 AUG 94	BCT 3/2 T CO. Sick call c % @ foot pain x 1 day
T:	S: 22 yr BCT % @ foot pain x 1 day. PT states while
P:	riding in back of 5-ton it hit a bump in the
R:	rode to box c another Marine sitting on went up
BP: 120/84	in the air & came back down on his foot.
ALLERG: Ø	NO HX of foot pain before. PT states foot pain
MEDS: Ø	2 1/2 on scale of 1-5. PT states pain increases
	c pressure to @ foot
	UNABLE TO Bear wt on foot
	O: @ signs of redness OR EDENIA to @
	foot. @ AP Refill. ROM to @ foot limited in
	MOVEMENT. @ Tenderness & palpation mid dorsum foot c palp.
	A: contusion to @ Deformity Palpated
	P: @ Refer to MSSG 26
	② X-RAY (AP LAT @ foot) appear (negative) <i>Agree</i>
	③ ICE 2 TWICE A DAY <i>Follow</i>
	④ NO Running OR jumping x 4 days
	⑤ F/U Thurs. c Corpmn OR sooner if condition
	WORSEN.
	⑥ MORFIN 800mg T TAB EVERY 8 hrs. TAKE c
	FOOD OR MILK

Handwritten signature
 DEDRICK, LOU
 55550717

Handwritten signature
 Agree. of D Sgt J. M. J. Jr.
 J. M. J. Jr.

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS MAINTAINED AT:		SEX	
PATIENT'S NAME (Last, First, Middle Initial)		MALE	
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	
N/A	Active Duty	LCPL/E-3	
SPONSOR'S NAME		ORGANIZATION	
A		BCT 3/2 I CO	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	
D&D/USMC	201	17 JAN 72	

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

15SEP94

HEALTH RECORD VERIFIED THIS DATE IN ACCORDANCE
WITH MMD CH 16.3 Am³ K.G. Reck

No

FURTHER ENTRIES

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
<p>MAR 08 1994 T: R: B: B/P: 112/60 ALLERG: MEDS:</p>	<p>3/2 BAS 1300 BP ROUTINE BP TAKEN AT 1300 WNL. <i>[Signature]</i> DARRICK ROUSE 583807117</p>
<p>09 MAR 94</p>	<p>3/2 BAS Pt. reports for A.M. portion of 3 day B/P check: sitting 116/70 Avg: 118/66 Standing 120/68 Supine 118/58 <i>[Signature: Rodney K Majors]</i> MAJORS, RODNEY K HM3 USN</p>
	<p>3/2 BAS PT REPORTS FOR P.M. PORTION OF 3 day BIP CHECK: SITTING 112/62 AVG: 111/59 SUPINE 108/56 STANDING 114/60 <i>[Signature: Gene F. Blanner]</i> HN / AD / USN</p>

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS MAINTAINED AT: 3/2 BAS	
PATIENT'S NAME (Last, First, Middle Initial): KIMBLE, RONNIE L.	
RELATIONSHIP TO SPONSOR: N/A	STATUS: Active AD
SPONSOR'S NAME: N/A	RANK/GRADE: PFC
DEPART./SERVICE: USMC	ORGANIZATION: INDA
SSN/IDENTIFICATION NO.:	DATE OF BIRTH: 17 Jun 72

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

10 MAR 74

3/2 BAS 1300 BP

SITTING: 112/70

SUPINE: 104/58

STANDING: 102/76

DR. 1016/
ALG: /

[Signature]
DEPT. E. FOLSO

11 MAR 74

3/2 BAS 0800 BP ✓

SITTING: 118/78

SUPINE: 110/70

STANDING: 103/76

[Signature]
DEPT. E. FOLSO

no
further
entry

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
3 Mar 74	3/2 BAS
99'	Pt passed out while standing. Pt stated he can't
P: 68, 76	remember where he woke up, just that everyone talking
R: 14, 14	and he was being helped off of the floor
B/P: 138/94	S. ⊖ drinking tea-night. Pt stated happened 2 times before in barracks, high school. Vision started to blur. then just passed out. States lately been under great stress on personal matters. Before passing out Pt was stress almost point of cry.
ALLERG: NKDD	O. H. ⊖ pain pressure ⊖ masses ⊖ ecchymosis
MEDS: NONE	E. full ROM, PEARL, convergence good -
	E. ⊖ pain temp. mucous membrane clear red. decreased a ears
	N. ⊖ ⊖ ⊕ almost same mucous membrane pink moist slight drainage.
	T. tonsils ⊖ abnormal mucous membranes moist pink 2-1/2 cranial nerves intact, heart - normal rhythm pulses ⊕ x 4 ext full sensation x 4 ext Lungs clear to auscultate all lobes Abd ⊕ bowel sounds x 4 grads
	PT A&Ox3 motor reflex intact bilateral sensory system ↑ ↓ extremities symmetrical areas intact. Skin dry pink.
	A. Stress related, necessary
	F. Relax consult & chapter personal problems.

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS MAINTAINED AT: 3/2 BAS	
PATIENT'S NAME (Last, First, Middle Initial): Kinkle Rennie L.	
RELATIONSHIP TO SPONSOR: N	STATUS: Active Duty
SPONSOR'S NAME: N	RANK/GRADE: P-1C
DEPART./SERVICE: USMC	ORGANIZATION: 3/2 Ind. Co.
SSN/IDENTIFICATION NO.: 20-	DATE OF BIRTH: 17 Jan 72

B/P check BID, 5 days return or mark
fl.

[Signature]
JAMES A. KESE
HMT USN 192-48-2740 760897

07 mhr 94

T: 99°
P: 68
R: 16
B/P: 120/60
ALLERG: NKDA
MEDS: None

3/2 BAs

S Pt % (R) ear pain x 1 day. Pt states
everything sounds muffled & pain upon palpation
Pt also stated it was sore when he slept on
his (R) side. Pt states he feels a little dizzy.
O: Observed Redness & dark coloring behind
tympanic membrane w/ Oscope. No drainage
noted. (L) Ear appeared normal & no
discharge or drainage.

A R/O Otitis Media

P. Amoxicillin 250 mg 1 tab ~~4x~~ 4 x a day Number 4
Irixoral 1 tab Bid Number 10 & plenty of fluids
Light duty x 10 days while on antibiotics
Follow up 72 hrs.

[Signature] Flare of the entire HN
Aron J McEntire
HN / AD / US rd

MAR 08 1994

T: 97.8
P: 74
R: 14
B/P: 120/78
ALLERG: NKDA
MEDS: None

3/2 BAs SICKCALL Routine Vital signs
WNH.

[Signature]
Aron J McEntire

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

B/P check BID x 5 days return or mark fl.

[Signature]
JAMES A. REESE
HMT USN

07 mtr 94

3/2 BAS

T: 99°

P: 68

R: 16

B/P: 122/60

ALLERG: NKDA

MEDS: NONE

S Pt w/ (R) ear pain x 1 day. Pt states everything sounds muffled & pain upon palpation. Pt also stated it was sore when he slept on the his (R) side. Pt states he feels a little dizzy
O: Observed Redness & dark coloring behind tympanic membrane. O scope. No drainage noted. (L) Ear appeared normal & no discharge or drainage.

A R/O Otitis Media.

P. Amoxicillin 250 mg 1 tab ~~x 4 days~~ 4 x a day Number 40
Drixoral 1 tab Bid Number 10 & plenty of H₂O
Light duty x 10 days while on antibiotics
Follow up 72 hrs.

[Signature]
James A. Reese
HMT USN

Flaring, the entire HN
Aaron J M Entire
HMT / AD / USN

MAR 08 1994

T: 97.8

P: 76

R: 14

B/P: 122/78

ALLERG: NKDA

MEDS: NEG

3/2 BAS SICKCALL ROUTINE. Vital signs WNL.

[Signature]
James A. Reese

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
03 DEC 93	21% c/o COUGHING, SNEEZING, SINUS CONGESTION, HA, MUCOUS DISCHARGE,
T: 98.7	NOSE BLEED, PAIN IN SINUS CAVITIES. TAKING OTC FOR CONDITION
P: 72	H: (-) SWELLING OF LYMPH NODES, SKIN WARM & DRY TO TOUCH. (-)
R: 10	DEFORMITIES NOTED, (+) SINUS TAP
B/P: 102/60	E: ANTIM DULL GRAY, SLIGHT LOSS OF HEARING, (-) PERFORATIONS,
ALLERG: ♂	E: REDNESS IN CONJUNCTIVA, (+) SWELLING CONJUNCTIVA, (+) LACRIMATION,
MEDS: ♂	PERLA
	N: (+) SEPTUM DEVIATION, (+) MUCOUS DISCHARGE, (+) REDNESS IN BOTH
	NOSTRILS, (+) INFLAMMATION
	T: (-) UVUELLA DEVIATION, (-) TONSILLARY SWELLING, COALESCEMENT OF TISSUE
	INDICATIVE OF POST NASAL DRIP
	L: LS CLEAR IN ALL LOBES, WHEEZING. (-) RALES
	ABO: BS X4 ACTIVE
	A: URI
	P: 1. SUODRED 60mg 1 TAB PO QID X 5 DAYS
	2. HUMABIN LA 1 TAB PO BID X 5 DAYS
	3. PUSH FLUIDS
	4. F/U 7 DEC 93 IN AM.

FRANKLIN GILBERT
 JAMES K. KEESE
 HMI USN
 JAMES M. MICK
 LT MC USNR
 2AA 286-742704

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS MAINTAINED AT: **BAS 3/2**

PATIENT'S NAME (Last, First, Middle Initial)		SEX
KIMBLE RONNIE L		MALE
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
A	USMC/ADJ	PFC
SPONSOR'S NAME		ORGANIZATION
P		3/2 INDIA
DEPART. SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH
USMC	20-	17 JAN 72

DATE

Health Record Verified This Date
8 Dec 93 In Accordance With
MMD Chapter 16-3

HM Kelly

JAN 94
T: 98.6
P: 76
R: 16
B/P: 114/56
ALLERG: \emptyset
MEDS: \emptyset

3/2 BAS
✓ PAIN IN HIPS
S: 22 y/o ♂ C/O BILATERAL HIP PAIN. PT STATES
PAIN STARTED APPROX 9 MONTHS AGO & PROGRESSIVELY
GOT WORSE. PT STATES THAT IT IS A BURNING
SENSATION. PT STATES PAIN IS A 7 ON A SCALE OF
1-10 (10 BEING WORST EVER FELT). PT ALSO STATES THAT
PAIN IS USUALLY BROUGHT ON DURING HUMPS.
O: \emptyset DEFORMITIES NOTED. \emptyset EDEMA. STRENGTH WNL.
ROM GOOD. DISTAL PULSES \ominus BI-LAT. CAP. REFILL GOOD
NEURO \checkmark 'S WNL. (SHARP/DULL). TENDERNESS NOTED
BEGINNING AROUND GROIN MUSCLES THEN TO PROX TO
GREATER TROCHANTER. \emptyset LAXITY NOTED IN EITHER
SIDE.

A: R/O POSSIBLE FX / CONNECTIVE TISSUE DISORDER
P: X-RAY. RETURN TO BAS.

HM³ John E. Kelly
HM³ John E. Rouineau

31 Jan 94
1419

O: X-RAYS - \ominus FX \ominus CONNECTIVE TISSUE PROBLM.
A: TENDONITIS.
P: INDOXIN TAKE \ddagger CAP PO TID x 7 DAYS. (25mg)
F/U \bar{c} PLATOON HM PRN.

JAMES M. MICK
LT, MC, USNR
2AA

JAMES M. REESE
HM1 USN

HM³ John E. Kelly

HEALTH RECORD CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)

OCT 15 1993

Health Record Verified This Date
 In Accordance With MMD Chapter 16.3
 091564069
 HAI WILKINS/HAI WILKINS

27 OCT 93
 T: 97.4
 P: 72
 R: 16
 B/P: 102/60
 ALLERG: NKDA
 MEDS: T-3

3/2 BAS
 Pt here for follow up on @ Ankle & Pt
 C/O congestion in Am & coughing. Pt twisted
 ankle approx 1 wk prior and was given LD + 5 days
 injury was an inversion.

o) (+) edema. (+) erythema. Full Range of Motion. (+) strength
 edema and erythema was noted encompassing lateral malleolus.
 @ ankle. Pain tenderness to anterior aspect of lateral
 malleolus @ ankle. Neuro + Vascular intact.

X-rays prove neg @ for FX @ ankle.

- A) 2nd @ Ankle sprain @ foot.
- P) 1) LDx 5 days
- 2) RICE Therapy
- 3) Motrin @ Aspirin 325mg IT Q4-6h x 5 days.
- 4) F/U 1 NOV 93 OR PRN.

Reviewed 28 OCT 93
 JAMES M. MICK
 LT, MC, USNR
 2AAZ
 Boston, Joseph S.
 1M3/USA/00
 JAMES M. MICK
 LT, MC, USNR
 2AAZ

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS MAINTAINED AT:	3/2 BAS		
PATIENT'S NAME (Last, First, Middle Initial)	KIMBLE RONNIE L		SEX Male
RELATIONSHIP TO SPONSOR	STATUS Active AD	RANK/GRADE PFC	
SPONSOR'S NAME	ORGANIZATION 3/2 INDIA		DATE OF BIRTH 12 JAN 72
DEPART./SERVICE	SSN/IDENTIFICATION NO.		
VSMC	200		

18 NOV 93

3/2 BAS

T: 78°

P: 80

R: 16

B/P: 100/58

ALLERG: /

MEDS: /

S: (L) ANKLE SWELLING, "KEEPS GIVING OUT ON ME" X 2 WKS AGO. PT HURT ANKLE RUNNING. PT. ORIGINALLY AT EA sprain. PT STATES @ RESIST IN LAST

2 WEEKS. PT STATED WHEN ANKLE IS MOVED MEDIANLY OR FOOT INWARD PAIN and A giving out feeling. PT HAS BEEN WEARING PERSONAL ANKLE BRACE.

O: (L) ANKLE R.O.M. IS LIMITED SLIGHTLY WHEN MOVING MEDIANLY. NEURO: MOTOR AND SENSORY STRENGTH ARE INTACT. COLOR APPEARS TO BE NORMAL WHEN COMPARED TO BOTH ANKLES. SWELLING TO (L) ANKLE APPEARS TO BE JUST LATERAL OF ACHILLES TENDON UPON PALPATION of this sight PT STATED PAIN.

A: FIRST DEGREE sprain of @ ANKLE

P: 1. Aspirin 325mg Q 4 hours X 7 DAYS. 2. CANTHARIS X 5 DAYS. 3. LIGHT DUTY X 5 DAYS. 4. FLU Z line copower

[Signature]
JAMES M. REESE
1ST LT USN

[Signature]
JAMES M. MICK
LT, MC, USNR
2AA

3/2 BAS

23 NOV 93

(S) 21 y/o NKA returns on follow up on (L) ankle. States pain when walking also popping when stretching. Swelling noted on lateral ankle. Redness, pain to palpation. Pt. States pain has decreased a little.

T: 99°

P: 87

R: 18

B/P: 112/64

ALLERG: /

MEDS: ASA Q4H

(C) FPRom 5/5 motor neuro intact good pedal pulses

(L) slight edema to lateral side of ankle Ecchymosis

(L) first degree (L) ankle sprain Resolving

1) Return to duty & instructions how to avoid hurting ankle again.

2) Continue meds as prescribed.

[Signature]
JAMES M. MICK
LT, MC, USNR
2AA

[Signature]
JAMES M. REESE
1ST LT USN

[Signature]
4ND
1ST LT KNIPPLEU AUG 1980
EMT-13

9/2/04

100

16

101.9

9/23/04

TEMP RE-READ @ 11:24 = 101.6

ALLERGIC TO: NKDA
MEDS - Ø

PATIENT/RESPONSIBLE OTHER:

TESTIFIED BY: Flu & S/C in A.M.
I UNDERSTAND AND UNDERSTANDING. COPY OF THIS DOCUMENT GIVEN TO PATIENT. YES NO
PROVIDER: [Signature] DATE: 23 Sept 04

2 Tylenol tabs ^{325 mg} given. ^{9/23/04} Ted S. [Signature]

S/21/04 ↑ IN S/C = 90 H/A, S/R, F/C, general malaise,
x This a.m. pt. states I feel cold yet ~~temp~~ is hot,
and my head aches like hell, and my throat must hurt
P.N.V. & disoriented. (-) tick bites. (+) PRK rec. nos. smoker x 5 yrs
(+) smokeless user x 5 yrs.
Hx of HEART DISEASE / ASTHMA / ALLERGIES

Q/W/D/HT/Wt/M, N/A, P/B = ↑ R/P/Pulse, other v/s
E/P/RA/ENT
E/T/Tr's + carotids clear bilat. 3 bulging (-) nodes
N/Ø Body mass, tubercles & mild edematous erythematous
to nasal pass. 6 sinus like tenderness
T/Ø pustules Ø Exudate & r/B cryptic tonsils, & mild
erythema to oral/dorsal, neck) set/purple & stiffness
F.R.O.M., Ø shotty post-auricular nodes Ø point tenderness
to submandibular arch area
(over)

23 Sept 53
(cont)

C/Wings = C/A

that = RAN 5 on/ea
rem'd 20V¹ @ 1251 = 100.1

A/ STREP throat

J: HTS ~~to~~ Sp-11/60
P-72
Sp-13/P-124/70
P-80

P/DTK - finding

- 1) PenVK 250 mg i/ab p.o. QD x 10 days ~~# 178~~
- 2) tylenol 325mg q 4 to bed, prn
- 3) removed #2 ticks from shoulders pilot,
- 4) push fluids
- 5) STQ x 24 hrs
- 6) can't e med w/D.
- 7) Tx's plan discussed e A.

JOHN E. LEWIS JR.
HM3 USN

Mary S. Kendrick

KENDRICK MARY S.

LT-MC-USN

100/72 84 12 97.4
(Poc Sgt Schroeder)

ALLERGIC TO: NKDA
MEDS: \emptyset

mas:
0311

PATIENT/RESPONSIBLE OTHER: See below
INSTRUCTED ON AND VERBALIZES UNDERSTANDING. COPY OF TEACHING STANDARD GIVEN TO PATIENT. YES _____ NO _____
PROVIDER _____ DATE _____

S/ 21 y... mm presents for c/o

- (1) insomnia
- (2) sleeping difficulty daytime sleepiness

states no difficulty sleeping at night and claims adequate hours of sleep, however state he easily falls asleep during daytime hours - states can occur while sitting, standing, etc. - never actually falls down (per patient)

Known Hx narcolepsy w sleep apnea; denies depression w post psych Hx; (+) Hx febrile seizures as infant, but none since then; \emptyset Hx head trauma \bar{c} LOC; \emptyset Hx cardiopulmonary disease

Family Hx \ominus for thyroid + cardiovascular disease; difficulty has occurred as long as the pt can remember; denies diabetes, stroke \bar{c} usm

O/A+Ox4 in MND

PERCULI EOMI \emptyset myostagnus fundi \bar{c}

TM's clear
mouth/throat - clear

neck - supple \emptyset CNO w thyromegaly

lungs - clear

wt - neg rate; vit 5₁, 5₂ \emptyset 5₃ 5₄ w \ominus

abd - benign

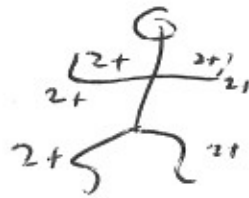
skin - sweat raised, minimally, erythematous patches on neck and abdomen

ext. \emptyset C/C/E

meds - rare ASA
ETOH - rare
tabac - laws 3-4 cans per week
caffeine - rare

(over)

Neuro - CN II - XII intact
 motor 5/5
 sensory intact
 FTM normal



- A/ ① daytime hyper-somnolence - ac exam
 ② n. aqueduct

P/ ① will contact Soft Schweder (msg left) to get his input with the problem.

② Lotroni neuro Anabid.

③ will F/U: pt after conversation in Soft Schweder

09 Sep 93

conversation in Soft Schweder states pt falls asleep briefly during P.T. (best over position), closes, in formation standing; never falls over or falls to ground.

- 10 Sep 93 - discussed in Dr. Yeskes - recommended consider absence seizures, consider sleep disorder (apnea) - recommend neuro consult to consider EEG, sleep studies - consider speaking in parents to assess sleeping pattern / any problem as youngster - rec - labs to include TFT's, CBC, SMA18, U/A spoke in GySoft Smith to have P.T. Kumble report to clinic next week.

J. McDowell M.D.
 J. A. [unclear]
 [unclear]

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

19 APR 93

ANCH MEDICAL CLINIC
MARINE CORPS RECRUIT DEPOT
PARRIS ISLAND, S.C. 29905

T 93.6

P 30

R 16

B/P 110/60

5) 21 y/o MALE WITH COMPLAINTS OF SORE THROAT AND SINUS PROBLEM X 3 DAYS
Pt has no hx of tonsillectomy. (+) Hx of Strep Throat. (+) Hx of Sinus problems.

120

On wh wh vs noted n/a x3. UPON exam of pt found;
H) (-) TTP of frontal or maxillary sinuses
E) canals clear; TMs visible and reflective
E) (+) perria (-) injective conjunctiva (+) symmetry
N) Nasal passages c purulent drainage. (+) MILD ERYTHEMA
T) (+) ERYTHEMA (-) tonsillar edema (-) pustule (-) exudate.
Lumps: CTA
A) Sinus Congestion - Pharyngitis
P/D Consulted c HMI McEnteehon
② Tylenol 325mg TI PO Q4-6hrs.
③ Sudafed 30mg TI PO TID #18
④ Afrin* 2 sprays each nare

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

*not to exceed three days.

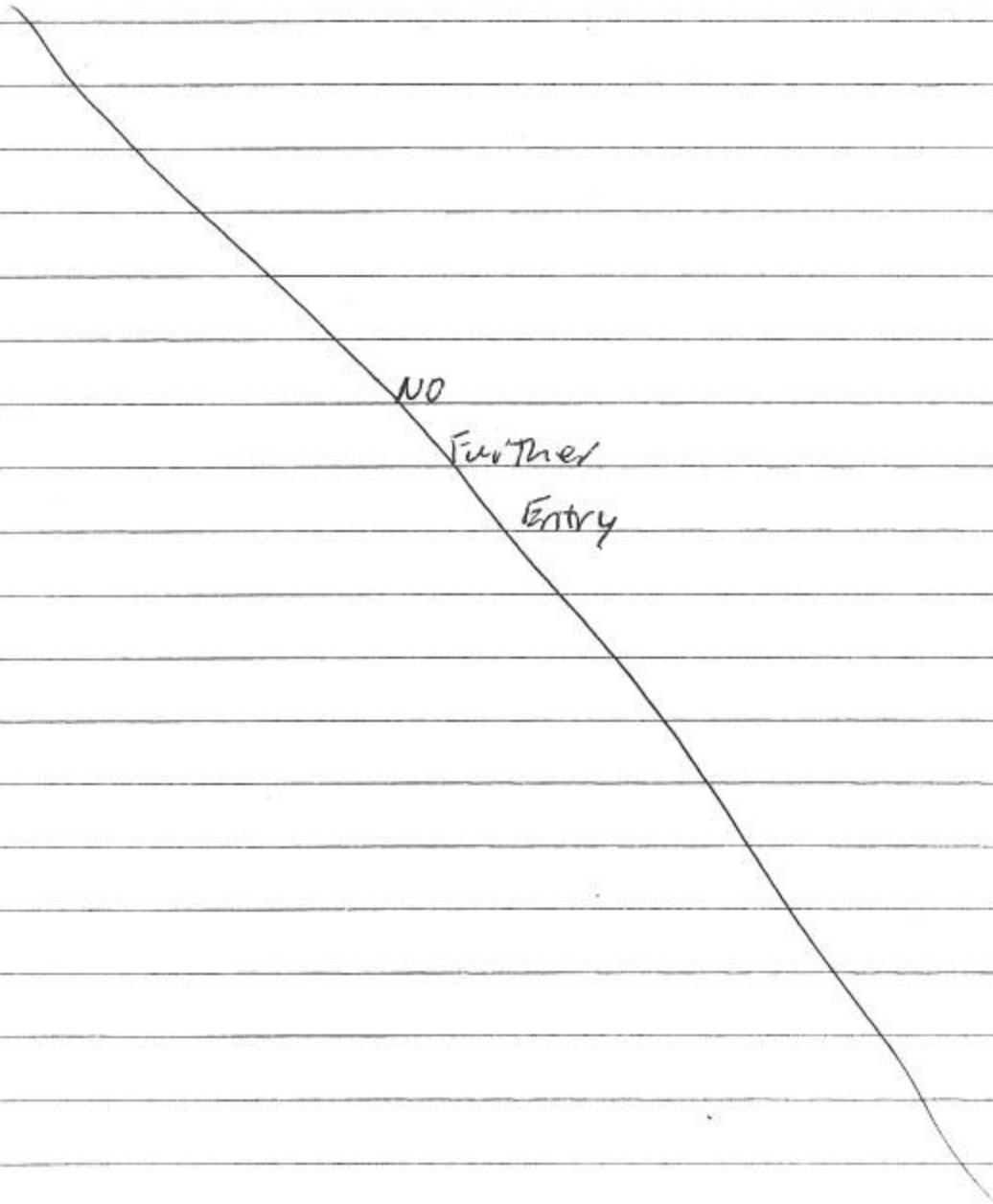
RECORDS MAINTAINED AT:	MURKIN		
PATIENT'S NAME (Last, First, Middle initial)	KIMBLE RANNIE L.		SEX: Male
RELATIONSHIP TO SPONSOR	N/A		RANK/GRADE: PVT
SPONSOR'S NAME	N/A		STATUS: Active URT Duty
DEPART./SERVICE	VSMC		ORGANIZATION: 2061
IDENTIFICATION NO.	E		DATE OF BIRTH: JAN 17 72

- ⑤ Cepacol lozengers PRN
- ⑥ Sore Throat Spray PRN
- ⑦ FIO RTN prn if s/s ↑ →
- ⑧ Pt understands Dx and Tx. —

J. Freeman
 J. FREEMAN

AE Norman 1/11/11
 J.E. Norman 1/11/11

HA USN/AD



**Boice Sleep Disorders Lab
Naval Medical Center
Building One
Portsmouth VA 23708**

POLYSOMNOGRAPHY REPORT

Name: Ronnie Kimble, 20/ Date of Study: 22 JAN 97
Referring Provider: Dr Czander, NHCL Neurology

Type of Study: Full polysomnography, overnight, attended by a sleep technologist.

Beck Depression Inventory: Normal.

Sleep Architecture: Normal.

Subjective Impression of Sleep Quality: "Worse than usual."
Technologist's Notes: "Snoring noted."

Respiratory Events: There were 34 respiratory events, consisting of 7 hypopneas, 2 obstructive apneas, 15 central apneas, and 10 mixed apneas. The apnea + hypopnea index was 4 events per hour, while the apnea index was 3 events per hour. Number of oxygen desaturations < 90%: 1. Minimal SaO₂: 89%. Most respiratory events occurred while the patient was supine, or on his stomach.

CPAP titration: Not performed.

Remarkable cardiac events: None.

Periodic limb movements (PLM's): None noted.

MSLT: Was performed, with a mean sleep latency of 10.4 min and no sleep-onset REM noted over 4 naps.

IMPRESSION: 1) Primary snoring, with no evidence of significant OSA, narcolepsy, or pathologic sleepiness.

RECOMMENDATION: 1) Consider "snore ball", dental device, and/or ENT consult to address snoring, if problematic. 2) Further management per Neurology Clinic.



A. S. Panettiere, M.D.
LCDR MC USN (FS)
Director, Sleep Lab

GLUCOPHAGE[®]
(METFORMIN HYDROCHLORIDE TABLETS) 500 mg

FAX

451-4537

Neurology / Internal

Medicine

Clinic

American Sleep Disorders
Assoc. (ASDA)

507 287-6006

Please see accompanying full prescribing information
including **BOXED WARNING** regarding Lactic Acidosis

F5-A049

NEUROLOGY CLINIC CZANDER, ERIC W 20 NOV 1996 0830 FU BAKA
UNIT: 14B

DATE: 12/6/78 PULSE: 71 RESP: 16 TEMP: 98.7 HT: 72" WT: 82

ADDITIONAL COMMENTS: NKDA
24 yo RTH here for flr of hypersomnolence. He underwent septoplasty of nose 2 months ago. He can breathe better but he hasn't shown any improvement in terms of his sleepiness. Goes to bed 22-2300 - awakes 0700. ~~Has in app~~ Appetite has been sporadic. No sleep paralysis. Has had ? of hypnagogic hallucinations. Taking 1-2 naps/day. He believes he will fall asleep if he doesn't do anything. Oanhedonia. Recently wife had miscarriage.

ASS: ? Hypersomnolence w/o ? hypnagogic hallucination
- Wife has disturbed apnea episodes in part
- low thyroid

Plan: ① Repeat Poly / MSLT
② Return after study
EGL

E. W. CZANDER
ER, MC, LSNR
93-502
NEUROLOGIST

KIMBLE, RONNIE LEE M11
17 Jan 1972 MALE W13210 H1710-697-2687
Spouse: KIMBLE, RONNIE LEE CIG: MBF
OS: Rank: LCP U13210
UNIT: A COMPANY HUSB: 139 ROT BLDG 10 - F11E

DATE OF SURGERY: 20 SEPTEMBER 1996

PREOPERATIVE DIAGNOSIS:
NASOSEPTAL DEFORMITY.

POSTOPERATIVE DIAGNOSIS:
SAME.

PROCEDURE:
SEPTORHINOPLASTY AND TURBINATE CRUSH AND CAUTERY.

COMPLICATIONS:
NONE.

ESTIMATED BLOOD LOSS:
MINIMAL.

FLUIDS:
600 CCs.

INDICATIONS:

This is a 24-year-old male who has a nasal septal deformity with deviation of his septum and nasal dorsum to the right with right nasal dyspnea.

PROCEDURE:

Consent was obtained. The patient was taken to the operating room where he underwent monitored anesthesia care. The nose was topically anesthetized with 4% cocaine. The nose was then locally injected with a 50/50 mixture of 2% lidocaine with 1:100,000 epinephrine and 0.5% Marcaine with 1:100,000 epinephrine. The patient was then prepped and draped in the standard fashion. Inverted gull wing incision was made, and the skin incision carried upwards. Marginal incisions were extended laterally. The dissection was carried up along the medial and alar cartilages. The septum was

Signature of Surgeon.

DATE
09/21/96

J.S. KLYSER
LCDR MC USNR

PATIENT IDENTIFICATION.

REGISTER NO..
150652

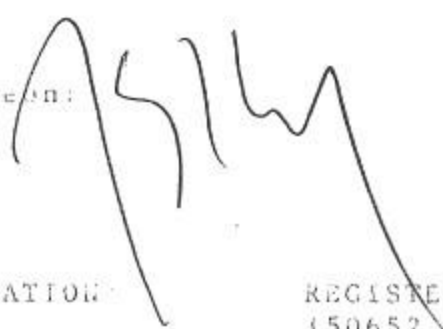
WARD NO..
3A

RIMBLE, RONNIE L., MCB AD
20/
BQSPTBN MCB

NAVAL HOSPITAL, CAMP LEJEUNE, NC 28547-0100
dm 09/24/96

identified and the dissection carried back along the septum and over the bony dorsum. Next the septal angle was identified and a mucoperichondrial flap was elevated on the left side identifying the septum. There was a high right septal deviation in a right-ward curve of the caudal septum with protrusion of the caudal septum out the right nostril. The mucosa on the caudal portion of the right caudal septum was elevated to better visualize the septum. The most caudal portion was excised and the septum mobilized out off the tip of the maxillary crest. Next the OC junction was separated and a posterior-inferior portion of the septal cartilage removed removing the high septal deviation. The contralateral mucous flap was then elevated and the portion of the right-ward deviated nasal bone was moved making horizontal cuts in the bony septum. The caudal septum was then packed to a more midline position by placing 6-0 nylon suture through the inferior caudal portion and securing it to periosteum on the left nasal sill. The upper lateral cartilages were then released preserving the inner mucosal attachment. This allowed further straightening of the septum. The bony dorsum was gently rasped and then medial osteotomies were performed to correct the bony deviation. Attention was then turned to the tip which showed asymmetry of the dome. The left alar cartilage had a concaved deformity to it. A cartilaginous strut was placed between the medial crus and secured with a 4-0 chromic suture. A 6-0 clear nylon suture was placed just anterior and posterior to the dome to provide better tip definition and symmetry. Next a portion of the harvested septal cartilage was placed to fill the left alar concavity defect. This was secured with 4-0 chromic. The columellar incision was then reapproximated with 5-0 Vicryl. The incision was closed with 6-0 Prolene. Next the inferior turbinates were lateralized. The right inferior turbinate was cauterized with a bipolar cautery. Next lateral osteotomies with a curved osteotome were performed. The right osteotomy was incomplete and a 3 mm straight chisel was used to postage stamp and complete the osteotomy. The nasal pyramid was straightened. Next, bilateral Telfa packs coated with Bacitracin ointment were placed. The nose was taped in a standard fashion followed by a splint. The patient tolerated the procedure well and was transferred to the recovery room for postoperative monitoring.

Signature of Surgeon:



DATE:
09/21/96

J.S. KEYSER
LCDR MC USNR

PATIENT IDENTIFICATION:

REGISTER NO.
150652

WARD NO.:
3A

KIMBLE, RONNIE L., ME3 AD
20/
HQSPFBN MCB

NAVAL HOSPITAL, CAMP LEJEUNE, NC 28547-0100
dm 09/24/96

112/68 71 16 993 72" 181

24 yo (D)H ^{MHA} → here for flm of hypersomnolence
Pt states he has noticed no change
except that it's worse during the
heat. Wondered if Allergies can do this
- has nasal blockage → no draining. No rashes,
trouble breathing, sneezing. Wife has noticed
apnea during sleep.

PE: WDWANM NAD
Alert, fluent speech
No sinus tenderness or pain on head shaking.
Fast nl

Ass: Hypersomnolence - has normal
MRI, labs (chem 18, CBC, ESR, HbO₂,
ACT, RPR, MHA U/A, UDWg Screen).
Also normal Polysom/MSLT 6/95.
- will try Zolofl as trial
to help 50mg QD of ↑ in 2 weeks
to 100 (can go up to 200mg
over next month)
- possible improvement after
Septoplasty to be done
in the next 2 months
- flm 6-8 wks E Gl

KIMBLE, RONNIE
17 Jan 1972

E. W. CZANDER
LT. MC USNR
68-8087
NEUROLOGIST

99/13 73 20 97.6° 72" 178#

24yo (E) H ^{NKA} here for f/u of hypersomnolence
Seen by Psychology → no abnormal dx.
Pt states he has noticed no
Δ over past 6 weeks but notes
that ~~his~~ his hypersomnolence is actually
greater than previously thought but no
worse. He awakes plasma 2x
per week over past 3 months.
Mdt of head normal. Wife has
noticed episodes of apnea during sleep.

ASG (1) Hypersomnolence - pt w/o change
has been years w. U ✓
labs. May try 2 left if normal
(2) Pt to get serofloxy
w/ next 2 wks.

Plan: (1) Chem 18, CBC, ESR, Mono spot, ACE, RPR
w/ A, w/ S

(2) RTC

Ely
E. W. CZANDER
LT. MC, USNR
68-8087
NEUROLOGIST

RECEIVED
17 JAN 1972
SPONTANEOUS
131

NEUROLOGY CLINIC

CZANDER, ERIC W

15 May 1996

1400

FU

Brk4

REF: 124/38
PULSE: 67
HEGT: 16

GMT: 144

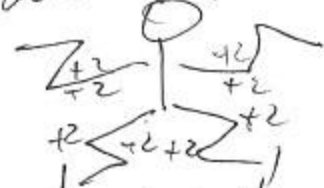
TEMP: 98.7
HT: 72"
WT: 131

ADDITIONAL COMMENTS

24 yo (M) w/ long hx of falling asleep many times during day which he believes has occurred thru out his life. He believes, if anything, that this has progressively worsened over many years. He falls ~~asleep~~ while driving, standing, etc. He knows when he's going to fall asleep. Caffeine helps. No trouble falling asleep or staying asleep. His wife has noticed him getting up while sleeping as child. No noted sleep walking as adult. ~~but~~ can't remember if wife has noticed apnea during sleep. Goes to sleep ~10PM -> 7AM. Naps 0-1/day. No w/e's. No vision loss, diplopia, No dysarthria, dysphagia, weakness, numbness, No LOC, head trauma, sy activity, enuresis, tongue bite, muscle soreness upon awakening. Polysomnogram last year - al & MSLT

PE: W/D/W/W/M/N/A/D
A&OK3, ~~attn~~: ~~was~~ increased, ~~ran~~ comp/resp/renal
Fund: sharp disc, PERLA, EOMI, full fields
Face symm, tongue/pal mid ul sens
5/5 strength Od drift ul FTN, FTN
gait/tand ul
ul Vit, T, PP

PHHx of
Meds: d, All: P
Stx: Married, kids, base Chaplain
TOB - dip, EADH - (beef
i can 2 days)
Drugs - I
Stx: Bro - solution problems
breakdown of smooth pursuit



S: Hypersomnolence - pt w/ normal exam. Hx not fully compat ble w/ narcolepsy & w/ ul polysomnogram.

- ev: ① 4 count & discuss considering Zolof SSRI
② Breathe - right trial
③ MET head w/ gado
④ Urinary bowel
⑤ F/U rules

KIEBLE, NORWIE LEE
17 Jan 1972 MALE
SPORT KIEBLE, NORWIE LEE

E. W. CZANDER
LT MC, USN
68-887
NEUROLOGIST

DOB: 15 - SICKLE BJORNSSON, GOTTSSON Y
EF:
SN: DIFFICULTY BREATHING WHILE LYING DOWN DUE TO NOSE INJURY 1 YR AGO
PULSE: 60 RESP: 18 TEMP: 96.9 HT: WT:

ADDITIONAL COMMENTS:
Pt. claims that his nose is not functioning right. States that he cannot breathe properly thru @ nostril. Has reported sinus problems, but probably not sinusitis. No 15 more respiratory infections.

①. MUA? V/S as seen.
Sinuses: No tenderness.
Front: WNL.

Nose: No acute inflammation in nose. @ nostril: Narrow.
Nech: No glaucoma.

Chest: Ings: CIA. Heart: Reg.
A. Narrow @ nostril.

Sleeping problems.
D.O. Referred back to ENT, as by request.

② Appointment - Neurologist.
Patient/Responsible other:
Instructed on: D + T Plans

Understands an understanding of instructions given: Yes No
Teaching standards given to patient: Yes No
Provider: [Signature]

[Signature]
G. T. BJORNSSON
CAPT MC USNR
047-42-9241

KIMBLE, ROUNDTREE LIFE
17 Jan 1972 MALE
Spec: KIMBLE, ROUNDTREE LIFE
DOB: [blank]
D: 03210
H: 910-697-2687
W: 0210
RANK: ODR
S: 10-10-10

116/74 80 20 98⁸ 72" 176 lbs

Pt's PSG/MSLT done + interpreted as normal. (std) interest pt had s. efficiency 93% \bar{c} 8 1/2 h TIB, and \bar{c} MSL of 12.4 there was 1 SOREM (which was not stated).

Will focus on sleep hygiene. Pt may be a long sleeper. RTC late Oct.

TW DeBeck MD

951026

Pt doing ok. Still has difficulty \bar{c} waking up but may be going back to other unit but I'm not sure that will work as he is a long sleeper.
Dup RTC 6 weeks

TW DeBeck MD

951121

Pt given note recommending he continue in present assignment.
RTC Feb 96

TW DeBeck MD

DE BECK, T.W., NEUROLOGIST
CDR, MC, USNR

NAVHOSP CAMP LEJEUNE

KIMBLE, RONNIE
17 Jan 1972
Spon: KIMBLE, RONNIE
281

REPORT OF MEDICAL EXAMINATION

Handwritten initials

1. LAST NAME—FIRST NAME—MIDDLE NAME <i>Kimble Ronnie Lee</i>		2. GRADE AND COMPONENT OR POSITION CIVILIAN	3. IDENTIFICATION NO.
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code) <i>6031 Monnett Rd. Julian NC 27283</i>		5. PURPOSE OF EXAMINATION ENLISTMENT COMMISSION ARMY NAVY AIR FORCE MARINE CORPS COAST GUARD RESERVE NATIONAL GUARD	6. DATE OF EXAMINATION <i>27 JAN 93</i>
7. SEX <i>Male</i>	8. RACE: WHITE (BLACK) (AMERICAN INDIAN) (ASIAN) (OTHER/UNKNOWN)	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY <i>None</i> CIVILIAN <i>None</i>	10. AGENCY
11. ORGANIZATION UNIT	12. DATE OF BIRTH <i>17 Jan 72</i> AGE (21)	13. PLACE OF BIRTH <i>Alamance Co. NC.</i>	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN <i>Ronnie L. Kimble (Father) Same AS 4</i>
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS CHARLOTTE MEPS 401 WEST TRADE STREET CHARLOTTE, NC 28202-1626	16. OTHER INFORMATION <i>None</i>		
17. RATING OR SPECIALTY	TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

CLINICAL EVALUATION		
NOR-MAL	(Check each item in appropriate column, enter "NE" if not evaluated)	ABNOR-MAL
<input checked="" type="checkbox"/>	18. HEAD, FACE, NECK AND SCALP	
<input checked="" type="checkbox"/>	19. NOSE	
<input checked="" type="checkbox"/>	20. SINUSES	
<input checked="" type="checkbox"/>	21. MOUTH AND THROAT	
<input checked="" type="checkbox"/>	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
<input checked="" type="checkbox"/>	23. DRUMS (Perforation)	
<input checked="" type="checkbox"/>	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
<input checked="" type="checkbox"/>	25. OPHTHALMOSCOPIC	
<input checked="" type="checkbox"/>	26. PUPILS (Equality and reaction)	
<input checked="" type="checkbox"/>	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
<input checked="" type="checkbox"/>	28. LUNGS AND CHEST (Include breasts)	
<input checked="" type="checkbox"/>	29. HEART (Thrust, size, rhythm, sounds)	
<input checked="" type="checkbox"/>	30. VASCULAR SYSTEM (Varicosities, etc.)	
<input checked="" type="checkbox"/>	31. ABDOMEN AND VISCERA (Include hernia)	
<input checked="" type="checkbox"/>	32. ANUS AND RECTUM (Hemorrhoids, fistulae) Prostate, if indicated)	
<input checked="" type="checkbox"/>	33. ENDOCRINE SYSTEM	
<input checked="" type="checkbox"/>	34. G-U SYSTEM	
<input checked="" type="checkbox"/>	35. UPPER EXTREMITIES (Strength, range of motion)	
<input checked="" type="checkbox"/>	36. FEET	
<input checked="" type="checkbox"/>	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
<input checked="" type="checkbox"/>	38. SPINE, OTHER MUSCULOSKELETAL	
<input checked="" type="checkbox"/>	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
<input checked="" type="checkbox"/>	40. SKIN, LYMPHATICS	
<input checked="" type="checkbox"/>	41. NEUROLOGIC (Equilibrium tests under item 72)	
<input checked="" type="checkbox"/>	42. PSYCHIATRIC (Specify any personality deviation)	
<input checked="" type="checkbox"/>	43. PELVIC (Females only) (Check how done) <input type="checkbox"/> VAGINAL <input type="checkbox"/> 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 FEET
NORMAL ARCH PER CAVUS
MILD MODERATE SEVERE
ASYMPTOMATIC SYMPTOMATIC
PES PLANUS
*(39) Broken scapula @ fracture
 (2) knees + (2) thigh scars
 several scars @ chest
 suprapubic scars @ chest
 27 JAN 1993*

ITEM 50. OTHER TESTS	22002514-2		PLACE SECOND SPECIMEN ID LABEL HERE	
	FIRST TEST		SECOND TEST	
	RESULTS	CODE	RESULTS	CODE
HIV	<i>neg</i>	<i>SB</i>		
DRUGS	<i>2</i>	<i>2</i>		
ALCOHOL	<i>2</i>	<i>2</i>		

(Continue in item 73)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth)																REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES																																																																																																																																																	
<table border="0"> <tr> <td></td><td>0</td><td></td><td>/</td><td></td><td></td><td></td><td></td><td></td><td>x</td><td></td><td></td><td></td><td>x</td><td>x</td><td>x</td><td>(x)</td><td></td> </tr> <tr> <td>R</td><td>1</td><td>2</td><td>3</td><td>Restorable teeth</td><td>1</td><td>2</td><td>3</td><td>Non-restorable teeth</td><td>1</td><td>2</td><td>3</td><td>Missing teeth</td><td>1</td><td>2</td><td>3</td><td>Replaced by dentures</td><td>1</td><td>2</td><td>3</td><td>Fixed partial dentures</td> </tr> <tr> <td></td><td>32</td><td>31</td><td>30</td><td></td><td>32</td><td>31</td><td>30</td><td></td><td>32</td><td>31</td><td>30</td><td></td><td>32</td><td>31</td><td>30</td><td></td><td>32</td><td>31</td><td>30</td><td></td> </tr> <tr> <td>I</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>G</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td></td><td></td><td></td><td></td> </tr> <tr> <td>H</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>T</td><td>32</td><td>31</td><td>30</td><td>29</td><td>28</td><td>27</td><td>26</td><td>25</td><td>24</td><td>23</td><td>22</td><td>21</td><td>20</td><td>19</td><td>18</td><td>17</td><td></td><td></td><td></td><td></td> </tr> </table>																	0		/						x				x	x	x	(x)		R	1	2	3	Restorable teeth	1	2	3	Non-restorable teeth	1	2	3	Missing teeth	1	2	3	Replaced by dentures	1	2	3	Fixed partial dentures		32	31	30		32	31	30		32	31	30		32	31	30		32	31	30		I																					G	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16					H																					T	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17					ACCEPTABLE NOT ACCEPTABLE (DENTAL EXAMINATION NOT DONE BY DENTAL OFFICER)	
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LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY		46. CHEST X-RAY (Place date, film number and result)	
B. ALBUMIN-REAGENT STRIP NEGATIVE	D. MICROSCOPIC	PLACE AS IN ITEM 15: FILM NO	
C. SUGAR-REAGENT STRIP NEGATIVE		DATE RESULT	
47. SEROLOGY (Specify test used and result) RPR <i>N/R</i>	48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS <i>neg Elisa</i> URINE HCG: _____

20

NAME: Kimble, Ronnie Lee MEASUREMENTS AND OTHER FINDINGS SSN: USMC

51. HEIGHT 69 3/4 52. WEIGHT 166 53. COLOR HAIR Brown 54. COLOR EYES Brown 55. BUILD: SLENDER MEDIUM HEAVY OBESE 56. TEMPERATURE 5B

57. BLOOD PRESSURE (Arm at heart level) 58. PULSE (Arm at heart level)
A. SITTING 64 B. AFTER EXERCISE C. 2 MIN. AFTER D. RECUMBENT E. AFTER STANDING 3 MIN.

59. DISTANT VISION 60. REFRACTION 61. NEAR VISION
RIGHT 20/ 15 CORR. TO 20/ BY S CX 20/15 CORR. TO BY
LEFT 20/ 15 CORR. TO 20/ BY S CX 20/15 CORR. TO BY

62. HFT-ROPHORIA (Specify distance)
ES* EX* R.H. L.H. PRISM DIV. PRISM CONV. CT PC PD

ACCOMMODATION 64. COLOR VISION (Test used and result) 65. DEPTH PERCEPTION (Test used and score) UNCORRECTED
RIGHT LEFT PIP PASS 2X /14 AFVT CORRECTED

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

HEARING 71. AUDIOMETER ANSI-69 72. PSYCHOLOGICAL AND PSYCHOMOTOR FOR MEPS USE ONLY
RIGHT WV /15 SV /15 250 500 1000 2000 3000 4000 6000 8000 WK ST DATE INITIAL
LEFT WV /15 SV /15 256 512 1024 2048 2896 4096 6144 8192
RIGHT ● 0 10 0 0 0 10 ● 1 P 23 JAN 1993 JWB
LEFT ● 0 0 0 0 0 15 ● 5 P 27 30 129 AS
7 P 18 FEB 1993
2 P 22 FEB 1993
2 P 22 FEB 1993

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY
ITEM 64: RED/GREEN (ARMY ONLY) 123-222
PHYSICAL INSPECTION DATE HT WT RPR HCG QUAL DISQ
18 FEB 1993 69 3/4 168
22 FEB 1993 70 171
07 APR 1993 70 171

18 FEB 1993 Asymt over for not frequent headache CS

FOR MEPS USE ONLY
WK ST DATE INITIAL
6 P 07 APR 1993

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

THIS EXAMINATION HAS BEEN ADMINISTRATIVELY REVIEWED FOR COMPLETENESS AND ACCURACY
Signature: W. W. W. W. GRADE: 1 DATE: 27 JAN 1993

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

77. EXAMINEE (Check)
A. IS QUALIFIED FOR SERVICE AS IN ITEM 5
B. IS NOT QUALIFIED FOR

76. A. PHYSICAL PROFILE
P U V H E S
1 1 1 1 1 1
B. PHYSICAL CATEGORY
0

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

79. TYPED OR PRINTED NAME OF PHYSICIAN DR. EDWIN GONZALEZ SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN CMO SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OF PHYSICIAN DR. EDWIN GONZALEZ SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER DR. EDWIN GONZALEZ SIGNATURE NUMBER OF ATTACHED SHEETS

REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME <i>Kimble, Ronnie Lee</i>		2. SOCIAL SECURITY OR IDENTIFICATION NO. <i>20</i>	
3. HOME ADDRESS (No. street or RFD, city or town, State, and ZIP CODE) <i>6031 Monnett Rd. Julian NC 27283</i>		4. POSITION (Title, grade, component) <p style="text-align: center; font-weight: bold;">CIVILIAN</p>	
5. PURPOSE OF EXAMINATION ENLISTMENT ARMY NAVY AIR FORCE COAST GUARD RESERVE	COMMISSION <u>MARINE CORPS</u> NATIONAL GUARD	6. DATE OF EXAMINATION <p style="text-align: center; font-size: 1.2em;">27 JAN 93</p>	7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS CHARLOTTE MEPS 401 WEST TRADE STREET CHARLOTTE, NC 28202-1626

8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

PRESENT HEALTH: *Good*

CURRENT MEDICATIONS: *None*

ALLERGIES (INCLUDING TO INSECT BITES/STINGS AND TO COMMON FOODS): *None*

9. HAVE YOU EVER (Please check each item)		10. DO YOU (Please check each item)	
YES	NO	YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>(Check each item)</i>		<i>(Check each item)</i>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)											
YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet fever, erysipelas	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cramps in your legs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"Trick" or locked knee
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic fever	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent indigestion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foot trouble
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swollen or painful joints	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stomach, liver, or intestinal trouble	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neuritis
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent or severe headache	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gall bladder trouble or gallstones	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Paralysis (include infantile)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness or fainting spells	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jaundice or hepatitis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy or fits
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eye trouble	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adverse reaction to serum, drug or medicine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Car, train, sea or air sickness
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ear, nose, or throat trouble	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Broken bones	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent trouble sleeping
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing loss	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tumor, growth, cyst, cancer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Depression or excessive worry
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chronic or frequent colds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rupture/hernia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loss of memory or amnesia
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Severe tooth or gum trouble	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Piles or rectal diseases	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nervous trouble of any sort
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sinusitis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent or painful urination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Periods of unconsciousness
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hay Fever	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bed wetting since age 12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Head injury	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kidney stone or blood in urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin diseases	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sugar or albumin in urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid trouble or goiter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VD—Syphilis, gonorrhea, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recent gain or loss of weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis, Rheumatism, or Bursitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bone, joint or other deformity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pain or pressure in chest	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lameness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chronic cough	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loss of finger or toe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Palpitation or pounding heart	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Painful or "trick" shoulder or elbow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble or murmur	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recurrent back pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High or low blood pressure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

13. WHAT IS YOUR USUAL OCCUPATION? <i>Cut steel</i>	14. ARE YOU (Check one) <input checked="" type="checkbox"/> Right handed <input type="checkbox"/> Left handed
--	--

12. FEMALES ONLY: HAVE YOU EVER	
Been treated for a female disorder	<input type="checkbox"/>
Had a change in menstrual pattern	<input type="checkbox"/>
DATE OF LMP	
DATE OF LMP	

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
✓		15. Have you been refused employment or been unable to hold a job or stay in school 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.)
✓		16. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details.)
✓		17. Have you ever been denied life insurance? (If yes, state reason and give details.)
✓		18. Have you had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)
✓		19. Have you ever been a patient in any type of hospitals? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)
✓		20. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)
✓		21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)
✓		22. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.)
✓		23. 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.)
✓		24. Have you ever received, is there pending, or have you applied 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

Ronnie Lee Kimble

SIGNATURE

Ronnie Kimble

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

25. Physician's summary and elaboration of all pertinent data (Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

(c) medical history

APPLICANT DENIES
SERIOUS MEDICAL
HISTORY.

QUESTIONING REVEALS	YES	NO	DETAILS
MARIJUANA USE		✓	
OTHER DRUG ABUSE		✓	
ALCOHOL ABUSE		✓	
HOMOSEXUALITY		✓	

RLK.

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER
DR EDWIN GONZ
C M O

DATE
27 JAN 1983

SIGNATURE

[Signature]

NUMBER OF ATTACHED SHEETS

SHIP OR STATION	DIAGNOSIS, DIAGNOSIS NUMBER AND REMARKS	DATE	
		FROM	TO
BRANCH CLINIC NAVAL HOSPITAL BEAUFORT	RECRUIT TRAINING		
MCRD PARRIS ISLAND, S.C. 29905		6 APR 1993	2 JUL 1993
<i>E CO. MCT 34-93</i> CAMP GENDER BRANCH CLINIC CAMP LEJEUNE NC 28542-5008	<i>Dun's</i>	7 JUL 1993	6 AUG 1993
3rd Battalion, 2nd Marines 2nd Marine Division, FMF Camp Lejeune, NC 28542	<i>BRAD Co</i> <i>Duty</i> <i>INDIA E</i>	8/3/93 <i>6 Oct 1993</i> <i>8 SE</i>	10/5/93 <i>12 FEB 94</i>
3rd Battalion, 2nd Marines 2nd Marine Division, FMF Camp Lejeune, NC 28542	<i>India (DUTY)</i>	5 OCT 93	
<i>AG</i> HQ&SPT BN MCB CLNO	<i>F.A.P.</i>	14 JUL 1995	2 MAR 1997

20

SOCIAL SECURITY NUMBER	SEX	RACE	DATE OF BIRTH	ORGANIZATION OR UNIT	PHONE
		<i>C</i>			
NAME				SERVICE NO.	RANK
<i>878444</i>			<i>88814</i>		<i>PVT</i>
				COMP OR BRANCH	SERVICE DEPT. OR AGENCY
				<i>USMC</i>	<i>DEPT. OF DEFENSE</i>

HEALTH RECORD

IMMUNIZATION RECORD

All entries in ink to be made in block letters

VACCINATION AGAINST SMALLPOX (Number of previous vaccination scars)

	DATE	ORIGIN	BATCH NUMBER	RESULT *		STATION	PHYSICIAN'S NAME
				2-3 DAYS	7-10 DAYS		
1		WYETH			MAJ	MCRD, PISC	
2							
3							
4							
5							
6							

ENTER RESULTS AS IMMEDIATE REACTION (of immunity); ACCELERATED REACTION (Vaccinoid); TYPICAL PRIMARY VACCINATION

TRIPLE TYPHOID VACCINE

	DATE	DOSE	UNTOWARD REACTION	PHYSICIAN'S NAME		DATE	DOSE	UNTOWARD REACTION	PHYSICIAN'S NAME
1	22 NOV 83	0.5cc		HN Branon	7				
2	8 Mar 84	0.5cc		HN Branon	9				
3					10				
4					11				
5					12				
6									

TETANUS TOXOID AND DIPHTHERIA

	DATE	DOSE	UNTOWARD REACTION	PHYSICIAN'S NAME		DATE	DOSE	UNTOWARD REACTION	PHYSICIAN'S NAME
1	5 MAY 1983	0.5cc		R. J. Senior, CDR, MC, USNR					
2	22 NOV 83	0.5cc		HN Branon	5				
3					6				

SCHICK TESTING AND DIPHTHERIA IMMUNIZATION

DATE	DOSE	REACTION	PHYSICIAN'S NAME	DATE	DOSE	REACTION	PHYSICIAN'S NAME
TEST				TEST			
1				5			
2				6			
3				7			
4				8			

TYPHUS VACCINE

	DATE	DOSE	REACTION	PHYSICIAN'S NAME		DATE	DOSE	REACTION	PHYSICIAN'S NAME
1					4				
2					5				
3					6				

CHOLERA VACCINE

	DATE	ORIGIN	BATCH NO.	PHYSICIAN'S NAME		DATE	ORIGIN	BATCH NO.	PHYSICIAN'S NAME
1					7				
2					8				
3					9				
4					10				
5					11				
6					12				

YELLOW FEVER VACCINE

	DATE	ORIGIN	BATCH NO.	STATION	PHYSICIAN'S NAME
1	29 JUN 1993	CONNAUGHT	3B41037	MCRD, PISC	R. J. SENIOR, CDR, MC, USNR
2					

SOCIAL SECURITY NUMBER	SEX	RACE	DATE OF BIRTH	ORGANIZATION OR UNIT	PHONE
	M	C	17 JAN 74	4444	
NAME	SERVICE NO.		RANK	COMP OR BRANCH	SERVICE DEPT. OR AGENCY
KINBLE	ACNRJG		PVT	USMC	DEPT. OF DEFENSE

OTHER IMMUNIZATIONS

	DATE	TYPE	DOSE	REACTION	REMARKS	PHYSICIAN'S NAME
1						
2	2 APR 1993	ADENOVIRUS 2 TABS ORAL VAC. TYPE IV & VII				R. SENIOR CDR, MC, USNR
3	3 APR 1993	MENINGOCOCCAL 0.5cc				R. SENIOR CDR, MC, USNR
4	5 MAY 1993	INFLUENZA TRIVALENT 0.5cc				R. J. Senior, CDR, MC, USNR
5	25 APR 1993	MEASLES/MUMPS/RUBELL VAC. 0.5ml				R. SENIOR CDR, MC, USNR
6	26 APR 1993	ORAL TRIVALENT POLIO VIRUS TYPE I, II, III				R. SENIOR CDR, MC, USNR
7	27 APR 1993	BICILLIN 1.2 MIL. UNITS I. M.				
8	22 NOV 93	FLU	0.5cc			M. Demmon
9	27 NOV 93	20A	1.5cc			M. Demmon
10	31 MAY 93	HEP B #1	1cc			Dr. Kelly
11	2 JUN 93	Flu	.5cc			
12	13 NOV 93	Flu	0.5cc			
13						
14						
15						

SENSITIVITY TESTS (Tuberculin, Etc.)

	DATE	TYPE	DOSE	ROUTE	RESULTS	PHYSICIAN'S NAME
1	2 APR 1993	TUBERCULIN P.P.D	5TU	ID	Zero mm	R. J. Senior, CDR, MC, USNR
2	23 FEB 93	PPD	5TU	ID	Zero mm	Harrell
3	20 JAN 93	PPD	5TU	ID	2.0 mm	Harrell
4						
5						
6						
7						
8						
9						
10	10 APR 1993	HIV	NA		HIV NEGATIVE	R. J. Senior, CDR, MC, USNR

REACTIONS (To transfusions, drugs, sera, foods, allergens, etc.)

	DATE	AGENT	TYPE OF REACTION	SEVERITY	PHYSICIAN'S NAME
1					
2					
3					
4					
5					

BLOOD TYPING

	DATE	TYPE (International)	RH FACTOR	PHYSICIAN'S NAME
1	12 APR 93	O	POS	Transcribed from Official Records
2				
3				

REMARKS AND RECOMENDATIONS (Including history of diseases for which any of the above immunizing agents were given with year and place of attack.)

NKA

DNA Specimen drawn & duplicate registry card filed in the Medical Record.

UNITED STATES MARINE CORPS
COMMANDANT OF THE MARINE CORPS
HEADQUARTERS U.S. MARINE CORPS (MMSB) 11
8 ELLIOT RD
ANTICO VA 22134-5030



MR W DAVID LLOYD
ATTORNEY AND COUNSELOR AT LAW
101 SOUTH ELM STREET
LOWER LEVEL
GREENSBORO NC 27401

