Standard Form 600
Promulgated Nov. 1952
By Bureau of the Budget
Circular A-32

SEP 11 1959

**HEALTH RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

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

STATION HOSPITAL
U. S. MARINE CORPS AIR STATION
EL TORO (SANTA ANA), CALIFORNIA

EXAMINED THIS DATE AND FOUND PHYSICALLY QUALIFIED FOR SEPARATION FROM THE U. S. MARINE CORPS SERVICE. REQUIRES NEITHER TREATMENT NOR HOSPITALIZATION.

X-RAY FINDINGS:

FILM NUMBER: 70mm#6318 NEGATIVE DATE: 3 Sep 1959

VDRL: _____ NEGATIVE DATE: 3 Sep 1959

URINALYSIS: _____ NEGATIVE DATE: 3 Sep 1959

TYPE OF [illegible] & EFFECTIV. DATE: REIEASE FROM ACTIVE DUTY IN THE USMC ON 11 Sep 1959

DEFECTS NOTED: NCD

J.F. VINCENT, LT MC USNR

| SEX | RACE | GRADE, RATING, OR POSITION | ORGANIZATION UNIT | COMPONENT OR BRANCH | SERVICE, DEPT. OR AGENCY |
|---|---|---|---|---|---|
| M | C | Pfc | H&HS Sep Sec | USMC | USN |

| PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME | DATE OF BIRTH (DAY-MONTH-YEAR) | IDENTIFICATION NO. |
|---|---|---|
| OSWALD, Lee Harvey | 18 Oct 1939 | 1653230 |

PLACE OF BIRTH, Louisiana

30-67729-1

CHRONOLOGICAL RECORD OF MEDICAL CARE
Standard Form 600

DONABEDIAN EXHIBIT NO. 1

Standard Form 88
(Rev. Aug. 1960)
Promulgated by
Bureau of the Budget
Circular A-24

REL 11 Sept; 1959

# REPORT OF MEDICAL EXAMINATION

| 1. LAST NAME—FIRST NAME—MIDDLE NAME | 2. GRADE AND COMPONENT OR POSITION | 3. IDENTIFICATION NO. |
|---|---|---|
| OSWALD, Lee Harvey | Pfc | 1653230 |
| **4. HOME ADDRESS** (Number, street or R.F.D., city or town, zone and State) | **5. PURPOSE OF EXAMINATION** | **6. DATE OF EXAMINATION** |
| 3124 West 5th St. Fort Worth, Texas | Seperation | 3 Sept 1959 |

| 7. SEX | 8. RACE | 9. TOTAL YRS. GOVT. SERVICE MILITARY | CIVILIAN | 10. DEPARTMENT, AGENCY, OR SERVICE | 11. ORGANIZATION UNIT |
|---|---|---|---|---|---|
| M | C | 03 | | USMC | H&HS SEP SEC |

| 12. DATE OF BIRTH | 13. PLACE OF BIRTH | 14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN |
|---|---|---|
| 18 Oct 39 | Louisiana | Mrs. M. OSWALD, Same as line #4 (M) |

15. NAME, GRADE OR RATING, AND ADDRESS OF EXAMINER
U. S MARINE CORPS AIR STATION
EL TORO (SANTA ANA), CALIF.

16. OTHER INFORMATION
Rel: Luthern

17. RATING OR SPECIALTY

TIME IN THIS CAPACITY: TOTAL LAST SIX MONTHS

## CLINICAL EVALUATION

| NORMAL | ABNORMAL | (Check each item in appropriate column; enter "N. E." if not evaluated) |
|---|---|---|
| | X | 18. HEAD, FACE, NECK, AND SCALP |
| | | 19. NOSE |
| | | 20. SINUSES |
| | | 21. MOUTH AND THROAT |
| | | 22. EARS—GENERAL (Inl. & ext. canals) (Auditory acuity under items 70 and 71) |
| | | 23. DRUMS (Perforation) |
| | | 24. EYES—GENERAL (Visual acuity and refraction under items 59, 60, and 61) |
| | | 25. OPHTHALMOSCOPIC |
| | | 26. PUPILS (Equality and reaction) |
| | | 27. OCULAR MOTILITY (Associated parallel movements, nystagmus) |
| | | 28. LUNGS AND CHEST (Include breasts) |
| | | 29. HEART (Thrust, size, rhythm, sounds) |
| | | 30. VASCULAR SYSTEM (Varicosities, etc.) |
| | | 31. ABDOMEN AND VISCERA (Include hernia) |
| | | 32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate if indicated) |
| | | 33. ENDOCRINE SYSTEM |
| | | 34. G-U SYSTEM |
| | | 35. UPPER EXTREMITIES (Strength, range of motion) |
| | | 36. FEET |
| | | 37. LOWER EXTREMITIES (Except feet) (Strength, range of motion) |
| | | 38. SPINE, OTHER MUSCULOSKELETAL |
| As Noted | | 39. IDENTIFYING BODY MARKS, SCARS, TATTOOS |
| | | 40. SKIN, LYMPHATICS |
| | | 41. NEUROLOGIC (Equilibrium tests under item 78) |
| | | 42. PSYCHIATRIC (Specify any personality deviation) |
| Females only | | (Check how done) |
| | | 43. PELVIC ☐ VAGINAL ☐ RECTAL |

NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)

(39) S operation, 1" left mastoid
S operation, 1" ULA
S gunshot, left elbow
S ½" left hand
VSULA

(18) Mastoid operation 1945 NCD

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively)
O.—Restorable teeth X.—Missing teeth (6 X 6).—Fixed bridge, brackets to include abutments
/.—Nonrestorable teeth XXX.—Replaced by dentures

| RIGHT | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | LEFT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | X | | | | | | | | | | | | | | | X | |
| | 32 | 31 | X | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | X | 17 |

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

TYPE III
CLASS 1
QUALIFIED

## LABORATORY FINDINGS

| 45. URINALYSIS: SP. GR. 1.022 | | | 46. CHEST X-RAY (Place, date, film number, result) | 47. SEROLOGY (Specify test used and result) |
|---|---|---|---|---|
| ALBUMIN | SUGAR | MICROSCOPIC | 70mm #6318 - 3Sep1959 | |
| NEG | NEG | ND | NEGATIVE | VDRL - NEGATIVE |
| **48. EKG** | **49. BLOOD TYPE AND RH FACTOR** | | **50. OTHER TESTS** | |

50—[illegible]-1

DONABEDIAN EXHIBIT NO. 1—Continued

Standard Form 88
(Rev. Aug. 1960)
PROMULGATED BY
BUREAU OF THE BUDGET
CIRCULAR A-24

REL 11 Sept; 1959

# REPORT OF MEDICAL EXAMINATION

D

| 1. LAST NAME—FIRST NAME—MIDDLE NAME | 2. GRADE AND COMPONENT OR POSITION | 3. IDENTIFICATION NO. |
|---|---|---|
| OSWALD, Lee Harvey | Pfc | 165[illegible]30 |

| 4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) | 5. PURPOSE OF EXAMINATION | 6. DATE OF EXAMINATION |
|---|---|---|
| 3124 West 5th St. Fort Worth, Texas | Soperation | 3 Sept 1959 |

| 7. SEX | 8. RACE | 9. TOTAL YRS. GOVT. SERVICE (MILITARY / CIVILIAN) | 10. DEPARTMENT, AGENCY, OR SERVICE | 11. ORGANIZATION UNIT |
|---|---|---|---|---|
| M | C | 03 / | USMC | H&HS SEP SEC |

| 12. DATE OF BIRTH | 13. PLACE OF BIRTH | 14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN |
|---|---|---|
| 18 Oct 39 | Louisiana | Mrs. M. OSWALD, Same as line #4 (M) |

| 15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS | 16. OTHER INFORMATION |
|---|---|
| U. S. MARINE CORPS AIR STATION EL TORO (SANTA ANA), CALIF. | Rel: Luthern |

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

## CLINICAL EVALUATION

| NORMAL | ABNORMAL | (Check each item in appropriate column; enter "N. E." if not evaluated) | NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.) |
|---|---|---|---|
| | X | 18. HEAD, FACE, NECK, AND SCALP | (39) S operation, 1" left mastoid<br>S operation, 1" ULA<br>S gunshot, left elbow<br>S ½" left hand<br>VSULA |
| | | 19. NOSE | |
| | | 20. SINUSES | |
| | | 21. MOUTH AND THROAT | |
| | | 22. EARS—GENERAL (Ext. & ext. canals) (Auditory acuity under items 70 and 71) | |
| | | 23. DRUMS (Perforation) | |
| | | 24. EYES—GENERAL (Visual acuity and refraction under items 68, 69, and 81) | |
| | | 25. OPHTHALMOSCOPIC | |
| | | 26. PUPILS (Equality and reaction) | |
| | | 27. OCULAR MOTILITY (Associated parallel movements, nystagmus) | |
| | | 28. LUNGS AND CHEST (Include breasts) | (18) Mastoid operation 1945 NCD |
| | | 29. HEART (Thrust, size, rhythm, sounds) | |
| | | 30. VASCULAR SYSTEM (Varicosities, etc.) | |
| | | 31. ABDOMEN AND VISCERA (Include hernia) | |
| | | 32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate if indicated) | |
| | | 33. ENDOCRINE SYSTEM | |
| | | 34. G-U SYSTEM | |
| | | 35. UPPER EXTREMITIES (Strength, range of motion) | |
| | | 36. FEET | |
| | | 37. LOWER EXTREMITIES (Except feet) (Strength, range of motion) | |
| | | 38. SPINE, OTHER MUSCULOSKELETAL | |
| AsNoted | | 39. IDENTIFYING BODY MARKS, SCARS, TATTOOS | |
| | | 40. SKIN, LYMPHATICS | |
| | | 41. NEUROLOGIC (Equilibrium tests under item 78) | |
| | | 42. PSYCHIATRIC (Specify any personality deviation) | |
| Females only | | (Check how done) 43. PELVIC ☐ VAGINAL ☐ RECTAL | (Continue in item 73) |

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively)
O.—Restorable teeth X.—Missing teeth (8 × 8).—Fixed bridge, brackets to include abutments
I.—Nonrestorable teeth XXX.—Replaced by dentures

| RIGHT | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | LEFT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | X | | | | | | | | | | | | | | | X | |
| | 32 | 31 | X | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | X | |

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

TYPE III
CLASS 1
QUALIFIED

## LABORATORY FINDINGS

| 45. URINALYSIS: SP. GR. 1,022 | | | 46. CHEST X-RAY (Place, date, film number, result) | 47. SEROLOGY (Specify test used and result) |
|---|---|---|---|---|
| ALBUMIN | SUGAR | MICROSCOPIC | 70mm #6318 - 3Sep1959 NEGATIVE | VDRL - NEGATIVE |
| NEG | NEG | ND | | |
| 48. EKG | 49. BLOOD TYPE AND RH FACTOR | | 50. OTHER TESTS | |

DONABEDIAN EXHIBIT No. 1—Continued

**MEASUREMENTS AND OTHER FINDINGS**

| 51. HEIGHT | 52. WEIGHT | 53. COLOR HAIR | 54. COLOR EYES | 55. BUILD: SLENDER ☐ MEDIUM ☒ HEAVY ☐ OBESE ☐ | 56. TEMP. |
|---|---|---|---|---|---|
| 71 " | 150 | Brown | Grey | | N |

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

| | | SYS. | DIAS. |
|---|---|---|---|
| SITTING | | 110 | 58 |
| RECUMBENT | | | |
| STANDING (5 min.) | | | |

58. PULSE (*Arm at heart level*)

| SITTING | AFTER EXERCISE | 2 MIN. AFTER | RECUMBENT | AFTER STANDING 3 MIN. |
|---|---|---|---|---|
| 62 | | | | |

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

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

| 63. ACCOMMODATION | 64. COLOR VISION (*Test used and result*) | 65. DEPTH PERCEPTION (*Test used and score*) | UNCORRECTED |
|---|---|---|---|
| RIGHT LEFT | 18/18 AOC 1940 | | CORRECTED |
| 66. FIELD OF VISION | 67. NIGHT VISION (*Test used and score*) | 68. RED LENS | 69. INTRAOCULAR TENSION |

| 70. HEARING | 71. AUDIOMETER | | | | | | | | 72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*) |
|---|---|---|---|---|---|---|---|---|---|
| | | 250 *256* | 500 *512* | 1000 *1024* | 2000 *2048* | 3000 *3096* | 4000 *4096* | 6000 *6192* | |
| RIGHT WV 15 /15 SV 15/15 | RIGHT | | | | | | | | |
| LEFT WV | LEFT | | | | | | | | |

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

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

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

NCD

| 75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (*Specify*) | 76. PHYSICAL PROFILE |
|---|---|
| NONE | P U L H E S |
| 77. EXAMINEE (*Check*) ☒ IS ☐ IS NOT QUALIFIED FOR RELEASE FROM ACTIVE DUTY IN THE USMC | PHYSICAL CATEGORY |
| 78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER | A C E |

| | |
|---|---|
| 79. TYPED OR PRINTED NAME OF PHYSICIAN: J.T. VINCENT, LT. MC, USNR | SIGNATURE |
| 80. TYPED OR PRINTED NAME OF PHYSICIAN | SIGNATURE |
| 81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*): C.W. STEVENS, CDR. DC, USNR | SIGNATURE |
| 82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY | SIGNATURE |

NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE 16—62388-1

DONABEDIAN EXHIBIT No. 1—Continued

OVERSEAS DRAFT SECTION
AIRCRAFT, FLEET MARINE FORCE, PACIFIC

9 July 1957
(Date)

MEDICAL/DENTAL EVALUATION

Company A August AvnEle ReplBn

Pfc. Oswald, Lee Harvey 1653230/6741 Lutheran
(First Name) (First Name) (Middle Name) (Ser/MOS) (Religion)

INFORMATION CONCERNING NEXT OF KIN

Next of Kin (Full Name) Margurite Oswald
(To be notified in case of emergency)

Relationship Mother

ADDRESS

Permanent 3038 W 6th St., Fort Worth, Texas
(Complete address at which next of kin will reside after your departure for overseas)

Temporary
(If any)

| MEDICAL SCREENING | YES | NO | DENTAL SCREENING | YES | NO |
|---|---|---|---|---|---|
| Needs Shots | ( ) | ( ) | Needs Operative Dental | ( ) | ( ) |
| Needs X-Ray | ( ) | ( ) | Needs Surgery | ( ) | ( ) |
| Is Profile Disqualifying (PDNLTSX) | ( ) | ( ) | Needs Prosthetics | ( ) | ( ) |

Is Marine physically qualified for oversees duty (YES____) (NO____)

Is Marine dentally qualified for overseas duty (YES____) (NO____)

Original (To Draft Company 1stSgt)
1 Copy to Medical Draft
1 Copy to Dental Draft

IMPORTANT: The original of this form will be turned into hut T-666, Overseas Draft Section prior to departure of your Draft for oversees.

REV: APRIL 1957

DONABEDIAN EXHIBIT No. 1—Continued

Standard Form 601
Promulgated Nov. 1952
By Bureau of the Budget
Circular A—32

# 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* 4 DAYS | RESULT* 7–10 DAYS | STATION | PHYSICIAN'S NAME |
|---|---|---|---|---|---|---|---|
| 1 | NOV 6 '56 | Cutter | 6923 | Imm | | MCRD, SAN DIEGO, CAL. | H. L. GOFF |
| 2 | | | | | | | |
| 3 | 2/1/57 | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |

*ENTER RESULTS AS: IMMEDIATE REACTION (*of immunity*); ACCELERATED REACTION (*Vaccinoid*); TYPICAL PRIMARY VACCINA

## TRIPLE TYPHOID VACCINE

| | DATE | DOSE | UNTOWARD REACTION | PHYSICIAN'S NAME | | DATE | DOSE | UNTOWARD REACTION | PHYSICIAN'S NAME |
|---|---|---|---|---|---|---|---|---|---|
| 1 | NOV 6 '56 | 0.5 | | H. L. GOFF | 7 | | | | |
| 2 | NOV 13 '56 | 0.5 | | | 8 | | | | |
| 3 | NOV 23 '56 | 0.5 | | | 9 | | | | |
| 4 | 2/1/57 | C.5 | | | 10 | | | | |
| 5 | | | | | 11 | | | | |
| 6 | | | | | 12 | | | | |

## TETANUS TOXOID AND DIPH TOX COMB

| | DATE | DOSE | UNTOWARD REACTION | PHYSICIAN'S NAME | | DATE | DOSE | UNTOWARD REACTION | PHYSICIAN'S NAME |
|---|---|---|---|---|---|---|---|---|---|
| 1 | NOV 6 '56 | 0.5 | | H. L. GOFF | 4 | | | | |
| 2 | DEC 26 '56 | 0.5 | | | 5 | | | | |
| 3 | 2/1/57 | 0.5 | | | 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 | 2/1/57 | 1cc | | | 4 | | | | |
| 2 | 2/8/57 | 1cc | | | 5 | | | | |
| 3 | | | | | 6 | | | | |

## CHOLERA VACCINE

| | DATE | ORIGIN | BATCH NO. | PHYSICIAN'S NAME | | DATE | ORIGIN | BATCH NO. | PHYSICIAN'S NAME |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 2/1/57 | | | | 7 | | | | |
| 2 | 2/8/57 | | | | 8 | | | | |
| 3 | | | | | 9 | | | | |
| 4 | | | | | 10 | | | | |
| 5 | | | | | 11 | | | | |
| 6 | | | | | 12 | | | | |

## YELLOW FEVER VACCINE

| | DATE | ORIGIN | BATCH NO. | STATION | PHYSICIAN'S NAME |
|---|---|---|---|---|---|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |

| SEX | RACE | GRADE, RATING OR POSITION | ORGANIZATION UNIT | COMPONENT OR BRANCH | SERVICE, DEPT. OR AGENCY |
|---|---|---|---|---|---|
| M | C | | | | USMC |

| PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME | DATE OF BIRTH (DAY–MONTH–YEAR) | IDENTIFICATION NO. |
|---|---|---|
| OSWALD, Lee Harvey | 18 October 1939 | 1653230 |

16-67780-4

IMMUNIZATION RECORD
Standard Form 601

DONABEDIAN EXHIBIT No. 1—Continued

**OTHER IMMUNIZATIONS**

| | DATE | TYPE | DOSE | REACTION | REMARKS | PHYSICIAN'S NAME |
|---|---|---|---|---|---|---|
| 1 | NOV 8 56 | INFLUENZA Vac | | | | |
| 2 | OCT. 16 1958 | INFLUENZA VACC | 0.2cc | | | |
| 3 | 10-27-58 | FLU "6 | 1.00cc | | | |
| 4 | 9-21-59 | [illegible] | [illegible] | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | | | | | | |

**SENSITIVITY TESTS** (*Tuberculin, etc.*)

| | DATE | TYPE | DOSE | ROUTE | RESULTS | PHYSICIAN'S NAME |
|---|---|---|---|---|---|---|
| 1 | OCT 25 56 | T.B. O.0001 mgm | Intradermal | | Negative | H. L. GOFF |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |

**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 | OCT [illegible] 56 | "A" | | H. L. GOFF |
| 2 | | | | |
| 3 | | | | |

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

MCRD, SAN DIEGO 40, CALIF.
Poliomyelitis Vaccine, Salk
Dose of 1cc
Date of 1st dose: 11-25-56
Date of 2nd dose: 12-26-56
Site of Inoculation: LEFT DELTOID

Lot No: 168-6799-10
Mfg by: Eli Lilly & Co

A. O. MILLER
LT MC USNR

THIS RECORD IS IN [illegible] DANCE WITH ARTICLE 99, WHO SAN [illegible] GULATIONS.

U. S. GOVERNMENT PRINTING OFFICE 16—87730-1

DONABEDIAN EXHIBIT No. 1—Continued

Standard Form 600
Promulgated Nov. 1942
By Bureau of the Budget
Circular A—83

| HEALTH RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (*Sign each entry*) |
| 24Oct56 | USMC-RS DALLAS, TEXAS |
| 25 OCT 1956 | MCRD, SAN DIEGO, CAL. JAN 18 '57 |
| [illegible] 1957 | CAMP SAN ONOFRE DISPENSARY |
| [illegible] MAR 1957 | NATTC, NAS, JAX, FLA. 3 MAY 1957 |
| 10 JUL 1957 | MCAS, EL TORO, CAL AUG 21 1957 |
| SEP. 18. 1957 | MACS-1, 1st MAW, FMF |
| | Health Record verified this date OCT. 23. 1957 |
| 10-27-57 | USNH NAVY 3923 NOV. 15. 1957 |
| 11-15-57 | MACS-1 1ST MAW, FMF OCT 29 1958 |
| 12-X-57 | [illegible] MEDICAL DEPARTMENT U. S. MARINE CORPS AIR STATION EL TORO (SANTA ANA), CALIF. TERMINATED BY REASON OF EXPIRATION OF ENLISTMENT SEP 11 1959 |

TERMINATED BY REASON OF EXPIRATION OF ENLISTMENT

TERMINATED BY REASON OF EXPIRATION OF ENLISTMENT

| SEX | RACE | GRADE, RATING, OR POSITION | ORGANIZATION UNIT | COMPONENT OR BRANCH | SERVICE, DEPT. OR AGENCY |
|---|---|---|---|---|---|
| M | C | | | | USMC |

| PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME | DATE OF BIRTH (DAY—MONTH—YEAR) | IDENTIFICATION NO. |
|---|---|---|
| OSWALD, Lee Harvey | 18 October 1939 | 1653230 |

16—67738-1

CHRONOLOGICAL RECORD OF MEDICAL CARE
Standard Form 600

DONABEDIAN EXHIBIT No. 1—Continued

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|---|---|
| FT 10-07-57 | W/M, UPPER LT. ARM #8255 D NOV. 15 1957 |
| ~~A 10-6-58~~ | ~~URETHRITIS, ACUTE, Due to G.C. (0303) DNEPTE~~ |
| ~~C 10-6-58~~ | ~~ERROR~~ |
| ~~EG~~ 10-6-58 | URETHRITIS, ACUTE, Non-Venereal (6072) DNEPTE |
| 10-10-58 | SIGMOIDOSCOPY (466) D 10-13-58 (7) |

TERMINATED BY REASON OF EXPIRATION OF ENLISTMENT

TERMINATED BY REASON OF EXPIRATION OF ENLISTMENT

TERMINATED BY REASON OF EXPIRATION OF ENLISTMENT

U. S. GOVERNMENT PRINTING OFFICE 16—67730-6

DONABEDIAN EXHIBIT No. 1—Continued

Standard Form 88
(Rev. Aug. 1950)
Promulgated by
Bureau of the Budget
Circular A-24

hs

# REPORT OF MEDICAL EXAMINATION

| 1. LAST NAME—FIRST NAME—MIDDLE NAME | 2. GRADE AND COMPONENT OR POSITION | 3. IDENTIFICATION NO. |
|---|---|---|
| OSWALD, Lee Harvey | APP USMC | 1653230 |
| **4. HOME ADDRESS** (Number, street or RFD, city or town, zone and State) | **5. PURPOSE OF EXAMINATION** | **6. DATE OF EXAMINATION** |
| 4936 Collinwood St, Ft Worth, Tex | enlistment USMC | 24 Oct 56 |

| 7. SEX | 8. RACE | 9. TOTAL YRS. GOVT. SERVICE MILITARY | CIVILIAN | 10. DEPARTMENT, AGENCY, OR SERVICE | 11. ORGANIZATION UNIT |
|---|---|---|---|---|---|
| M | Cauc | 0 | 0 | USMC | |

| 12. DATE OF BIRTH | 13. PLACE OF BIRTH | 14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN |
|---|---|---|
| 18 Oct 39 | New Orleans, La | Marguerite Oswald(Mother) sam e as #4 |

| 15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS | 16. OTHER INFORMATION |
|---|---|
| AFES, Dallas, Texas | Relig: Protestant |

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

## CLINICAL EVALUATION

| NORMAL | ABNORMAL | (Check each item in appropriate column; enter "N. E." if not evaluated) |
|---|---|---|
| X | | 18. HEAD, FACE, NECK, AND SCALP |
| X | | 19. NOSE |
| X | | 20. SINUSES |
| X | | 21. MOUTH AND THROAT |
| X | | 22. EARS—GENERAL (Ext. & ext. canals) (Auditory acuity under items 70 and 71) |
| X | | 23. DRUMS (Perforation) |
| X | | 24. EYES—GENERAL (Visual acuity and refraction under items 58, 60, and 61) |
| X | | 25. OPHTHALMOSCOPIC |
| X | | 26. PUPILS (Equality and reaction) |
| X | | 27. OCULAR MOTILITY (Associated parallel movements, nystagmus) |
| X | | 28. LUNGS AND CHEST (Include breasts) |
| X | | 29. HEART (Thrust, size, rhythm, sounds) |
| X | | 30. VASCULAR SYSTEM (Varicosities, etc.) |
| X | | 31. ABDOMEN AND VISCERA (Include hernia) |
| X | | 32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate if indicated) |
| X | | 33. ENDOCRINE SYSTEM |
| X | | 34. G-U SYSTEM |
| X | | 35. UPPER EXTREMITIES (Strength, range of motion) |
| X | | 36. FEET |
| X | | 37. LOWER EXTREMITIES (Except feet) (Strength, range of motion) |
| X | | 38. SPINE, OTHER MUSCULOSKELETAL |
| X | | 39. IDENTIFYING BODY MARKS, SCARS, TATTOOS |
| X | | 40. SKIN, LYMPHATICS |
| X | | 41. NEUROLOGIC (Equilibrium tests under item 78) |
| X | | 42. PSYCHIATRIC (Specify any personality deviation) |
| Females only | | (Check how done) 43. PELVIC ☐ VAGINAL ☐ RECTAL |

NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 79 and use additional sheets if necessary.)

39: No marks. ANT.

POST: pm rt. scapular; s½" lt hand; vsula ops 3" lt mastoid.

#18. Mastoid operation 1945 NCD

(Continue in item 79)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively)
O.—Restorable teeth X.—Missing teeth (6 X 8).—Fixed bridge, brackets to include abutments
I.—Nonrestorable teeth XXX.—Replaced by dentures

| RIGHT | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | LEFT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 32 | 31 | 30 | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 | |

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES: ACC

## LABORATORY FINDINGS

| 45. URINALYSIS: SP. GR. | ALBUMIN | SUGAR | MICROSCOPIC | 46. CHEST X-RAY (Place, date, film number, result) | 47. SEROLOGY (Specify test used and result) |
|---|---|---|---|---|---|
| 1.018 | N | N | ND | ND | ND |

| 48. EKG | 49. BLOOD TYPE AND RH FACTOR | 50. OTHER TESTS |
|---|---|---|
| ND | ND | ND |

16—62389-1

DONABEDIAN EXHIBIT NO. 1—Continued

Standard Form 89
(Rev. Aug. 1950)
Promulgated by
Bureau of the Budget
Circular A-34

# REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

| 1. LAST NAME—FIRST NAME—MIDDLE NAME | 2. GRADE AND COMPONENT OR POSITION | 3. IDENTIFICATION NO. |
|---|---|---|
| OSWALD, LEE HARVEY | APPLICANT | 1653230 |
| **4. HOME ADDRESS** (*Number, street or RFD, city or town, zone and State*) | **5. PURPOSE OF EXAMINATION** | **6. DATE OF EXAMINATION** |
| 4936 Collinwood St., Ft. Worth, Texas | Enlistment | OCT 24 1956 |

| 7. SEX | 8. RACE | 9. TOTAL YRS. GOVT. SERVICE MILITARY | CIVILIAN | 10. DEPARTMENT, AGENCY, OR SERVICE | 11. ORGANIZATION UNIT |
|---|---|---|---|---|---|
| Male | Cauc. | 0 | | USMC | |

| 12. DATE OF BIRTH | 13. PLACE OF BIRTH | 14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN |
|---|---|---|
| 18 Oct 39 | New Orleans, La. | Marguerite OSWALD (MOTHER) 4936 Collinwood St., Fort Worth, Texas |

| 15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS | 16. OTHER INFORMATION |
|---|---|
| AFES; DALLAS, TEXAS | REL: Lutheran |

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

Seems in good health.

18. FAMILY HISTORY

| RELATION | AGE | STATE OF HEALTH | IF DEAD, CAUSE OF DEATH | AGE AT DEATH |
|---|---|---|---|---|
| FATHER | | | Killed Accid. | 43 |
| MOTHER | 41 | Alive | | |
| SPOUSE | | | | |
| BROTHERS AND SISTERS | 35 | Good | | |
| | 21 | Good | | |
| | | | | |
| | | | | |
| CHILDREN | | | | |
| | | | | |
| | | | | |

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

| YES | NO | (*Check each item*) | RELATION(S) |
|---|---|---|---|
| | ✓ | HAD TUBERCULOSIS | |
| | ✓ | HAD SYPHILIS | |
| | ✓ | HAD DIABETES | |
| | ✓ | HAD CANCER | |
| | ✓ | HAD KIDNEY TROUBLE | |
| ✓ | | HAD HEART TROUBLE | father |
| | ✓ | HAD STOMACH TROUBLE | |
| | ✓ | HAD RHEUMATISM (*Arthritis*) | |
| | ✓ | HAD ASTHMA, HAY FEVER, HIVES | |
| | ✓ | HAD EPILEPSY (*Fits*) | |
| | ✓ | COMMITTED SUICIDE | |
| | ✓ | BEEN INSANE | |

20. HAVE YOU EVER HAD OR HAVE YOU NOW (*Place check at left of each item*)

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

| 21. HAVE YOU EVER (*Check each item*) | | | | 22. FEMALES ONLY: A. HAVE YOU EVER— | | B. COMPLETE THE FOLLOWING: | |
|---|---|---|---|---|---|---|---|
| ✓ | WORN GLASSES | | ATTEMPTED SUICIDE | | BEEN PREGNANT | | AGE AT ONSET OF MENSTRUATION |
| | WORN AN ARTIFICIAL EYE | | BEEN A SLEEP WALKER | | HAD A VAGINAL DISCHARGE | | INTERVAL BETWEEN PERIODS |
| | WORN HEARING AIDS | | LIVED WITH ANYONE WHO HAD TUBERCULOSIS | | BEEN TREATED FOR A FEMALE DISORDER | | DURATION OF PERIODS |
| | STUTTERED OR STAMMERED | | COUGHED UP BLOOD | | HAD PAINFUL MENSTRUATION | | DATE OF LAST PERIOD |
| | WORN A BRACE OR BACK SUPPORT | | BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION | | HAD IRREGULAR MENSTRUATION | QUANTITY: ☐ NORMAL ☐ EXCESSIVE ☐ SCANTY | |

| 23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? | 24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? | 25. WHAT IS YOUR USUAL OCCUPATION? | 26. ARE YOU (*Check one*) |
|---|---|---|---|
| 0 | MONTHS | student | ☒ RIGHT HANDED ☐ LEFT HANDED |

10—62889-1

DONABEDIAN EXHIBIT No. 1—Continued



744-730 O—64—vol. XIX——39

| YES | NO | CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE OR RIGHT |
|---|---|---|
| | / | 27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC. |
| | / | B. INABILITY TO PERFORM CERTAIN MOTIONS |
| | / | C. INABILITY TO ASSUME CERTAIN POSITIONS |
| | / | D. OTHER MEDICAL REASONS (*If yes, give reasons*) |
| | / | 28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE? |
| | / | 29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (*If yes, give details*) |
| | / | 30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (*If yes, state reason and give details*) |
| | / | 31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (*If yes, state reason and give details*) |
| | / | 32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (*If yes, describe and give age at which occurred*) |
| | / | 33. HAVE YOU EVER BEEN A PATIENT (*committed or voluntary*) IN A MENTAL HOSPITAL OR SANATORIUM? (*If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic*) |
| / | | 34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (*If yes, specify when, where, and give details*) |
| | ~ | 35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (*If yes, give complete address of doctor, hospital, clinic, and details*) |
| | / | 36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (*If yes, which illnesses*) |
| | / | 37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (*If yes, give date and reason for rejection*) |
| | | 38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (*If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability*) |
| | | 39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (*If yes, specify what kind, granted by whom, and what amount, when, why*) |

1

Minor Operation - 1949
Hospitalized 2 weeks,
Ft. Worth, TEXAS

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

| TYPED OR PRINTED NAME OF EXAMINEE | SIGNATURE |
|---|---|
| LEE HARVEY OSWALD | Lee Harvey Oswald |

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (*Physician shall comment on all positive answers in Items 30 thru 39*)

- Mastoidectomy - age 6. no problems since.

| TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER | DATE | SIGNATURE | NUMBER OF ATTACHED SHEETS |
|---|---|---|---|
| A. P. BRATRUDE, LT MC USN | 24 Oct 56 | | |

16—[illegible]—1 U. S. GOVERNMENT PRINTING OFFICE : 1955—O-[illegible]

DONABEDIAN EXHIBIT No. 1—Continued

ANNUAL VERIFICATION

SQUADRON MACS-2 NAME LEE H. OSWALD

RATE OR RANK PFC SER. NO. 1653230

NEXT OF KIN & RELATIONSHIP MRS. M. OSWALD

PERMANENT ADDRESS 3124 W. 5TH ST. FORT WORTH, TEXAS
(whre to notify next of kin in case of accident)

DATE OF BIRTH OCT 18, 1939 STATE OF BIRTH LA.

RELIGION PROT. BLOOD TYPE "A"

DONABEDIAN EXHIBIT No. 1—Continued

Standard Form 600
Promulgated Nov. 1952
By Bureau of the Budget
Circular A—39

| HEALTH RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|---|---|
| 31 OCT 1960 | HEADQUARTERS, MARINE AIR RESERVE TRAINING COMMAND<br>U. S. NAVAL AIR STATION, GLENVIEW, ILLINOIS<br>Dropped this date by reason of discharge from the U. S. Marine Corps Reserve. Not present for physical examination. |

| SEX | RACE | GRADE, RATING, OR POSITION | ORGANIZATION UNIT | COMPONENT OR BRANCH | SERVICE, DEPT. OR AGENCY |
|---|---|---|---|---|---|
| | | | | | |

| PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME | DATE OF BIRTH (DAY—MONTH—YEAR) | IDENTIFICATION NO. |
|---|---|---|
| Oswald, Lee Harvey | | |

16—67730-1 CHRONOLOGICAL RECORD OF MEDICAL CARE
Standard Form 600

DONABEDIAN EXHIBIT No. 1—Continued

**MEASUREMENTS AND OTHER FINDINGS**

| 51. HEIGHT | 52. WEIGHT | 53. COLOR HAIR | 54. COLOR EYES | 55. BUILD: SLENDER ☐ MEDIUM ☒ HEAVY ☐ OBESE ☐ | 56. TEMP. |
|---|---|---|---|---|---|
| 71 " | 150 | Brown | Grey | | N |

57. BLOOD PRESSURE (*Arm at heart level*) — 58. PULSE (*Arm at heart level*)

| SITTING | SYS. 110 / DIAS. 58 | RECUM. BENT | SYS. / DIAS. | STANDING (3 min.) | SYS. / DIAS. | SITTING -62 | AFTER EXERCISE | 2 MIN. AFTER — | RECUMBENT | AFTER STANDING 3 MIN. |
|---|---|---|---|---|---|---|---|---|---|---|

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

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

| 63. ACCOMMODATION | 64. COLOR VISION (*Test used and result*) | 65. DEPTH PERCEPTION (*Test used and score*) | UNCORRECTED |
|---|---|---|---|
| RIGHT LEFT | 18/18 AOC 1940 | | CORRECTED |

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

| 70. HEARING | 71. AUDIOMETER | | | | | | | | | 72. PSYCHOLOGICAL AND PSYCHOMOTOR (*Tests used and score*) |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 350 | 500 | 1000 | 2000 | 3000 | 4000 | 6000 | | |
| RIGHT WV 15 /15 SV 15 /15 | RIGHT | | | | | | | | | |
| LEFT WV /15 SV /15 | LEFT | | | | | | | | | |

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

I certify that I have been informed of and understand the provisions of BUMED INSTRUCTION 6120.6

Lee H Oswald
Signature

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

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

NCD

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

NONE

76. PHYSICAL PROFILE

| P | U | L | H | E | S |
|---|---|---|---|---|---|
| | | | | | |

77. EXAMINEE (*Check*) ☒ IS ☐ IS NOT QUALIFIED FOR RELEASE FROM ACTIVE DUTY IN THE USMC

PHYSICAL CATEGORY

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

| A | B | C | E |
|---|---|---|---|
| | | | |

| 79. TYPED OR PRINTED NAME OF PHYSICIAN | SIGNATURE |
|---|---|
| J.T. VINCENT, LT, MC, USNR | J T Vincent |
| 80. TYPED OR PRINTED NAME OF PHYSICIAN | SIGNATURE |
| | |
| 81. TYPED OR PRINTED NAME OF DENTIST OR ~~PHYSICIAN~~ (*Indicate which*) | SIGNATURE |
| C.W. STEVENS, CDR, DC, USNR | C W Stevens |
| 82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY | SIGNATURE / NUMBER OF ATTACHED SHEETS |
| | |

U. S. GOVERNMENT PRINTING OFFICE: 16—62988-1

DONABEDIAN EXHIBIT No. 1—Continued

NAVMED-N-10 (11-51)

NAS NAVY 3835

**SICK CALL TREATMENT RECORD**

MACS-1

NAME OSWALD, LEE H. (Surname — Christian Name(s)) PVT FILE OR SERVICE NO. 1653230

| DATE | COMPLAINT NAS NAVY 3835 | TREATMENT | DISPOSITION | INIT. |
|---|---|---|---|---|
| 7-12 58 | BLEEDING FROM RECTUM | | | |
| | For past 1 mo. has noted blood on paper p BM. This AM | | | |
| | 1'2 drops bright red blood dripped into otsk. BM's light | | | |
| | brown & very hard. Exam: M. excoriation & mod. external | | | |
| | hemorrhoids: | Rx: Mineral oil h.s. x2 | | |
| | | Outpatient rectal appointment | Duty | |
| 8-19-58 | Cold | | | |
| | | H.P.C. | | |
| | | ETH - | Duty. | |
| | | CHLOROTRIMETON, | | |

(Over)

DONABEDIAN EXHIBIT No. 1—Continued

NAVMED-H-10
(11-51)

# SICK CALL TREATMENT RECORD

Un USC S-1

NAME Oswald, Lee H. Pvt (Surname — Christian Name(s)) FILE OR SERVICE NO. 1652370

| DATE | COMPLAINT | TREATMENT | DISPOSITION | INIT. |
|---|---|---|---|---|
| 1-23-58 | Sore throat | Temp - 98 | | |
| | Present one day | | | |
| | Injection of pharynx with purulent | | | |
| | Left tonsil | | | |
| | Rt gargles | | | |
| | bed rest | | | |
| | | | Rap C | |

(Over)

DONABEDIAN EXHIBIT No. 1—Continued

NAVMED.H-10
(11-51)

SICK CALL TREATMENT RECORD

MACS-1

NAME OSWALD, LEE H. (Surname--Christian Name(s)) PFC FILE OR SERVICE NO. 1653230

| DATE | COMPLAINT | TREATMENT | DISPOSITION | INIT. |
|---|---|---|---|---|
| 10-27-57 | GUN SHOT WOUND Left FORE ARM | BANDAGED | TRANSFERED USNH 3523 | JEE |
| | | | | |
| | | | | |
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(Over)

DONABEDIAN EXHIBIT No. 1—Continued

NAVMED-H. 10
(11-51)

SICK CALL TREATMENT RECORD

[illegible]
MCRD, [illegible]
San Diego, Calif.

NAME OSWALD, LEE H. PVT. PLT.2060 FILE OR SERVICE NO. 1653230
(Surname--Christian Name(s))

| DATE | COMPLAINT | TREATMENT | DISPOSITION | INIT. |
|---|---|---|---|---|
| 12-6-56 | T98.6 Cold | Cold Rx | D | [illegible] |
| 1-8-57 | tonsillitis | penicillin 600000 u x 5d | CDX 1d | |
| | Ø otitis media | | NOSWIMMING | [illegible] |
| | | nose gtts | | |
| | | APCs gargle | | |
| | | cotton for Ø | | |

(Over)

DONABEDIAN EXHIBIT No. 1—Continued

SICK CALL TREATMENT RECORD

Name OSWALD LEE H Service no. 1653230
last first middle
MACS-1

| DATE | COMPLAINT | TREATMENT | DISPOSITION | INIT. |
|---|---|---|---|---|
| 6-13-58 | Cold - Sore Throat | Temp 98.8. Throat | | |
| | inflammed but no Swelling. | | | |
| | Headache, cough and congestion | | | |
| | of head. | Neo Synephrine | | |
| | | Joe's | | |
| | | AA gargles. | | |
| | | Rx for cough | | |
| | | free fluids 10cc | | Rx't. |

MAG-11 DISPENSARY.....

DONABEDIAN EXHIBIT No. 1—Continued

SICK CALL TREATMENT RECORD MAOS I

Name Oswald, Lee H. Pvt Service no. 1653230
last first middle

| DATE | COMPLAINT | TREATMENT | DISPOSITION | INIT. |
|---|---|---|---|---|
| 8-10-58 | Slight burn on cornea. Has contrast chloramps. To return for VD check. Swelan. | | | RBH |

MAG-11 DISPENSARY.....

DONABEDIAN EXHIBIT No. 1—Continued

(Check one) ☐ BED PATIENT ☐ AMBULATORY

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME: Lewis, Joe W.

REGISTER NO.: PUT. [illegible] WARD NO.: AC 9-1

REQUESTED BY: DR Kuhn

DATE OF REQUEST: 9-23-58

PROVISIONAL DIAGNOSIS:

SPECIMEN AND SOURCE: Urethral discharge

EXAMINATION REQUESTED: Sensitivity test

REPORT

Culture: Staphylococcus hemolytic

9-27-58 (DATE OF REPORT)

(REPORT MADE BY—Initials)

Standard Form 514R Promulgated August 1948 By Bureau of the Budget—Circular A—59

BACTERIOLOGY

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

SENSITIVITY TEST

| | | |
|---|---|---|
| Dihydrostreptomycin | 100 mcgm | |
| Streptomycin | 100 mcgm | + + |
| Penicillin | 20 Units | — |
| Aureomycin | 30 mcgm | — |
| Torramycin | 30 mcgm | — |
| Tetracycline | 30 mcgm | — |
| Erythromycin | 30 mcgm | + + + |
| Chloromycetin | 30 mcgm | + + |
| Sulfadiazine | 30 mcgm | — |
| Sulfasoxazole | 30 mcgm | — |
| Nitrofuradantoin | 30 mcgm | — |

DONABEDIAN EXHIBIT No. 1—Continued

NAVMED-H-TO (M-S1)

EAST CAMP MACS-1

SICK CALL TREATMENT RECORD 653230

NAME OSWALD, LEE H. PVT (Surname—Christian Name(s)) FILE OR SERVICE NO. MACS-1

| DATE | COMPLAINT | TREATMENT | DISPOSITION | INIT. |
|---|---|---|---|---|
| 16 Sept 58 | NAS NAVY 3835 to main side for Smears. | | | DH |
| SEP. 16, 1958 | URETHRAL DISCHARGE | TO LAB FOR SMEAR | | |
| | | GRAM NEGATIVE DIPLOCOCCI INTRA AND EXTRACELLULAR MORPHOLOGICALLY RESEMBLING NEISSERIA GONOCOCCI | | |
| | Rx 1) Pro Cpen 4 50,000 u gel. 2 return Monday + pm Smears for repeat smear | | | |
| Sept 20 1958 | Pt. has profuse discharge somewhat clearer. Received course of penicillin ending 2 days ago. | Rx: Chloromycetin Caps 1 QID Ret Mon for smear & Cult & Sens | | JL |
| SEP. 22, 1958 and SEP. 23, 1958 | NAS NAVY 3835 URETHRAL DISCHARGE still present to occ Burning on urination | SMEAR AND CULTURE SMEAR: MANY PUS CELLS, NO ORGANISMS NOTED CULTURE: MICROCOCCUS PYOGENES VAR AUREUS | | |
| | Rx 1/ continue Chloro x 4 dys 2/ Pt instructions given 3/ Return Monday repeat Smears | | | (Over) |

DONABEDIAN EXHIBIT No. 1—Continued

| DATE | COMPLAINT | TREATMENT | DISPOSITION | INIT. |
|---|---|---|---|---|
| | NAS NAVY 3838 | | | |
| SEP. 2 9. 1958 | URETHRAL DISCHARGE | SMEAR | | |
| | | MANY PUS CELLS, NO ORGANISMS NOTED | | |
| | Good response to therapy — has been doing Much heavy lifting Rx 1/ Light duty 3 da 2/ Report Senior Consult | | | |
| | NAS NAVY 3838 | | | |
| OCT. 6 1958 | URETHRAL DISCHARGE | SMEAR | | |
| | | MODERATE AMOUNT OF PUS CELLS. FEW GRAM POSITIVE COCCI | | |
| | Severe heavy discharge c occ dysuria — has been doing ~~has~~ heavy lifting recently | | | |
| OCT 24 1958 | Urethral discharge Smear — few pus cells some mucous threads noted occasional gram pos. cocci noted! | Pyridium D return 5 days | | WH. |
| 11/3/58 | Should have cause of Erythroderma 250 qid x 5 da | | | |

U. S. GOVERNMENT PRINTING OFFICE: 1956 O—327192

DONABEDIAN EXHIBIT No. 1—Continued

Standard Form 600
Promulgated Nov. 1962
By Bureau of the Budget
Circular A-32

**HEALTH RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|---|---|
| | USNAS, Navy #3835, c/o FPO, San Francisco, California |
| A 9/16/58 | Diagnosis: Urathritis, Acute, due to gonococcus #0303 |
| | Origin: In line of duty, Not due to own misconduct. |
| | CC: Urathral discharge |
| | PI: Patient complains of a slight discharge and a stinging sensation on urination. |
| | PH: Previous V.D.: |
| | PE: Essentially negative except for a thick mucopurulent discharge from the urethra. |
| | ~~LAB:~~ ~~Smear reveals gram negative intra-and extracellular~~ diplococci having the morphology of N. Gonorrhea. |
| | RX: Procain Penicillin 900,000 Units I.M. X 3 days |
| D 9/16/58 | To duty under treatment and observation: |
| | PHS-1421(VD) submitted: No B 754 |
| | ~~SUBMITTED~~ P.DERANIAN<br>CAPT.MC USN |
| | ~~APPROVED:~~<br>~~P. DERANIAN~~<br>~~CAPT MC USN~~<br>~~SENIOR MEDICAL OFFICER~~ |

| SEX | RACE | GRADE, RATING, OR POSITION | ORGANIZATION UNIT | COMPONENT OR BRANCH | SERVICE, DEPT. OR AGENCY |
|---|---|---|---|---|---|
| M | C | PVT | MACS 1 MAG | 11 USMC | |

| PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME | DATE OF BIRTH (DAY-MONTH-YEAR) | IDENTIFICATION NO. |
|---|---|---|
| OSWALD,Lee Harvey | 10/18/39 | 1653230 |

16—67730-1

CHRONOLOGICAL RECORD OF MEDICAL CARE
Standard Form 600

DONABEDIAN EXHIBIT No. 1—Continued

Standard Form 600
Promulgated Nov. 1952
By Bureau of the Budget
Circular A-32

J-82094 Wd. 5-A

| HEALTH RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |

U.S. NAVAL HOSPITAL, NAVY No. 3923

FT 27 OCT 57 DIAGNOSIS: WOUND, MISSILE, UPPER LEFT ARM GUNSHOT, NO A OR N INVOLVEMENT #8255
1. Within command - work.
2. Patient dropped 45 caliber automatic, pistol discharged when it struck the floor, and missile struck patient in left arm causing the injury.
NARRATIVE SUMMARY:
This 18 year male accidentally shot himself in the left arm with a sidearm, reportedly of 22 caliber. Examination revealed the wound of entrance in the medial portion of the left upper arm, just above the elbow. There was no evidence of neurologic circulatory, or bony injury. The wound of entrance was allowed to heal and the missile was then excised through a separate incision two inches above the wound of entry. The missile appeared to be a 22 slug. The wound healed well, and the patient was discharged to duty.
SURG: 10-5-57: FOREIGN BODY, REMOVAL OF, FROM EXTREMITIES, LEFT UPPER ARM #8926

D NOV. 15 1957 Discharged to duty, fit for same.

R. S. GUTHRIE
LT MC USNR

APPROVED:
H. M. WERTHEIMER
CAPT MC USN
CHIEF OF SURGERY
rs

| SEX | RACE | GRADE, RATING, OR POSITION | ORGANIZATION UNIT | COMPONENT OR BRANCH | SERVICE, DEPT. OR AGENCY |
|---|---|---|---|---|---|
| M | C | PFC | | | USMC |

| PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME | DATE OF BIRTH (DAY-MONTH-YEAR) | IDENTIFICATION NO. |
|---|---|---|
| OSWALD, Lee H. | 18 October 1939 | 1653230 |

16—67728-1

CHRONOLOGICAL RECORD OF MEDICAL CARE
Standard Form 600,

DONABEDIAN EXHIBIT No. 1—Continued

Standard Form 600
Promulgated Nov. 1952
By Bureau of the Budget
Circular A—32

| HEALTH RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|
| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (*Sign each entry*) |

[illegible] HOSPITAL, USNCBS, EL TORO (3 TA A A) CALIFORNIA

DATE AUG 6 1957 FILE NO: 06127

PHOTOFLUOROGRAPHIC EXAMINATION OF THE CHEST:

REPORT OF FILM: _____ NORMAL CHEST

FILM NUMBER: (14x17)

REPORT:

Examined this date and found to be physically qualified for transfer beyond the Continental limits of the United States.

IMMUNIZATION CERTIFICATE
Issued this date:
10 JUL 1957

J. R. Worthington
MEDICAL OFFICER, U.S. AVY

| SEX | RACE | GRADE, RATING, OR POSITION | ORGANIZATION UNIT | COMPONENT OR BRANCH | SERVICE, DEPT. OR AGENCY |
|---|---|---|---|---|---|
| M | CAU. | PVT. | USMC | | USN |

| PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME | DATE OF BIRTH (DAY—MONTH—YEAR) | IDENTIFICATION NO. |
|---|---|---|
| Oswald, Lee Harvey | 18 October 1939 (TEX) | 1653230 |

16—67139-1

CHRONOLOGICAL RECORD OF MEDICAL CARE
Standard Form 600

DONABEDIAN EXHIBIT No. 1—Continued



744-730 O—64—vol. XIX——40

Standard Form 600
Promulgated Nov. 1962
By Bureau of the Budget
Circular A—32

| HEALTH RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE |
|---|---|

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) |
|---|---|
| 25 OCT 1956 | U. S. MARINE CORPS RECRUIT DEPOT, SAN DIEGO 40, CALIFORNIA<br>Physical examination for active duty conducted this date.<br>Blood Kahn: Negative<br>70mm Photofluorographic Chest Film No. KP102/ 30144<br>Interpretation: Negative<br>Defects Noted: Left Mastoidectomy NCD<br>Physical Profile. Physical Category (A)<br>PULHES<br>111111<br>[signature] MC USN (R) |
| 17 JAN 1957 | U.S. MARINE CORPS RECRUIT DEPOT, SAN DIEGO 40, CALIFORNIA<br>Examined this date in accordance with Article 15-50, MMD 1949<br>and found to be physically qualified for transfer.<br>[signature]<br>CAMP SAN ONOFRE [illegible]<br>DATE [illegible]<br>[illegible] PHYSICALLY<br>[illegible] for transfer<br>D. [illegible]<br>LT MC USN |
| | NATECHTRACEN JACKSONVILLE, FLA.<br>DATE 3 MAY 1957<br>Examined this date and found<br>to be physically qualified for<br>[signature] |
| JUL 17 1957 | IMMUNIZATION CERTIFICATE<br>Issued this date: |

| SEX | RACE | GRADE, RATING, OR POSITION | ORGANIZATION UNIT | COMPONENT OR BRANCH | SERVICE, DEPT. OR AGENCY |
|---|---|---|---|---|---|
| M | Cau | Pvt. | USMC | | |

| PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME | DATE OF BIRTH (DAY—MONTH—YEAR) | IDENTIFICATION NO. |
|---|---|---|
| OSWALD, Lee Harvey | 18 Oct. 39 | 1653230 |

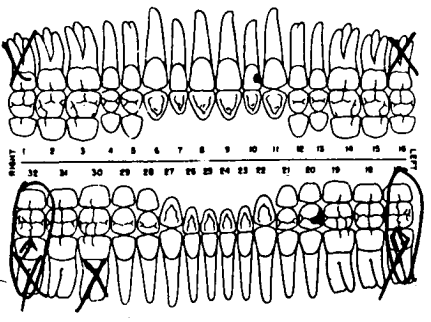
[illegible] DIAGNOSIS TREATMENT [illegible]

CHRONOLOGICAL RECORD OF MEDICAL CARE
Standard Form 600

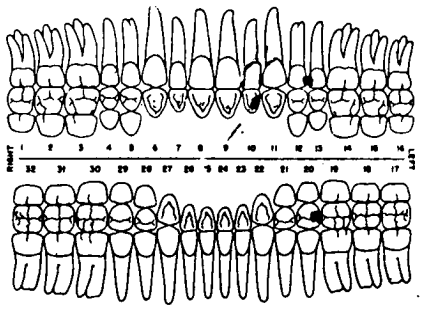
DONABEDIAN EXHIBIT No. 1—Continued

| NAME (Last) (First) (Middle) (Etc.) | SERIAL OR FILE NUMBER | RANK OR RATE – CORPS – USN, USNR, USMC, USMCR | DATE | ROOM |
|---|---|---|---|---|
| OSWALD, Lee H | | RET. | 3-27-58 | |
| SHIP STATION | TELEPHONE | AVAILABLE DATES | CLASS | |
| MACS 1 | 5863 | 3-58 | | |

CARIES, DENTAL DISEASE, MISSING TEETH, ABNORMALITIES




DENTAL TREATMENT ACCOMPLISHED




PROPHYLAXIS NEEDED? Yes | PROSTHESIS REQUIRED (If "Yes", explain briefly) FAILED 6-5-57 | READY FOR PROSTHESIS

ROENTGENOGRAMS 15/10 | DENTAL RECORD

REMARKS:

ROUTING | DISPOSITION E.T.C. Oper. - 5/14/58

DENTAL EXAMINATION AND TREATMENT RECORD NAVMED-1299 (REV. 2-55) (Over)

(Continued)

| APPOINTMENTS | | | | OPERATIONS AND TREATMENTS | DATE | SIGNATURE |
|---|---|---|---|---|---|---|
| DATE | TIME | ROOM | INITIALS | | | |
| | | | | Exam | 3-27-58 | T. A. Burk |
| | | | | #20 DO/CEMB Am A.R. | 4-30-58 | C. Bredehoft |
| | | | | #10-D-Am-A.R. | 5-14-58 | D. Bredehoft |

DONABEDIAN EXHIBIT No. 1—Continued

2060

(162)

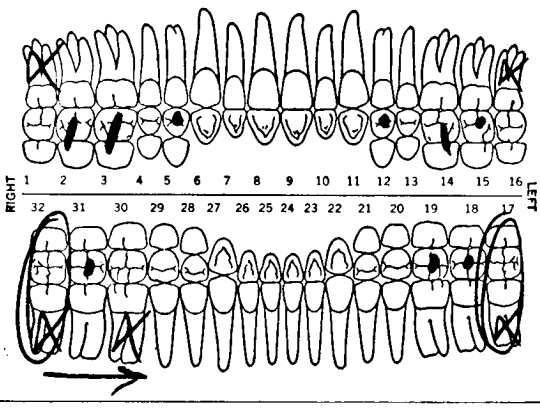
Standard Form 603
Rev. November 1953
Promulgated
By Bureau of the Budget
Circular A—32 (Rev.)

**HEALTH RECORD** | **DENTAL**

**SECTION I. DENTAL EXAMINATION**

| 1. PURPOSE OF EXAMINATION | | | | 2. TYPE OF EXAM. | | | | | 3. DENTAL CLASSIFICATION | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| X INITIAL | SEPARATION | OTHER (Specify) | | 1 | X 2 | 3 | 4 | | 1 | 2 X | 3 | 4 | 5 |

4. MISSING TEETH AND EXISTING RESTORATIONS



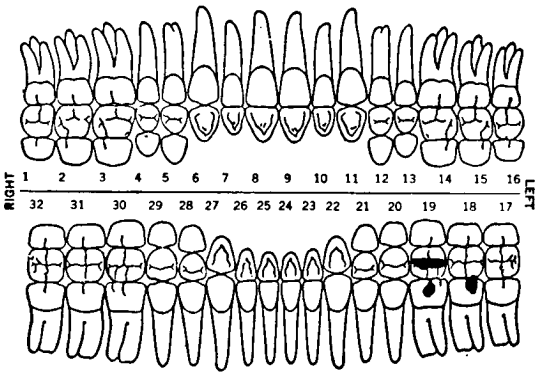

REMARKS

bilateral
posterior
C crossbite
#7 rotated

PLACE OF EXAMINATION: [illegible] DATE: [illegible]

SIGNATURE OF DENTIST COMPLETING THIS SECTION

5. DISEASES, ABNORMALITIES, AND X-RAYS




A. CALCULUS

| SLIGHT | MODERATE | HEAVY |
|---|---|---|

B. PERIODONTOCLASIA

| LOCAL | GENERAL |
|---|---|

| INCIPIENT | MODERATE | SEVERE |
|---|---|---|

C. STOMATITIS (Specify)

| GINGIVITIS | VINCENT'S |
|---|---|

D. DENTURES NEEDED
(Include dentures needed after indicated extractions)

| FULL | | PARTIAL | |
|---|---|---|---|
| U | L | U | L |

ABNORMALITIES OF OCCLUSION—REMARKS

E. INDICATE X-RAYS USED IN THIS EXAMINATION

| FULL MOUTH PERIAPICAL | X POSTERIOR BITE-WINGS | OTHER (Specify) |
|---|---|---|

DATE: 25 OCT 56 PLACE OF EXAMINATION: [illegible]

SIGNATURE OF DENTIST COMPLETING THIS SECTION

**SECTION II. PATIENT DATA**

| 6. SEX | 7. Race | 8. GRADE, RATING, OR POSITION | 9. ORGANIZATION UNIT | 10. COMPONENT OR BRANCH | 11. SERVICE, DEPT., OR AGENCY |
|---|---|---|---|---|---|
| M | C | PVT | | USMC | |

| 12. PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME | 13. DATE OF BIRTH (DAY-MONTH-YEAR) | 14. IDENTIFICATION NUMBER |
|---|---|---|
| OSWALD, LEE HARVEY | 18 OCT 1939 | 1653230 |

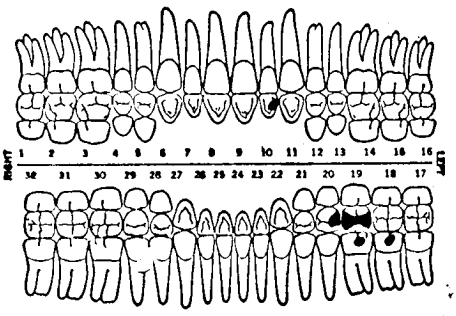
16—67078-2

DENTAL
Standard Form 603

DONABEDIAN EXHIBIT No. 1—Continued

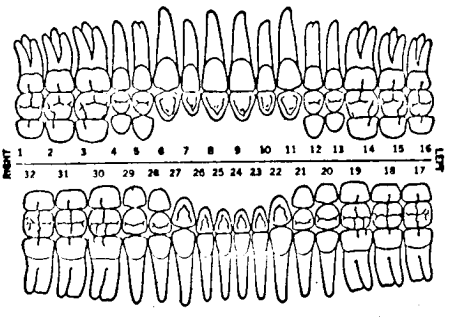
SECTION III. ATTENDANCE RECORD

15. RESTORATIONS AND TREATMENTS (Completed during service)




REMARKS

16. SUBSEQUENT DISEASES AND ABNORMALITIES




REMARKS

17. SERVICES RENDERED

| DATE | DIAGNOSIS—TREATMENT | CLASS | OPERATOR AND DENTAL FACILITY | INITIALS |
|---|---|---|---|---|
| 10-1-56 | #18-RVGS.Req.-F-AM-#17-com.B-MOD-AM-F-AM | | J.B. Orlowski | |
| 11-1-57 | Scaling-Prophylaxis-Instructions | | [illegible] USNRD, S.D. | C.J.F. |
| 9-10-57 | EXAMINED, QUALIFIED FOR OVERSEAS TRANSFER. MCAS FI TORR | | [illegible] | |
| 4-30-58 | #20.00 CMB AM A.R. | | E. Bredenstine Mcgh | |
| 5-14-58 | #10-D-Am-A.R. | | U.S. BREIDENSTINE, NAVY 3635 | ESB |

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

U. S. GOVERNMENT PRINTING OFFICE 16—97878-2

DONABEDIAN EXHIBIT No. 1—Continued

MARINE AIR CONTROL SQUADRON-1
MARINE AIRCRAFT GROUP-11
1ST MARINE AIRCRAFT WING, AIRCRAFT, FMF, PACIFIC
C/O FLEET POST OFFICE, SAN FRANCISCO, CALIFORNIA

23 June 1958

From: First Lieutenant Charles P. WILLIAMS 067681/8080 USMC
To: Commanding Officer, Marine Air Control Squadron-1

Subj: Investigation; report of

Ref: (a) CO, MACS-1 ltr 1pr/rfd 4176-6 of 10 June 1958
(b) 1956 Fatal Supplement to the Manual for Courts Martial United States, 1951

Encl: (1) Copy of reference (a)
(2) Statement of Pvt. Lee H. OSWALD 1653980 USMC
(3) Statement of Sgt. Francis J. KINSELLA 1477082 USMC
(4) Memorandum from MAS Medical Officer to CO MACS-1
(5) Statement of Cpl. Lowell L. [illegible] USMC
(6) Statement of Cpl. Alfred J. [illegible] USMC

1. Preliminary Statement.

a. An informal investigation of the incident involving the injury sustained by Private Lee H. OSWALD was conducted as directed by reference (a).

b. The investigation commenced by informing Private OSWALD that he was designated a party to the investigation and by advising him of his rights as contained in paragraph 0304 of reference (b). Private OSWALD stated he wished to avail himself of his rights as a party and reiterated that his statement submitted previously to the Provost Marshal be included in this report. (See enclosure (2)).

c. The investigation was continued by an interview of the only person remaining in Marine Air Control Squadron-1 who was present when this incident occurred. This statement, and the statements previously taken of persons who were present at the time, and the memorandum from the Medical Officer to the Commanding Officer, Marine Air Control Squadron-1 are included as enclosures (3) through (6).

d. As a result of this investigation, the following facts are established:

(1) That Private OSWALD had in his possession a .22 caliber pistol of the derringer type and ammunition for same.

Subj: Investigation; report of

(2) That at or about 2030 on 27 October 1957 he was injured by the discharge of this weapon.

(3) That Private OSWALD's possession of this weapon and the ammunition was in violation of Article 92 of the UCMJ.

(4) That Private OSWALD was awarded a summary court martial on 11 April 1958 for violation of Article 92 UCMJ and found guilty, sentenced to reduction to Private, confinement at hard labor for a period of twenty (20) days, and to forfeit twenty-five ($25.00) for two (2) months.

2. Opinions.

a. That Private OSWALD was injured, while removing an article from his locker, by accidentally knocking the (loaded) weapon to the deck where it discharged, the bullet striking him in the left elbow. (See enclosures (2), (3) and (4)).

b. That permanent partial disability may result from this injury. (See enclosure (4)).

c. That Private OSWALD's possession of the pistol and ammunition for same constitutes wrongful conduct in violation of a lawful regulation.

d. That, while Private OSWALD's conduct did constitute wrongful conduct, it did not constitute misconduct as defined in paragraph 0405 of reference (b).

e. That the injury was sustained in the line of duty as defined by paragraph 0405 of reference (b).

3. Recommendations.

a. That Private OSWALD, having been tried by a summary court martial and awarded punishment by same, not be subject to further disciplinary action.

C. P. Williams
C. P. WILLIAMS

2

DONABEDIAN EXHIBIT No. 1—Continued

U. S. NAVAL AIR STATION, NAVY NO. 3695
c/o FPO, SAN FRANCISCO, CALIFORNIA

MEMORANDUM 27 October 1957

From: Medical Officer
To: Commanding Officer

Subj: INJURY REPORT in the case of

NAME: OSWALD, Lee H. RATE: Pfc SERVICE NO. 1653230

ATTACHED TO: MACS-1, MAG-11 DIV. OFFICER:

PLACE INJURY OCCURRED: Barracks #9

TIME: 2030 DATE: 27 Oct 1957 WITNESS: None

CIRCUMSTANCES: 1. Within Command, Not Work

2. Man was reaching inside of his locker for shaving cream and knocked weapon out, causing it to discharge, causing injury.

REPORTED TO THE STATION HOSP TIME: 2045 DATE: 27 October 1957

DIAGNOSIS: Wound/Gunshot, Left Elbow

TREATMENT: Bandaged and sent to Yokosuka Naval Hospital

PROGNOSIS: DISPOSITION: Transferred to USNH #7923

The following data is for information purposes in accordance with BuPers Instruction 1085.3A.

1. Injury (will) (~~will not~~) result in loss of time to exceed one day.
2. Injury (will) (~~will not~~) possibly result in permanent disability.
3. Death (~~will~~) (will not) result from causes other than natural.
4. Investigation (is) (~~is not~~) believed necessary.

/s/ H. W. RUSSELL
H. W. RUSSELL, LT, MC USNR
Medical Officer

Copy to:
WAS OOD
Duty Officer
Safety
Legal
Security
Safety Policy Committee Chairman
Industrial Relations (for Japanese only)
Medical Files

Enclosure (4)

MARINE AIR CONTROL SQUADRON 1
MARINE AIRCRAFT GROUP 11
1ST MARINE AIRCRAFT WING, AIRCRAFT, FMF, PACIFIC
C/O FLEET POST OFFICE, SAN FRANCISCO, CALIFORNIA

ADC/rdp
A17
1CMay58

From: Commanding Officer
To: Commanding General, 1st Marine Aircraft Wing (Supervisory Authority)

Subj: Delay in preferring charges, case of Private First Class Lee H. OSWALD 1653230 USMC

Ref: (a) Report of Investigation, Case 15-58, Criminal Investigation Section, Office of the Provost Marshal, MAG-11, NAS Atsugi, Japan

1. In the subject case, the delay in preferring charges was the result of the following factors:

a. Private First Class OSWALD was confined at the Naval Hospital Yokosuka, Japan undergoing treatment for the gunshot wound from 27 October 1957 to 16 November 1957.

b. This organization was on extended field maneuvers from 18 November to 18 March 1958 during which time the investigation could not be handled by squadron personnel.

c. The Report of Investigation by the MAG-11 Provost Marshal (Ref:a) was not completed until 7 April 1958 and not received until 9 April 1958.

d. Office hours were held on 10 April 1958 and the Charge Sheet prepared on 11 April 1958.

2. During the period between the commission of the offense and his court-martial Private First Class OSWALD was not subject to any disciplinary restraint and it is not considered that the delay resulted in any injustice.

H. B. GLENN

Enclosure (3)

DONABEDIAN EXHIBIT No. 1—Continued

Standard Form 88
(Rev. Aug. 1960)
PROMULGATED BY
BUREAU OF THE BUDGET
CIRCULAR A-24

hs

# REPORT OF MEDICAL EXAMINATION

| 1. LAST NAME—FIRST NAME—MIDDLE NAME | 2. GRADE AND COMPONENT OR POSITION | 3. IDENTIFICATION NO. |
|---|---|---|
| OSWALD, Lee Harvey | APP USMC | 1653230 |
| **4. HOME ADDRESS** (Number, street or R.F.D., city or town, zone and State) | **5. PURPOSE OF EXAMINATION** | **6. DATE OF EXAMINATION** |
| 4936 Collinwood St, Ft Worth, Tex | enlistment USMC | 24 Oct 56 |

| 7. SEX | 8. RACE | 9. TOTAL YRS. GOVT. SERVICE (MILITARY / CIVILIAN) | 10. DEPARTMENT, AGENCY, OR SERVICE | 11. ORGANIZATION UNIT |
|---|---|---|---|---|
| male | Cauc | 0 / 0 | USMC | |

| 12. DATE OF BIRTH | 13. PLACE OF BIRTH | 14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN |
|---|---|---|
| 18 Oct 39 | New Orleans, La | Marguerite Oswald(Mother) same as #4 |

| 15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS | 16. OTHER INFORMATION |
|---|---|
| AFES, Dallas, Texas | Relig: Protestant |

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

## CLINICAL EVALUATION

| NORMAL | ABNORMAL | (Check each item in appropriate column; enter "N. E." if not evaluated) |
|---|---|---|
| X | | 18. HEAD, FACE, NECK, AND SCALP |
| X | | 19. NOSE |
| X | | 20. SINUSES |
| X | | 21. MOUTH AND THROAT |
| X | | 22. EARS—GENERAL (Ext. & ext. canals) (Auditory acuity under items 70 and 71) |
| X | | 23. DRUMS (Perforation) |
| X | | 24. EYES—GENERAL (Visual acuity and refraction under items 58, 60, and 61) |
| X | | 25. OPHTHALMOSCOPIC |
| X | | 26. PUPILS (Equality and reaction) |
| X | | 27. OCULAR MOTILITY (Associated parallel movements, nystagmus) |
| X | | 28. LUNGS AND CHEST (Include breasts) |
| X | | 29. HEART (Thrust, size, rhythm, sounds) |
| X | | 30. VASCULAR SYSTEM (Varicosities, etc.) |
| X | | 31. ABDOMEN AND VISCERA (Include hernia) |
| X | | 32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate if indicated) |
| X | | 33. ENDOCRINE SYSTEM |
| X | | 34. G-U SYSTEM |
| X | | 35. UPPER EXTREMITIES (Strength, range of motion) |
| X | | 36. FEET |
| X | | 37. LOWER EXTREMITIES (Except feet) (Strength, range of motion) |
| X | | 38. SPINE, OTHER MUSCULOSKELETAL |
| X | | 39. IDENTIFYING BODY MARKS, SCARS, TATTOOS |
| X | | 40. SKIN, LYMPHATICS |
| X | | 41. NEUROLOGIC (Equilibrium tests under item 78) |
| X | | 42. PSYCHIATRIC (Specify any personality deviation) |
| Females only | | (Check how done) |
| | | 43. PELVIC ☐ VAGINAL ☐ RECTAL |

NOTES.—Describe every abnormality in detail. (Enter pertinent item number before each comment; continue in item 73 and use additional sheets if necessary.)

39: No marks. ANT.

POST: pm rt. scapular; s½" lt hand; vsula ops 3" lt mastoid.

#18. Mastoid operation 1945 NCD

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively)
O.—Restorable teeth X.—Missing teeth (6 X 8).—Fixed bridge, brackets to include abutments
/.—Nonrestorable teeth XXX.—Replaced by dentures

| RIGHT | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | LEFT |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 32 | 31 | 30 | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 | |

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

ACC

## LABORATORY FINDINGS

| 45. URINALYSIS: SP. GR. 1.018 | | | 46. CHEST X-RAY (Place, date, film number, result) | 47. SEROLOGY (Specify test used and result) |
|---|---|---|---|---|
| ALBUMIN | SUGAR | MICROSCOPIC | | |
| N | N | ND | ND | ND |
| 48. EKG | 49. BLOOD TYPE AND RH FACTOR | 50. OTHER TESTS | | |
| ND | ND | ND | | |

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DONABEDIAN EXHIBIT No. 1—Continued

**MEASUREMENTS AND OTHER FINDINGS**

| 51. HEIGHT | 52. WEIGHT | 53. COLOR HAIR | 54. COLOR EYES | 55. BUILD: SLENDER / MEDIUM / HEAVY / OBESE | 56. TEMP. |
|---|---|---|---|---|---|
| 68 | 131 | brown | blue | ☐ / xx ☐ / ☐ / ☐ | 98.6 |

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

| | SYS. | DIAS. |
|---|---|---|
| SITTING | 120 | 70 |
| RECUM. BENT | | ND |
| STANDING (3 min.) | | ND |

58. PULSE (*Arm at heart level*)

| SITTING | AFTER EXERCISE | 2 MIN. AFTER | RECUMBENT | AFTER STANDING 3 MIN. |
|---|---|---|---|---|
| 84 | ND | ND | ND | ND |

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

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

| 63. ACCOMMODATION | | 64. COLOR VISION (*Test used and result*) | 65. DEPTH PERCEPTION (*Test used and score*) | UNCORRECTED | |
|---|---|---|---|---|---|
| RIGHT | LEFT ND | ND | ND | CORRECTED | ND |
| **66. FIELD OF VISION** | | **67. NIGHT VISION (*Test used and score*)** | **68. RED LENS** | **69. INTRAOCULAR TENSION** | |
| ND | | ND | ND | ND | |

70. HEARING

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

71. AUDIOMETER

| | 500 | 600 | 1000 | 2000 | 3000 | 4000 | 6000 |
|---|---|---|---|---|---|---|---|
| | 256 | 512 | 1024 | 2048 | 3072 | 4096 | 6144 |
| RIGHT | | | ND | | | | |
| LEFT | | | | | | | |

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

ND

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

AFQT-6/58/III-A

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

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

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

76. PHYSICAL PROFILE

| P | U | L | H | E | S |
|---|---|---|---|---|---|
| 1 | 1 | 1 | 1 | 1 | 1 |

77. EXAMINEE (*Check*)
xx ☐ IS QUALIFIED FOR 1st enlistment & ACT DUTY AT SEA OR ON FOREIGN SERVICE
☐ IS NOT

PHYSICAL CATEGORY

| A | B | C | E |
|---|---|---|---|
| 1 | | | |

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

79. TYPED OR PRINTED NAME OF PHYSICIAN: A. P. BRATRUDE, LT MCUSNR — SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN — SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (*Indicate which*) — SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY — SIGNATURE — NUMBER OF ATTACHED SHEETS

U. S. GOVERNMENT PRINTING OFFICE 16—62580-1

DONABEDIAN EXHIBIT No. 1—Continued

Standard Form 89
(Rev. Aug. 1950)
Promulgated by
Bureau of the Budget
Circular A-34

# REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

| 1. LAST NAME—FIRST NAME—MIDDLE NAME | 2. GRADE AND COMPONENT OR POSITION | 3. IDENTIFICATION NO. |
|---|---|---|
| OSWALD, LEE HARVEY | APPLICANT | 1653230 |
| **4. HOME ADDRESS** (Number, street or RFD, city or town, zone and State) | **5. PURPOSE OF EXAMINATION** | **6. DATE OF EXAMINATION** |
| 4936 Collinwood St., Ft. Worth, Texas | Enlistment | OCT 24 1956 |

| 7. SEX | 8. RACE | 9. TOTAL YRS. GOVT. SERVICE MILITARY | CIVILIAN | 10. DEPARTMENT, AGENCY, OR SERVICE | 11. ORGANIZATION UNIT |
|---|---|---|---|---|---|
| Male | Cauc. | 0 | | USMC | |

| 12. DATE OF BIRTH | 13. PLACE OF BIRTH | 14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN |
|---|---|---|
| 18 Oct 39 | New Orleans, La. | Marguerite OSWALD (MOTHER) 4936 Collinwood St., Fort Worth, Texas |

| 15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS | 16. OTHER INFORMATION |
|---|---|
| AFES: DALLAS, TEXAS | REL: Lutheran |

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

Good health

18. FAMILY HISTORY

| RELATION | AGE | STATE OF HEALTH | IF DEAD, CAUSE OF DEATH | AGE AT DEATH |
|---|---|---|---|---|
| FATHER | | | Auto Accident | 4/5 |
| MOTHER | 37 | Good | | |
| SPOUSE | | | | |
| BROTHERS AND SISTERS | 25 | Good | | |
| | 21 | Good | | |
| | | | | |
| | | | | |
| CHILDREN | | | | |
| | | | | |
| | | | | |
| | | | | |

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

| YES | NO | (Check each item) | RELATION(S) |
|---|---|---|---|
| | ✓ | HAD TUBERCULOSIS | |
| | ✓ | HAD SYPHILIS | |
| | ✓ | HAD DIABETES | |
| | ✓ | HAD CANCER | |
| | ✓ | HAD KIDNEY TROUBLE | |
| ✓ | | HAD HEART TROUBLE | father |
| | ✓ | HAD STOMACH TROUBLE | |
| | ✓ | HAD RHEUMATISM (Arthritis) | |
| | ✓ | HAD ASTHMA, HAY FEVER, HIVES | |
| | ✓ | HAD EPILEPSY (Fits) | |
| | ✓ | COMMITTED SUICIDE | |
| | ✓ | BEEN INSANE | |

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)

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

| 21. HAVE YOU EVER (Check each item) | | | | 22. FEMALES ONLY: A. HAVE YOU EVER— | | B. COMPLETE THE FOLLOWING: | |
|---|---|---|---|---|---|---|---|
| ✓ | WORN GLASSES | | ATTEMPTED SUICIDE | | BEEN PREGNANT | | AGE AT ONSET OF MENSTRUATION |
| ✓ | WORN AN ARTIFICIAL EYE | | BEEN A SLEEP WALKER | | HAD A VAGINAL DISCHARGE | — | INTERVAL BETWEEN PERIODS |
| ✓ | WORN HEARING AIDS | | LIVED WITH ANYONE WHO HAD TUBERCULOSIS | | BEEN TREATED FOR A FEMALE DISORDER | | DURATION OF PERIODS |
| ✓ | STUTTERED OR STAMMERED | | COUGHED UP BLOOD | | HAD PAINFUL MENSTRUATION | | DATE OF LAST PERIOD |
| ✓ | WORN A BRACE OR BACK SUPPORT | | BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION | ✓ | HAD IRREGULAR MENSTRUATION | QUANTITY: ☐ NORMAL ☐ EXCESSIVE ☐ SCANTY | |

| 23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? | 24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? | 25. WHAT IS YOUR USUAL OCCUPATION? | 26. ARE YOU (Check one) |
|---|---|---|---|
| 0 | MONTHS | student | ☒ RIGHT HANDED ☐ LEFT HANDED |

10—[illegible]-1

DONABEDIAN EXHIBIT No. 1—Continued

| YES | NO | CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT |
|---|---|---|
| | | 27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF: |
| | | A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC. |
| | | B. INABILITY TO PERFORM CERTAIN MOTIONS |
| | | C. INABILITY TO ASSUME CERTAIN POSITIONS |
| | | D. OTHER MEDICAL REASONS (*If yes, give reasons*) |
| | | 28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE? |
| | | 29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (*If yes, give details*) |
| | | 30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (*If yes, state reason and give details*) |
| | | 31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (*If yes, state reason and give details*) |
| | | 32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (*If yes, describe and give age at which occurred*) |
| | | 33. HAVE YOU EVER BEEN A PATIENT (*committed or voluntary*) IN A MENTAL HOSPITAL OR SANATORIUM? (*If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic*) |
| | | 34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (*If yes, specify when, where, and give details*) |
| | | 35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (*If yes, give complete address of doctor, hospital, clinic, and details*) |
| | | 36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (*If yes, which illnesses*) |
| | | 37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (*If yes, give date and reason for rejection*) |
| | | 38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (*If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability*) |
| | | 39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (*If yes, specify what kind, granted by whom, and what amount, when, why*) |

Mastoid, Operation 1945
Hospitalized 2 weeks, Ft Worth Texas.

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.
I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

| TYPED OR PRINTED NAME OF EXAMINEE | SIGNATURE |
|---|---|
| LEE HARVEY OSWALD | Lee Harvey Oswald |

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (*Physician shall comment on all positive answers in items 30 thru 39*)

Mastoidectomy age 6 no problem with ears since

| TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER | DATE | SIGNATURE | NUMBER OF ATTACHED SHEETS |
|---|---|---|---|
| A. P. BRATRUDE, LT MC USN | 24 Oct 56 | | |

16—62559-1 U. S. GOVERNMENT PRINTING OFFICE : 1952—O-912544

DONABEDIAN EXHIBIT No. 1—Continued