

# Resources

## References

### Code of Federal Regulations

#### **38 CFR 14.507**

*Opinions*, 38 CFR 14.507 (2014).

#### **38 CFR 3.304(b)**

*Direct service connection; wartime and peacetime, Presumption of soundness*. 38 CFR 3.304(b) (2014).

#### **38 CFR 3.304(d)**

*Direct service connection; wartime and peacetime, Combat*. 38 CFR 3.304(d) (2014).

#### **38 CFR 3.306**

*Aggravation of a preexisting disability*, 38 CFR 3.306 (2014).

For combat-related considerations, see:

*Aggravation of preservice disability*, 38 CFR 3.306(b)(2) (2014).

#### **38 CFR 3.307**

*Presumptive service connection for chronic, tropical or prisoner-of-war related disease, or disease associated with exposure to certain herbicide agents; wartime and service on or after January 1, 1947*, 38 CFR 3.307 (2014).

#### **38 CFR 3.308**

*Principles relating to service connection*, 38 CFR 3.308 (2014).

#### **38 CFR 3.309**

*Disease subject to presumptive service connection*, 38 CFR 3.309 (2014).

#### **38 CFR 3.309(c)**

*Diseases specific as to former prisoners of war*, 38 CFR 3.309(c) (2014).

#### **38 CFR 3.310(a)**

*General*, 38 CFR 3.310(a) (2014)

### **38 CFR 3.310(b)**

*Aggravation of nonservice-connected disabilities*, 38 CFR 3.310(b) (2014).

### **38 CFR 3.310**

*Disabilities that are proximately due to, or aggravated by, service-connected disease or injury*, 38 CFR 3.310 (2014).

### **38 CFR 3.317**

*Compensation for certain disabilities occurring in Persian Gulf veterans*. 38 CFR 3.317 (2014).

### **38 CFR 3.322**

*Rating of disabilities aggravated by service*, 38 CFR 3.322 (2014).

### **38 CFR 3.361(b)**

*Benefits under 38 U.S.C. 1151(a) for additional disability or death due to hospital care, medical or surgical treatment, examination, training and rehabilitation services, or compensated work therapy program*. 38 CFR 3.361(b) (2014).

### **38 CFR 4.125**

*Diagnosis of mental disorders*, 38 CFR 4.125 (2014). The text of this regulation can be reviewed at the Government Printing Office website: [http://www.ecfr.gov/cgi-bin/text-idx?SID=5290f22ab43bdc057fc85df8ea75e9a3&node=se38.1.4\\_1125&rgn=div8](http://www.ecfr.gov/cgi-bin/text-idx?SID=5290f22ab43bdc057fc85df8ea75e9a3&node=se38.1.4_1125&rgn=div8)

### **38 CFR 4.9**

*Congenital or developmental defects*, 38 CFR 4.9 (2013).

## **Journals**

### ***Driessen, M., Schulte, S., Luedecke, C., Schaefer, I., Sutmann, F., Ohlmeier, M., et al. (2008)***

Driessen, M., Schulte, S., Luedecke, C., Schaefer, I., Sutmann, F., Ohlmeier, M., et al. (2008). Trauma and PTSD in patients with alcohol, drug, or dual dependence: a multi-center study. *Alcoholism, Clinical and Experimental Research*, 32(3), 481-488.

### ***Hoge, C.W., McGurk, D., Thomas, J.L., Cox, A.L., Engel, C.C., and Castro, C.A. (2008)***

Hoge, C.W., McGurk, D., Thomas, J.L., Cox, A.L., Engel, C.C., and Castro, C.A. (2008). Mild traumatic brain injury in U.S. soldiers returning from Iraq. *The New England Journal of Medicine*, 358 (5), 453-63.

### ***Jakupcak, M., Tull, M., McDermott, M., Kaysen, D., Hunt, S., & Simpson, T. (2010)***

Jakupcak, M., Tull, M., McDermott, M., Kaysen, D., Hunt, S., & Simpson, T. (2010). PTSD symptom clusters in relationship to alcohol misuse among Iraq and Afghanistan war veterans seeking post-deployment VA health care. *Addictive Behaviors*, 35(9), 840-843.

**Ridgway, J.D. (2012)**

Ridgway, J.D. (2012). Erratum to: mind reading and the art of drafting medical opinions in veterans benefits claims. *Psychological Injury and Law*, 5 (1), 72-87.

**Schnurr P.P., Friedman, M.J., Engel, C.C., Foa, E.B., Shea, M.T., Chow BK, Resick PA, Thurston V, Orsillo SM, Haug R, Turner C, Bernardy N. (2007)**

Schnurr P.P., Friedman, M.J., Engel, C.C., Foa, E.B., Shea, M.T., Chow BK, Resick PA, Thurston V, Orsillo SM, Haug R, Turner C, Bernardy N. (2007). Cognitive behavioral therapy for posttraumatic stress disorder in women: A randomized controlled trial. *Journal of the American Medical Association*, 297(8), 820-30.

**Simons, J., Gaher, R., Jacobs, G., Meyer, D., & Johnson-Jimenez, E. (2005)**

Simons, J., Gaher, R., Jacobs, G., Meyer, D., & Johnson-Jimenez, E. (2005). Associations between alcohol use and PTSD symptoms among American Red Cross disaster relief workers responding to the 9/11/2001 attacks. *The American Journal of Drug and Alcohol Abuse*, 31(2), 285-304.

**Stewart, S., Mitchell, T., Wright, K., & Loba, P. (2004)**

Stewart, S., Mitchell, T., Wright, K., & Loba, P. (2004). The relations of PTSD symptoms to alcohol use and coping drinking in volunteers who responded to the Swissair Flight 111 airline disaster. *Journal of Anxiety Disorders*, 18(1), 51-68.

## **Legal Decisions**

**Allen v. Brown**

*Allen v. Brown*, 7 Vet. App. 439 (1995).

**Bostain v. West**

*Bostain v. West*, 11 Vet. App. 124, 127–28 (1998).

**Buchanan v. Nicholson**

*Buchanan v. Nicholson*, 451 F.3d 1331 (Fed. Cir. 2006).

**Charles v. Principi**

*Charles v. Principi*, 16 Vet. App. 370 (2002).

**Clemons v. Shinseki**

*Clemons v. Shinseki*, 23 Vet. App. 1,5 (2009).

**Colvin v. Derwinski**

*Colvin v. Derwinski*, 1 Vet. App. 171 (1991).

***Gilbert v. Derwinski***

*Gilbert v. Derwinski*, 1 Vet. App. 49 (1990).

***McLendon v. Nicholson***

*McLendon v. Nicholson*, 20 Vet. App. 79, 83 (2006).

***Stegall v. West***

*Stegall v. West*, Vet App 268, 1998.

***Viegas v. Shinseki***

*Viegas v. Shinseki*, 705 F.3d 1374, 1378 (Fed. Cir. 2013).

***Wagner v. Principi***

*Wagner v. Principi*, 370 F.3d 1089, 1096 (Fed. Cir. 2004)

**United State Code**

**38 U.S.C. 1117**

*Compensation for certain disabilities occurring in Persian Gulf War veterans*, 38 U.S.C. 1117 (2014).

**38 U.S.C. 1151**

*Benefits for persons disabled by treatment or vocational rehabilitation*, 38 U.S.C. 1151 (2014).

**38 U.S.C. 1154(b)**

*Consideration to be accorded time, place, and circumstances of service*, 38 U.S.C.1154(b) (2014).

**38 U.S.C. 1111**

*Presumption of sound condition*, 38 U.S.C. 1111(2014).

**38 U.S.C. 5103A(d)**

*Duty to assist claimants*, 38 U.S.C. 5103A(d) (2014).

**38 U.S.C.1154(b)**

*Consideration to be accorded time, place, and circumstances of service*, 38 U.S.C.1154(b) (2014)

## **VA Office of the General Counsel Opinions**

### ***VA OGC Prec. Op. No. 3-2003***

*VA OGC Prec. Op. No. 3-2003 (July 16, 2003)*

## **Websites**

### ***Merriam-Webster Online Dictionary***

*Merriam-Webster (2014). Definition of opinion. Retrieved July 15, 2014, from <http://www.merriam-webster.com/dictionary/opinion?show=0&t=1405434284>.*

## **Additional Resources**

### **VBA Training Letter 10-03, Environmental Hazards in Iraq, Afghanistan, and Other Military Installations**

Department of Veterans Affairs. (Rev. May 29, 2013). Training Letter 10-03, Environmental Hazards in Iraq, Afghanistan, and Other Military Installations.

Access this training letter at the VBA intranet website:

<http://vbaw.vba.va.gov/bl/21/publicat/Letters/TrngLtrs/TL10-03.doc>

### **VBA Training Letter 11-03, Processing Disability Claims Based on Exposure to Contaminated Drinking Water at Camp Lejeune**

Department of Veterans Affairs. (Nov. 29, 2011). Training Letter 11-03, Processing Disability Claims Based on Exposure to Contaminated Drinking Water at Camp Lejeune.

Access this training letter at the VBA intranet website:

<http://vbaw.vba.gov/bl/21/publicat/letters/trngltrs/tl11-03.doc>

## **Dashboards: Linked Content**

### **Legacy Forms**

(On following pages.)

**SF88 Service Entrance Examination, July 1968**  
**Report of Medical History**

**Standard Form 88**  
 (Rev. Aug. 1959)  
 PROVIDED BY  
 BUREAU OF THE BUDGET  
 CIRCULAR A-24

**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 <b>Willow, Dale</b>		2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO. <b>123456789</b>
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) <b>1234 Broadway, Helena, Montana</b>		5. PURPOSE OF EXAMINATION <b>Induction</b>	6. DATE OF EXAMINATION <b>JUL 12, 1968</b>
7. SEX <b>Male</b>	8. RACE <b>CAUC</b>	9. TOTAL YRS. GOVT. SERVICE MILITARY <b>None</b> CIVILIAN <b>None</b>	10. DEPARTMENT, AGENCY, OR SERVICE <b>USA</b>
11. ORGANIZATION UNIT <b>----</b>		12. DATE OF BIRTH <b>04/22/1946</b>	
13. PLACE OF BIRTH <b>Helena, Montana</b>		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN <b>Mother, Diane Willow, 246 Ives Ave., Helena Montana</b>	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS <b>AFES, Detroit, Michigan</b>		16. OTHER INFORMATION	
17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists) <b>Excellent</b>			

18. FAMILY HISTORY				19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE?	
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES NO (Check each item)
FATHER	<b>56</b>	<b>DECEASED</b>	<b>CANCER</b>	<b>56</b>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
MOTHER		<b>GOOD</b>			<input type="checkbox"/> YES <input type="checkbox"/> NO
SPOUSE					<input type="checkbox"/> YES <input type="checkbox"/> NO
BROTHERS AND SISTERS	<b>33</b> <b>34</b> <b>37</b>	<b>GOOD</b> <b>GOOD</b> <b>GOOD</b>	<b>CHIC</b>		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
CHILDREN					<input type="checkbox"/> YES <input type="checkbox"/> NO

**JUL 12, 1968**

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

21. HAVE YOU EVER (Check each item)		22. FEMALES ONLY: A. HAVE YOU EVER—		B. COMPLETE THE FOLLOWING:	
<input checked="" type="checkbox"/>	WORN GLASSES	<input checked="" type="checkbox"/>	ATTEMPTED SUICIDE	<input type="checkbox"/>	AGE AT ONSET OF MENSTRUATION
<input checked="" type="checkbox"/>	WORN AN ARTIFICIAL EYE	<input checked="" type="checkbox"/>	BEEN A SLEEP WALKER	<input type="checkbox"/>	INTERVAL BETWEEN PERIODS
<input checked="" type="checkbox"/>	WORN HEARING AIDS	<input checked="" type="checkbox"/>	LIVED WITH ANYONE WHO HAD TUBERCULOSIS	<input type="checkbox"/>	DURATION OF PERIODS
<input checked="" type="checkbox"/>	STUTTERED OR STAMMERED	<input checked="" type="checkbox"/>	COUGHED UP BLOOD	<input type="checkbox"/>	DATE OF LAST PERIOD
<input checked="" type="checkbox"/>	WORN A BRACE OR BACK SUPPORT	<input checked="" type="checkbox"/>	BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION	<input type="checkbox"/>	QUANTITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY
23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? <b>4</b>		24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? <b>9</b>		25. WHAT IS YOUR USUAL OCCUPATION? <b>Carpenter</b>	
26. ARE YOU (Check one)		<input checked="" type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED			

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# Report of Medical History Continued

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	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)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHING? (If yes, give details)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	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)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	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)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLODS? (If yes, which illnesses)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	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)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

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

TYPED OR PRINTED NAME OF EXAMINEE: Dale Wilcox SIGNATURE: Dale Wilcox

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

*Major - child in any form  
- no other infants - no other kids*

*[Signature]* CAPT, MC, USAF

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER: M.D. DATE: JUL 12, 1968 SIGNATURE: [Signature] NUMBER OF ATTACHED SHEETS: [Blank]

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# Report of Medical Examination

Standard Form 88 (Rev. June 1964) Page 1																																																																																																					
REPORT OF MEDICAL EXAMINATION																																																																																																					
1. LAST NAME—FIRST NAME—MIDDLE NAME Willow, Dale										2. GRADE AND COMPONENT OR POSITION US				3. IDENTIFICATION NO. 123456789																																																																																							
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) 1234 Broadway, Helena, Montana										5. PURPOSE OF EXAMINATION INDUCTION				6. DATE OF EXAMINATION 12 JUL 1968																																																																																							
7. SEX Male		8. RACE Cau		9. TOTAL YEARS GOVERNMENT SERVICE MILITARY CIVILIAN		10. AGENCY USA				11. ORGANIZATION UNIT																																																																																											
12. DATE OF BIRTH 04/22/1946				13. PLACE OF BIRTH Helena, Montana				14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN Mother, Diane Willow, 246 Ives Ave., Helena Montana																																																																																													
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS AFES, Detroit, Michigan										16. OTHER INFORMATION																																																																																											
17. RATING OR SPECIALTY										TIME IN THIS CAPACITY (Total)				LAST SIX MONTHS																																																																																							
<b>CLINICAL EVALUATION</b> (Check each item in appropriate column; enter "NE" if not evaluated.)										<b>NOTES.</b> (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)																																																																																											
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44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.) O—Restorable teeth /—Nonrestorable teeth R 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 L I 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 E H Y										REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES  ACCEPTABLE																																																																																											
LABORATORY FINDINGS																																																																																																					
45. URINALYSIS: A. SPECIFIC GRAVITY 1.012 B. ALBUMIN NEG C. SUGAR NEG 47. SEROLOGY (Specify test used and result) GARDIOLIPIN NON REACTIVE										D. MICROSCOPIC NE				46. CHEST X-RAY (Place, date, film number and result) AFES, DETROIT, MICH PT-17 12 JUL 1968 NEG																																																																																							
48. EKG NE				49. BLOOD TYPE AND RH FACTOR NE				50. OTHER TESTS NE																																																																																													

# Report of Medical Examination Continued

MEASUREMENTS AND OTHER FINDINGS*									
51. HEIGHT 69	52. WEIGHT 149	53. COLOR HAIR brown	54. COLOR EYES blue	55. BUILD: <input type="checkbox"/> SLENDER <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE	56. TEMPERATURE 98.4				
57. BLOOD PRESSURE (Arm at heart level)			58. PULSE (Arm at heart level)						
A. SITTING SYS. 128 DIA. 76	B. RECUMBENT SYS. DIA.	C. STANDING (5 MIN.) SYS. DIA.	A. SITTING 80			B. AFTER EXERCISE C. 2 MIN. AFTER		D. RECUMBENT	E. AFTER STANDING 3 MIN.
59. DISTANT VISION			60. REFRACTION			61. NEAR VISION			
RIGHT 20/30	CORR. TO 20/20	BY	S.	OX		CORR. TO	BY		
LEFT 20/30	CORR. TO 20/20	BY	S.	OX		CORR. TO	BY		
62. HETEROPHORIA (Specify distance)									
ES*	EX*	R. H.	L. H.	PRISM DIV.	PRISM CONV. CT	PC	PD		
63. ACCOMMODATION		64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)		66. INTRAOCULAR TENSION	
RIGHT	LEFT	ISHARA-NORMAL				UNCORRECTED		CORRECTED	
66. FIELD OF VISION		67. NIGHT VISION (Test used and score)				68. RED LENS TEST		69. INTRAOCULAR TENSION	
70. HEARING		71. AUDIOMETER				72. PSYCHOLOGICAL AND PSYCHOMOTOR (Test used and score)			
RIGHT WV 15	/15 SV	/15	250 500 1000 2000 4000 6000 8000	3000 4000 5000 6000 8000 10000					
LEFT WV 15	/15 SV	/15	RIGHT	LEFT					
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY									
JUL 12, 1968									
No additional defects discovered. Fit for military Service.									
(Use additional sheets if necessary)									
74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnosis with item numbers)									
75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)									
76. A. PHYSICAL PROFILE									
P U L H E S									
1 1 1 1 1 1									
77. EXAMINEE (Check)									
A. <input checked="" type="checkbox"/> IS QUALIFIED FOR MILITARY SERVICE									
B. <input type="checkbox"/> IS NOT QUALIFIED FOR									
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER									
A B C F									
X									
79. TYPED OR PRINTED NAME OF PHYSICIAN					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 AUTHORITY					SIGNATURE				
M.C. USAR					NUMBER OF ATTACHED SHEETS				

BEST COPY

Medical Examination Notes, June 1969

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
7 June 69	C.C. tight neck Passenger in truck Stopped suddenly felt neck "Pop" No collision, No LOC  PE: Neck decreased ROM L/R rotation limited to approx 50° Ext/Flex WNL  X-Ray C-Spine: No dislocation, fractures No evidence of arthritic changes Imps Negative cervical spine X-Ray Ass/Plan: Cervical spine strain Heat, rest RX: Ice packs for 2 days, followed by heat packs for 5 days, aspirin prn, neck brace for 5 days. Expect improvement with time RTC if not better  Cpt Phillips MD

☆ U.S.GPO:1975-0-592-717/5



**SF 88 Separation Examination, September 1970**  
**Report of Medical Examination**

MEDICAL RECORD		REPORT OF MEDICAL EXAMINATION		DATE OF EXAM 09/22/1970									
1. LAST NAME - FIRST NAME - MIDDLE Willow, Dale		2. IDENTIFICATION NUMBER 123456789		3. GRADE AND COMPONENT OR POSITION									
4. HOME ADDRESS (Number, street or RFD, city or town, state and ZIP Code)  1234 Broadway Helena Montana		5. EMERGENCY CONTACT (Name and address of contact)											
6. DATE OF BIRTH 04/22/1946	7. AGE 24	8. SEX <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE	9. RELATIONSHIP OF CONTACT										
10. PLACE OF BIRTH Helena Montana		11. RACE <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> AMERICAN INDIAN/ ALASKA NATIVE <input type="checkbox"/> HISPANIC WHITE <input type="checkbox"/> HISPANIC BLACK <input type="checkbox"/> ASIAN/PACIFIC ISLANDER											
12a. AGENCY  US ARMY		12b. ORGANIZATION UNIT		13. TOTAL YEARS GOVERNMENT SERVICE a. MILITARY 2 b. CIVILIAN									
14. NAME OF EXAMINING FACILITY OR EXAMINER, AND ADDRESS  John Doe, MD		15. RATING OR SPECIALTY OF EXAMINER											
		16. PURPOSE OF EXAMINATION  Separation											
<b>17. CLINICAL EVALUATION</b>													
(Check each item in appropriate column, enter "NE" if not evaluated)		(Check each item in appropriate column, enter "NE" if not evaluated)											
NOR- MAL	ABNOR- MAL	NOR- MAL	ABNOR- MAL										
A. HEAD, FACE, NECK AND SCALP		O. PROSTATE (Over 40 or clinically indicated)											
B. EARS - GENERAL (INTERNAL CANALS) (Auditory acuity under items 39 and 40)		P. TESTICULAR											
C. DRUMS (Perforation)		Q. ANUS AND RECTUM (Hemorrhoids, Fistulae) (Hemocult Results)											
D. NOSE		R. ENDOCRINE SYSTEM											
E. SINUSES		S. G-U SYSTEM											
F. MOUTH AND THROAT		T. UPPER EXTREMITIES (Except feet) (Strength, range of motion)											
G. EYES - GENERAL (Visual acuity and refraction under items 28, 29, and 36)		U. FEET											
H. OPHTHALMOSCOPIC		V. LOWER EXTREMITIES (Except feet) (Strength, range of motion)											
I. PUPILS (Equality and reaction)		W. SPINE, OTHER MUSCULOSKELETAL											
J. OCULAR MOTILITY (Associated parallel movements nystagmus)		X. IDENTIFYING BODY MARKS, SCARS, TATTOOS											
K. LUNGS AND CHEST		Y. SKIN, LYMPHATICS											
L. HEART (Thrust, size, rhythm, sounds)		Z. NEUROLOGIC (Equilibrium tests under item 41)											
M. VASCULAR SYSTEM (Varicosities, etc.)		AA. PSYCHIATRIC (Specify any personality deviation)											
N. ABDOMEN AND VISCERA (Include hernia)		BB. BREASTS											
		CC. PELVIC (Females only)											
NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 42 and use additional sheets if necessary)													
<p>NECK: Decreased ROM, tight trapezius muscles bilateral</p> <p>FEET: mild bilateral flexible pes planus, normal variant, no functional limitations, no calluses.</p>													
18. DENTAL (Place appropriate symbols, show in examples, above or below number of upper and lower teeth.)				REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES									
<table border="0" style="width: 100%; font-size: small;"> <tr> <td style="text-align: center;">0 1 2 3 32 31 30 0</td> <td style="text-align: center;">Restorable Teeth</td> <td style="text-align: center;">1 2 3 32 31 30 0</td> <td style="text-align: center;">Non- restorable Teeth</td> <td style="text-align: center;">1 2 3 32 31 30 X</td> <td style="text-align: center;">Missing Teeth</td> <td style="text-align: center;">X X X 1 2 3 32 31 30 X X X</td> <td style="text-align: center;">Replaced by Dentures</td> <td style="text-align: center;">( X ) 1 2 3 32 31 30 ( X )</td> <td style="text-align: center;">Fixed Partial Dentures</td> </tr> </table>					0 1 2 3 32 31 30 0	Restorable Teeth	1 2 3 32 31 30 0	Non- restorable Teeth	1 2 3 32 31 30 X	Missing Teeth	X X X 1 2 3 32 31 30 X X X	Replaced by Dentures	( X ) 1 2 3 32 31 30 ( X )
0 1 2 3 32 31 30 0	Restorable Teeth	1 2 3 32 31 30 0	Non- restorable Teeth	1 2 3 32 31 30 X	Missing Teeth	X X X 1 2 3 32 31 30 X X X	Replaced by Dentures	( X ) 1 2 3 32 31 30 ( X )	Fixed Partial Dentures				
19. TEST RESULTS (Copies of results are preferred as attachments)													
A. URINALYSIS: (1) SPECIFIC GRAVITY		B. CHEST X-RAY OR PPD (Place, date, film number and result)											
(2) URINE ALBUMIN		(4) MICROSCOPIC											
(3) URINE SUGAR													
C. SYPHILIS SEROLOGY (Specify test used and results)		D. EKG	E. BLOOD TYPE AND HR FACTOR	F. OTHER TESTS									
<div style="display: flex; justify-content: space-between; font-size: x-small;"> <div> NSN 7540-00-634-6038  88-126  Designed using Perform Pro, WHS/DIOR. </div> <div> <b>STANDARD FORM 88 (EG)</b>  Prescribed by GSA/ICMR FIRM (41 CFR) 201-9.202-1 </div> </div>													


Report of Medical Examination Continued

NAME <u>Dele Willow</u>				IDENTIFICATION <u>123456789</u>				NO. OF SHEETS ATTACHED			
<b>MEASUREMENTS AND OTHER FINDINGS</b>											
20. HEIGHT <u>6'9"</u>		21. WEIGHT <u>154</u>		22. COLOR HAIR <u>Brown</u>		23. COLOR EYES <u>Blue</u>		24. BUILD <input type="checkbox"/> SLENDER <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE		25. TEMPERATURE	
26. BLOOD PRESSURE (Arm at heart level)											
A. SITTING SYS. <u>128</u> DIA. <u>70</u>		B. RECUMBENT SYS. <u>78</u> DIA. <u>70</u>		27. PULSE (Arm at heart level)		C. STANDING (3mins.)		D. AFTER EXERCISE		E. 2 MINS. AFTER	
28. DISTANT VISION				29. REFRACTION				30. NEAR VISION			
RIGHT 20/ <u>20</u>		CORR. TO 20/		BY		S.		CX		CORR. TO BY	
LEFT 20/ <u>20</u>		CORR. TO 20/		BY		S.		CX		CORR. TO BY	
31. HETEROPHORIA (Specify distance)											
ESO		EXO		R.H.		L.H.		PRISM DIV.		PRISM CONV. CT	
32. ACCOMMODATION		RIGHT		LEFT		33. COLOR VISION (Test used and result)		34. DEPTH PERCEPTION (Test used and score)		UNCORRECTED	
35. FIELD OF VISION		RIGHT		LEFT		36. NIGHT VISION (Test used and result)		37. RED LENS TEST		38. INTRAOCULAR TENSION	
39. HEARING		RIGHT W/V		/15SV		/15		40. AUDIOMETER		41. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)	
		250		500		1000		2000		3000	
		256		512		1024		2048		2896	
		4096		6144		8192					
		RIGHT		10		10		15		10	
		LEFT		10		15		10		15	
42. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY											
<p><i>Cervical spine X-Ray June 7 1969</i></p> <p><i>negative for dislocation, fractures</i></p> <p><i>no arthritic changes noted</i></p>											
(Use additional sheets if necessary)											
43. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)											
44. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)											
45A. PHYSICAL PROFILE											
P U L H E S											
46. EXAMINEE (Check)											
A <input checked="" type="checkbox"/> IS QUALIFIED FOR											
B <input type="checkbox"/> IS NOT QUALIFIED FOR											
47. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER											
48. TYPED OR PRINTED NAME OF PHYSICIAN											
John Doe											
49. TYPED OR PRINTED NAME OF PHYSICIAN											
50. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)											
51 TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY											

STANDARD FORM 88

# Lay Evidence

Dale Willow, Statement in Support of Claim (form 21-4138), January 11, 2008

 <b>Department of Veterans Affairs</b>		<b>STATEMENT IN SUPPORT OF CLAIM</b>	
<small>OMB Approved No. 2900-0075 Respondent Burden: 15 minutes</small>			
<small><b>PRIVACY ACT INFORMATION:</b> The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA Programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 38VA21.22.78. Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.</small>			
<small><b>RESPONDENT BURDEN:</b> We need this information to obtain evidence in support of your claim for benefits (38 U.S.C. 501(a) and (b)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at <a href="http://www.reginfo.gov/public/do/PRAMain">www.reginfo.gov/public/do/PRAMain</a>. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.</small>			
FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN (Type or print)		SOCIAL SECURITY NO.	VA FILE NO.
Dale Willow		03456789	1000-1000-1000
The following statement is made in connection with a claim for benefits in the case of the above-named veteran:			
<p>I served in US Army in Vietnam. While riding in truck, it stopped sudden and my neck was wrenched. Since then it has gotten worse.</p>			
I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.			
SIGNATURE		DATE SIGNED	
Dale Willow			
ADDRESS		TELEPHONE NUMBERS (Include Area Code)	
Helena, Montana		DAYTIME	EVENING
PENALTY: The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false.			
VA FORM 21-4138 AUG 2011		EXISTING STOCKS OF VA FORM 21-4138, AUG 2004, WILL BE USED	
CONTINUE ON REVERSE			



To whom it may concern,  
I have been married to Dale  
Willow for 40 years. As long  
as I can remember he has had  
trouble turning his head to  
look behind him. Especially when  
driving.

Wadena Willow

To whom it may concern,  
Ever since I have been married to Dale Willow he has complained about headaches and a stiff neck. His headaches can get so bad while driving that I have to drive for him. When at a stop sign he tries to turn his head to see side to side but is unable to turn his head normal. When backing up he cannot look over his shoulder but he needs to turn his whole upper body to look backward. These movements cause his neck to tighten and then he complains of headaches.

Wadena Willow

## Summary of Evidence Tables

### Summary of Evidence for Original Service Connection Claim

Year	Month	Event	Evidence	Comment
1968	Jul	DW service entrance examination	SF88-Entrance	Mild pes planus noted
1969	Jun	DW saw a medic for treatment of neck pain	Medical examination notes	Exam findings include limited ROM and X-ray report that indicates no fracture
1970	Sep	DW service separation examination	SF88-Separation	Mild pes planus noted, neck pain and limited ROM noted, and X-ray report referenced
1970	Sep	DW discharged from the Army.	DD-214	Dates on the DD-214 are active duty entrance August 6, 1968 and separation September 30, 1970
2007		DW enrolls for VA healthcare	Medical e-records	Evaluation notes from 2007 and 2008 show a past history of neck pain, stiffness, and headaches for many years since he was discharged from military.
2007	Dec	DW files for service connection of neck pain	VA form 21-526	VBA develops a claim for direct service connection for neck pain.
2008	Jan	DW files a statement in support of claim	VA form 21-4138	States that he's had worsening neck pain since injury in service.
2008	Jan	WW (wife) files statement regarding DW's neck pain.	Lay evidence, statement-1	Describes DW's trouble with turning his head to look behind him, especially when driving, for the 40 years they've been married
2008	Oct	DW has first C&P exam	C&P exam findings	Weight: overweight to obese. Limited ROM of cervical spine and cervical muscle spasm and tenderness, diagnosis: cervical strain

### Medical Opinions Dashboard 2 Summary of Evidence for Secondary Service Connection of Headaches

Year	Month	Event	Evidence	Comment
1968	Jul	DW service entrance examination	SF88-Entrance	Mild pes planus noted
1969	Jun	DW saw a medic for treatment of neck pain	Medical examination notes	Exam findings include limited ROM and X-ray report that indicates no fracture
1970	Sep	DW service separation examination	SF88-Separation	Mild pes planus noted, neck pain and limited ROM noted, and X-ray report referenced
1970	Sep	DW discharged from the Army.	DD-214	Dates on the DD-214 are active duty entrance August 6, 1968 and separation September 30, 1970
1988-2000		DW is treated by private clinicians. Records are from June and September 1995, and April of 1999, and December of 2000	C-file, private medical records	Neck pain and stiffness, limited ROM, neck muscle spasms are documented
2007-2009		DW enrolls in VA healthcare and is seen by VA clinicians	Medical e-records	Evaluation notes show a past history of neck pain, stiffness, and headaches for many years since he was discharged from the Army. Diagnosed with

Year	Month	Event	Evidence	Comment
				cervicogenic headaches by a VA neurologist
2007	Dec	DW files for service connection of neck pain	VA form 21-526	VBA develops a claim for direct service connection for neck pain
2008	Jan	DW files a Statement in Support of Claim	VA form 21-4138	DW states that he's had worsening pain since injury in service
2008	Jan	WW (Veteran's wife) submits a letter regarding DW's neck pain	Lay Evidence	Describes DW's trouble with turning his head to look behind him, especially when driving, for the 40 years they've been married.
2008	Oct	W has first C&P exam	C-file, C&P exam findings	Weight: overweight to obese. Limited ROM of cervical spine and cervical muscle spasm and tenderness, diagnosis: cervical strain
2008	Dec	VBA decides neck pain claim	Rating Decision	DW is granted service connection for cervical strain
2010	Jan	DW files claim for service-connection of headaches	VA form 21-526	VBA develops a claim for secondary service connection of headaches
2010	Jan	WW (Veteran's wife) submits a letter regarding DW's headaches	Lay Evidence	Says that DW has had trouble turning his neck to look behind him, especially when driving, since they married after his discharge from service
2010	May	C&P examiner conducts an examination with DW	C-file, Current C&P Exam	Notes that DW's history was consistent with headache due to neck pain because it increased in intensity with movement of the neck, it radiated from the neck area to the head, it progressed from the occipital to the frontal region of head, and it usually occurred on the same side as the side of the neck with stiffness and pain. Diagnosis: chronic cervical strain and cervicogenic muscle tension headache
2010	May	Peer-reviewed medical literature citations	Medical Literature	(2001) Medical Literature from Barnsley, Wallis, Bogduk: Chronic neck pain related to whiplash findings (2009) Medical Literature from Bogduk: Links chronic headache to whiplash

#### **Summary of Evidence for Dashboards 3 and 4: Service Connection of Low Back Pain**

Year	Month	Event	Evidence	Comment
1968	Jul	DW service entrance examination	SF88-Entrance	Mild pes planus noted
1969	Jun	DW saw a medic for treatment of neck pain	Medical examination notes	Exam findings include limited ROM and X-ray report that indicates no fracture
1970	Sep	DW service separation examination	SF88-Separation	Mild pes planus noted, neck pain and limited ROM noted, and X-ray report referenced
1970	Sep	DW discharged from the Army.	DD-214	Dates on the DD-214 are active duty entrance August 6, 1968 and separation September 30,

Year	Month	Event	Evidence	Comment
				1970
1988-2000		DW is treated by private clinicians. Records are from June and September 1995, and April of 1999, and December of 2000	C-file, private medical records	Neck pain and stiffness, limited ROM, neck muscle spasms are documented
2007-2009		DW enrolls in VA healthcare and is seen by VA clinicians	Medical e-records	Evaluation notes show a past history of neck pain, stiffness, and headaches for many years since he was discharged from the Army. Diagnosed with cervicogenic headaches by a VA neurologist
2007	Dec	DW files for service connection of neck pain	VA form 21-526	VBA develops a claim for direct service connection for neck pain
2008	Jan	DW files a Statement in Support of Claim	VA form 21-4138	DW states that he's had worsening pain since injury in service
2008	Jan	WW (Veteran's wife) submits a letter regarding DW's neck pain	Lay Evidence	Describes DW's trouble with turning his head to look behind him, especially when driving, for the 40 years they've been married.
2008	Oct	W has first C&P exam	C-file, C&P exam findings	Weight: overweight to obese. Limited ROM of cervical spine and cervical muscle spasm and tenderness, diagnosis: cervical strain
2008	Dec	VBA decides neck pain claim	Rating Decision	DW is granted service connection for cervical strain
2010	Jan	DW files claim for service-connection of headaches	VA form 21-526	VBA develops a claim for secondary service connection of headaches
2010	Jan	WW (Veteran's wife) submits a letter regarding DW's headaches	Lay Evidence	Says that DW has had trouble turning his neck to look behind him, especially when driving, since they married after his discharge from service
2010	May	C&P examiner conducts an examination with DW	C-file, C&P Exam Findings	Notes that DW's history was consistent with headache due to neck pain because it increased in intensity with movement of the neck, it radiated from the neck area to the head, it progressed from the occipital to the frontal region of head, and it usually occurred on the same side as the side of the neck with stiffness and pain. Diagnosis: chronic cervical strain and cervicogenic muscle tension headache
2010	Nov	VBA decides SSC claim for headaches	Rating Decision	VBA granted secondary service connection to Dale Willow for cervicogenic headaches
2011	Apr	Apr-May: DW visits a chiropractor for low back pain	Private Medical Records	Reports low back pain for several years. On exam, has mild tenderness over lower lumbar spine, with pain at extremes of motion. Mildly limited motion. X-rays show degenerative joint disease at L5-S1 with disc space narrowing and minor osteophytes of other lumbar vertebrae.

Year	Month	Event	Evidence	Comment
				Diagnosis: Lumbar spondylosis with facet joint dysfunction. Treatment: Spinal adjustments x5, with moderate relief noted
2012		DW is seen at VAOPC for severe neck pain	Medical e-Records	Seen for severe neck pain and stiffness. Findings include marked LOM (limitation of motion) of cervical spine, especially on lateral rotation, with diffuse spasm and some tenderness of cervical muscles. Diagnosis: cervical strain
2013	Mar	DW files a claim for service connection of low back pain	VA form 21-526	VBA develops a claim for secondary service connection of low back pain
2013	Apr	DW has C&P exam for low back pain	Current C&P Exam	Findings include cervical strain is stable with no change in X-rays for cervical spine. Findings validate the diagnosis of cervical strain and result in validating a diagnosis of osteoarthritis (DJD) of the lumbar spine
2013	Apr	Medical Literature 1	MD Guidelines online	Complications of cervical strains and sprains include instability, nerve damage, headache, stiffness, and referred pain
2013	Apr	Medical Literature 2	Hudgins, T.H. et al.	The main complication from the injury itself is chronic intractable pain leading to permanent loss of cervical range of motion and functional disability
2013	Apr	Medical Literature 3	Mayo Clinic	Risk factors for osteoarthritis (not including cervical strain)
2013	Apr	Medical Literature 4	Osteoarthritis, University of Maryland Medical Center	Risk factors for osteoarthritis (not including cervical strain)

#### ***Summary of Evidence for Dashboard 5: Flat Foot Aggravation Claim***

Year	Month	Event	Evidence	Comment
1968	Jul	DW service entrance examination	SF88-Entrance	Mild pes planus noted
1969	Jun	DW saw a medic for treatment of neck pain	Medical examination notes	Exam findings include limited ROM and X-ray report that indicates no fracture
1970	Sep	DW service separation examination	SF88-Separation	Mild pes planus noted, neck pain and limited ROM noted, and X-ray report referenced
1970	Sep	DW discharged from the Army.	DD-214	Dates on the DD-214 are active duty entrance August 6, 1968 and separation September 30, 1970
2013	Nov	DW visits a private podiatrist	Private Medical Records	Veteran reports that he's had increasing foot pain and podiatrist prescribed orthotics for worsening bilateral pes planus.
2014	Mar	DW files a claim for	VA form 21-526	VBA develops a claim for aggravation of DW's



Year	Month	Event	Evidence	Comment
		aggravation of his pes planus		preexisting pes planus
2014	May	An examiner conducts a C&P exam with DW	C&P Examination Findings	DW reported increasing pain in his feet during the medical history interview. Weight: overweight to obese. Diagnosis: Moderate Bilateral pes planus

## What Does the Adjudicator Need? and What Do You Think

### *Dashboard 1, What Does the Adjudicator Need?*

Really, there are four considerations:

1. Is there a current cervical condition?
2. If yes, is the current cervical condition related to an injury, illness, or event in service?
3. If it is related, explain how the condition is related to service in your rationale.
4. If it's not related, explain how the condition is not related to service in your rationale.

### **HINT**

Whenever possible, in addition to using the VBA-recommended phrases in your opinion, it's helpful for the adjudicator if you can also state your degree of certainty (e.g., definitely, unlikely, etc.) in your rationale.

### *Dashboard 1, What Do You Think?*

Is this a sufficient medical opinion? Do the opinion and rationale:

1. State the opinion in the VBA-recommended terms?
2. Provide a comprehensive rationale?
3. List specific evidence reviewed?
4. Cite specific evidence in this case that supports the opinion?
5. Cite pertinent medical literature?

In this case, the examiner felt that peer-reviewed medical literature is not necessary to explain or support the relationship of the condition to service.

### *Dashboard 2, What Does the Adjudicator Need?*

Remember, there may be two steps to this opinion once the examiner establishes that a headache condition exists:

#### **Step 1**

Is the claimed headache condition proximately due to or caused by the SC cervical strain? If the answer is yes, then there is no reason to consider Step 2.

#### **Step 2**

If the claimed headache condition is not due to or caused by the SC cervical strain, has the claimed headache condition been aggravated (permanently worsened beyond its natural progression) by the Veteran's SC cervical strain?

#### ***HINT***

Whenever possible, in addition to using VBA-recommended phrases in the opinion, it's also helpful for the adjudicator if you can state your confidence level (e.g., definitely, unlikely, etc.) in the rationale.

#### ***Dashboard 2, What Do You Think?***

Is this a sufficient medical opinion? Do the opinion and rationale:

1. State the opinion in the VBA-recommended terms?
2. Provide a comprehensive rationale?
3. List specific evidence reviewed?
4. Cite specific evidence in this case that supports the opinion?
5. Cite pertinent medical literature?

#### ***Dashboard 3, What Does the Adjudicator Need?***

Remember, there may two steps to consider if the examiner diagnoses a lower back condition for the low back pain symptoms:

Step 1: Is the claimed lower back pain proximately due to or caused by the SC cervical strain? If the answer is yes, then there is no reason to consider Step 2.

Step 2: If the claimed lower back pain is not due to or caused by the SC cervical strain, has the claimed condition been aggravated (permanently worsened beyond its natural progression) by the Veteran's SC cervical strain?

#### ***HINT***

Whenever possible, in addition to the VBA-recommended phrases in the opinion, it's helpful for the adjudicator if you can also state your confidence level (e.g., definitely, unlikely, etc.) in the rationale.

#### ***Dashboard 3, What Do You Think?***

Is this a sufficient medical opinion? Do the opinion and rationale:

1. State the opinion in the VBA-recommended terms?
2. Provide a comprehensive rationale?
3. List specific evidence reviewed?
4. Cite specific evidence in this case that supports the opinion?
5. Cite pertinent medical literature?

#### ***Dashboard 4, What Does the Adjudicator Need?***

This opinion will be the second step for an unfavorable secondary service connection determination by an examiner.

Step 1: Is the claimed lower back pain proximately due to or caused by the SC cervical strain? If the answer is yes, then there is no reason to consider Step 2.

Step 2: If the claimed lower back pain is not due to or caused by the SC cervical strain, has the claimed condition been aggravated (permanently worsened beyond its natural progression) by the Veteran's SC cervical strain?

#### ***Dashboard 4, What Do You Think?***

Is this a sufficient medical opinion? Do the opinion and rationale:

1. State the opinion in the VBA-recommended terms?
2. Provide a comprehensive rationale?
3. List specific evidence reviewed?
4. Cite specific evidence in this case that supports the opinion?
5. Cite pertinent medical literature?

Notice that the examiner stated that he was unable to locate peer-reviewed medical literature to support the idea that cervical strain can aggravate DJD of the lumbar spine.

#### ***Dashboard 5, What Does the Adjudicator Need?***

You'll need to answer quite a few questions:

1. Is the current claimed flatfoot condition related to the preexisting condition? What evidence supports this determination?
2. Was the flatfoot condition that preexisted service permanently worse at the time of separation? What evidence supports this determination?
3. If there was a worsening, did it happen during or as a result of an injury, event, or illness during service?
4. If there was a worsening, was it due to the natural progression of the condition?
5. What evidence supports the determination?

#### ***HINT***

In addition to using the VBA-recommended language in the opinion, it's helpful to the adjudicator if you state your level of confidence in the rationale.

#### ***Dashboard 5, What Do You Think?***

Is this a sufficient medical opinion? Do the opinion and rationale:

1. State the opinion in the VBA-recommended terms?
2. Provide a comprehensive rationale?
3. List specific evidence reviewed?
4. Cite specific evidence in this case that supports the opinion?
5. Cite pertinent medical literature?

In this case, peer-reviewed medical literature was not necessary to explain no change in the level of severity for the pes planus noted on the entrance and separation examinations.

## View the Opinion

### Requested Opinion:

Please determine whether the Veteran's current cervical spine condition is at least as likely as not (50 percent or greater probability) due to or caused by events during military service.

Opinion: It is at least as likely as not that Veteran's current cervical strain is due to the neck injury during service.

Rationale: After review of C-file and in particular STRs, it is more likely than not that Veteran's cervical strain represents a continuation of the neck injury that he suffered while on active duty and has persisted and progressed in severity since. STRs indicate that Veteran presented with neck pain after stopping suddenly while riding in a truck. Previous and current cervical spine X-rays were negative for dislocation, fracture or arthritic changes, but his ability to rotate his head from side-to-side has progressively decreased since that event. At time of separation, Veteran did complain of reduced range of motion and "tightness" in neck muscles. His complaints were supported by a statement from his wife reporting that he has had difficulty turning his head while driving since he left military service and complaint of similar symptoms at VA primary care appointment. Veteran has had no additional injuries to his neck since separation from service. This Veteran's current symptoms and clinical findings remain consistent with the injury he sustained while in service.

### *Dashboard 1, Question 1, Hint*

The examiner uses VBA-recommended language at least as likely as not, in his opinion to indicate to indicate a 50 percent or greater probability that Mr. Willow's current cervical strain is related to his in-service injury. The examiner also states greater certainty by using the phrase, more likely than not, in his rationale.

### *Dashboard 1, Question 2, Hint*

The examiner begins his rationale by saying "it is more likely than not" that Veteran's cervical strain represents a continuation of the neck injury that he suffered while on active duty.

### *Dashboard 2, Question 1, Hint*

The opinion says this: His STRs are silent for complaints of headache during active service and there was no mention of headache during discharge from military service. Therefore, his medical records are negative for any history of headaches prior to his neck injury.

### *Dashboard 2, Question 2, Hint*

The examiner introduces the medical literature in the rationale by stating this, "The following articles also support that cervical strain and whiplash injury can cause cervicogenic headaches."

### *Dashboard 2, Question 3, Hint*

Remember, if a medical opinion is favorable for direct secondary connection, there is no need to consider service connection by aggravation. Because the examiner concluded that Mr. Willow's cervicogenic headaches resulted from his cervical strain, there is no need to consider if Mr. Willow's headaches were aggravated (permanently worsened) by his SC cervical strain.

*Dashboard 3, Question 1, Hint*

If the examiner determines that the Veteran's service-connected cervical strain did not cause the DJD of the lumbar spine, the examiner must consider whether the SC cervical strain aggravated the DJD.

*Dashboard 4, Question 1, Hint*

Avoid sweeping statements about what is or is not found in medical literature.

*Dashboard 5, Question 1, Hint*

The examiner is careful to include the information that the adjudicator needs in the rationale, so she considers these questions:

- Was the pes planus that preexisted service permanently worse at the time of separation?
- Does evidence show that the Veteran's pes planus was recently documented as having worsened?