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**Collection:** Records of the Adjutant General's Office:  
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Records, 1935-1945

**Folder Title:** [Service File] (5 of 5)

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# WITHDRAWAL SHEET

## Ronald Reagan Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
1. efficiency report	re: Ronald Reagan (2pp)	6/30/45	<del>F-6</del>
2. report	of physical examination re: Ronald Reagan (2pp)	4/30/37	<del>F-6</del>
3. report	of physical examination re: Ronald Reagan (2pp)	11/13/41	<del>F-6</del>
4. report	of physical examination re: Ronald Reagan (2pp)	2/23/42	<del>F-6</del>
5. report	of physical examination re: Ronald Reagan (2pp)	1/17/42	<del>F-6</del>
6. report	copy of item # 5 (2pp)	1/17/42	<del>F-6</del>
7. report	copy of item # 5 (2pp)	1/17/42	<del>F-6</del>
8. report	of physical examination re: Ronald Reagan (2pp)	4/21/42	<del>F-6</del>
9. report	copy of item # 8 (2pp)	4/21/42	<del>F-6</del>
10. report	copy of item # 8 (2pp)	4/21/42	<del>F-6</del>
11. immunization registrar	re: Ronald Reagan (2pp)	n.d.	<del>F-6</del>
12. consultation request and report	re: Ronald Reagan (1p)	12/15/44	<del>F-6</del>
13. out patient index	re: Ronald Reagan (1p)	12/15/44	<del>F-6</del>
14. radiologic report	re: Ronald Reagan (1p)	12/16/44	<del>F-6</del>
COLLECTION: REAGAN, RONALD W.: Military Personnel Records (a component of Record Group 407)			rs
FILE FOLDER: <del>[3 of 3]</del> (15 of 5)			1/3/95

### RESTRICTION CODES

**Presidential Records Act - [44 U.S.C. 2204(a)]**

- P-1 National security classified information [(a)(1) of the PRA].
- P-2 Relating to appointment to Federal office [(a)(2) of the PRA].
- P-3 Release would violate a Federal statute [(a)(3) of the PRA].
- P-4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA].
- P-5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA].
- P-6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA].

C. Closed in accordance with restrictions contained in donor's deed of gift.

**Freedom of Information Act - [5 U.S.C. 552(b)]**

- F-1 National security classified information [(b)(1) of the FOIA].
- F-2 Release could disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA].
- F-3 Release would violate a Federal statute [(b)(3) of the FOIA].
- F-4 Release would disclose trade secrets or confidential commercial or financial information [(b)(4) of the FOIA].
- F-6 Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA].
- F-7 Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA].
- F-8 Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA].
- F-9 Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA].

# WITHDRAWAL SHEET

## Ronald Reagan Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
15. form 52a	re: Ronald Reagan (2pp)	n.d.	<del>F-6</del>
16. form 52a	re: Ronald Reagan (3pp)	n.d.	<del>F-6</del>
17. report	of physical examination re: Ronald Reagan (2pp)	9/10/45	<del>F-6</del> <i>open MJD 5/2/11</i>
COLLECTION: <b>REAGAN, RONALD W.: Military Personnel Records (a component of Record Group 407)</b>			rs
FILE FOLDER: <del>[3 of 3]</del> (5 of 5)			1/3/95

### RESTRICTION CODES

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- F-4 Release would disclose trade secrets or confidential commercial or financial information [(b)(4) of the FOIA].
- F-6 Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA].
- F-7 Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA].
- F-8 Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA].
- F-9 Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA].



GENERAL SERVICES ADMINISTRATION

# CAUTION-KEEP AS TOP SHEET

LAST NAME - FIRST NAME - MIDDLE INITIAL

REAGAN, RONALD WILSON

SERVICE NUMBER

0-357403

THIS FILE IS LOANED FROM WWII CLASSIFIED RECORDS

AND IS NOT TO BE COMBINED WITH ANY OTHER FILE.

IMMEDIATELY UPON COMPLETION OF ITS USE, THIS FILE WILL BE RETURNED TO: MILITARY PERSONNEL RECORDS CENTER, GSA, A & D BRANCH (VAULT 6TH FLOOR), ST. LOUIS 32, MISSOURI.

WORLD WAR I RECORDS

WORLD WAR II RECORDS

AIR FORCE RECORDS

## REMARKS

CLASSIFICATION

CLASSIFIED

REASON FOR RETENTION IN CLASSIFIED FILE AREA

UNCLASSIFIED

" VIP FILE "

REPLACES R6-1035, JULY 1960, AND R6-A-1150, JULY 1960, WHICH ARE OBSOLETE

R6-1150  
June 1962

DEPARTMENT OF THE ARMY

# THE ADJUTANT GENERAL'S OFFICE



ANY PAPER CONTAINED HEREIN BEARING  
A CLASSIFICATION IS HEREBY REGRADED  
UNCLASSIFIED

**TAG 201 FILE**

REAGAN, RONALD W. 0357403



# REPORT OF PHYSICAL EXAMINATION

(See AR 40-100 and AR 40-105)

**INSTRUCTIONS.**—Unless otherwise prescribed, this form will be used for all physical examinations of officers, nurses, or warrant officers; applicants for appointment in the Regular Army (R. A.), National Guard (N. G.), or Organized Reserves (O. R.); and enrollment in the Reserve Officers' Training Corps (R. O. T. C.). Indicate nature of examination and component of Army by underlining appropriate terms below. Nature of examination: Appointment, Promotion, Retirement, Annual, Active Duty, Special. Component of Army: R. A., N. G., O. R., R. O. T. C. Use typewriter if practicable. Attach additional sheets if required.

1. Regan Ronald W.  
(Last name) (First name) (Middle Initial) (Serial No.)

2. \_\_\_\_\_ Age 26 Years of service \_\_\_\_\_  
(Grade) (Organization and arm or service) (Nearest birthday) (Whole number only)

3. Typhoid-paratyphoid vaccination: No. series completed one Last series 1924, 19\_\_\_\_

4. Date of last smallpox vaccination None Type of reaction None

5. Other vaccinations or immunity tests None

6. Medical history Pneumonia stage 3.

7. Eyes Myopia Astigmatism  
 Distant vision: Right 20/200 correctible to 20/20 by<sup>1</sup> -3 sph -0.50 cyl 90  
(Snellen type) Left 20/200 correctible to 20/20 by<sup>1</sup> -3.25 " -0.62 cyl 90  
 Near vision: Right J1 correctible to \_\_\_\_\_ by<sup>1</sup> \_\_\_\_\_  
(Jaeger type) Left J1 correctible to \_\_\_\_\_ by<sup>1</sup> \_\_\_\_\_

8. Color perception (red, green, and violet)<sup>2</sup> normal

9. Ears normal  
 Hearing, low conversational voice: Right 20/20 left 20/20 Audiometer: Right \_\_\_\_\_ left \_\_\_\_\_

10. Nose and throat normal nasals rather large

11. Teeth<sup>3</sup>: Right (Examinee's) Left  
 U. X 7 6 5 4 3 2 1 1 2 3 4 5 6 7 X Indicate: Restorable carious teeth by O; nonrestorable carious teeth by /; missing natural teeth by X.  
 L. X 7 6 5 4 3 2 1 1 2 3 4 5 6 7 X

12. Remarks, including other defects normal Classification IV

13. Prosthetic dental appliances None

14. Cardio-vascular system normal

15. Blood pressure: S. 116, D. 68 Pulse rate: Sitting 76 Immediately after exercise 104  
 Two minutes after exercise 76 Character normal

16. Heart normal

17. Respiratory system normal

18. Posture Good Figure medium Frame medium  
(Excellent, good, fair, bad) (Slender, medium, stocky, obese) (Light, medium, heavy)

19. Height 71 inches. Weight 160 1/2 pounds. Chest: Inspiration 40 inches;  
 expiration 37 1/2 inches; rest 36 inches. Abdomen 32 inches.

20. Bones, joints, and muscles normal

21. Feet normal Skin clear

22. Abdominal viscera normal

23. Hernia none

24. Hemorrhoids none Varicose veins none

25. Genito-urinary system normal

<sup>1</sup>If annual physical examination, record only distant and near vision, and state whether defect is properly corrected.  
<sup>2</sup>Not required for annual physical examination.  
<sup>3</sup>If rejected for appointment in Regular Army because of malocclusion, send plaster models to The Surgeon General.



26. Endocrine system Normal  
 27. Nervous system Normal  
 28. Laboratory procedures: Wassermann test Not taken Kahn test Not taken  
 Urinalysis: Sp. gr. 1.018 Albumin neg. Sugar neg.  
 Microscopical (if indicated) None  
 Other laboratory procedures None

29. Remarks on defects not sufficiently described above  
Applicant is not a member of the Emergency Officers Retired List, nor is he drawing disability allowance or disability compensation of any kind from the Government of the United States.

30. Corrective measures, or other action recommended

31. Is the individual permanently incapacitated for active service? No  
 If yes, specify defect

32. If applicant for appointment: Does he meet physical requirements? Yes Do you recommend acceptance with minor physical defects? \_\_\_\_\_ If rejection is recommended, specify cause \_\_\_\_\_

St. Louis La.  
 (Place)  
April 29, 1937  
 (Date)

Julian K. Bruner M.D. Corps.  
 (Name and grade)  
1st Lieut. Med. Reserve Corps.  
 (Name and grade)  
 \_\_\_\_\_, Corps.  
 (Name and grade)

1st Ind.<sup>1</sup>

Headquarters, \_\_\_\_\_, 19\_\_\_\_  
 To the Commanding General,  
 Remarks and recommendations

2d Ind.<sup>1</sup>

To The Adjutant General.

3d Ind.<sup>1</sup>

War Department, S. G. O., \_\_\_\_\_, 19\_\_\_\_ To The Adjutant General.

Noted. See \_\_\_\_\_ Ind. Recommend \_\_\_\_\_

<sup>1</sup>State action taken on recommendations of the board. If incapacitated for active service, state whether action by retiring board is recommended.



# REPORT OF PHYSICAL EXAMINATION

(See AR 40-100 and 40-105)

*Instructions.*—Unless otherwise prescribed, this form will be used for all physical examinations of officers, nurses, or warrant officers; applicants for appointment as such in the Regular Army, National Guard, or Officers' Reserve Corps; and enrollment in the Reserve Officers' Training Corps. Use typewriter if practicable. Attach plain additional sheets if required.

1. REAGAN Ronald W. 0 - - -  
(Last name) (First name) (Middle initial) (Serial number)

2. 2nd Lt. Cav-Res. 31 4  
(Grade) (Organization and arm or service) Age (Nearest birthday) Years of service (Whole number only)

3. Nature of examination <sup>1</sup> Reappointment Component of Army <sup>2</sup> O.R.

4. Typhoid vaccination. No. series completed None Last series - -, 19    

5. Date of last smallpox vaccination None Type of reaction - -

6. Other vaccination or immunity tests None

7. Medical history <sup>3</sup> Usual childhood diseases. No serious illness, injury, or operation since last physical examination, 1937. Denies history and shows no evidence of asthma, hay fever, tuberculosis, heart, kidney, joint, mental, or venereal diseases.

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8. Eyes Compound myopic astigmatism, bilateral.  
 Distant vision: Right 20/6/200 correctible to 20/20 by 4 -3.50 with -1.00 x 90  
(Snellen type) Left 20/6/200 correctible to 20/20 by 4 -3.50 with -1.00 x 90  
 Near vision: Right J# 1 correctible to J#      by 4  
(Jaeger type) Left J# 1 correctible to J#      by 4  
 Refraction <sup>5</sup> (under cycloplegic): Right Not made Left Not made  
 Color perception (red and green) <sup>6</sup> Normal

9. Ears Normal  
 Hearing (low conversational voice): Right 20 /20. Left 20 /20. Audiometer (percent loss): Right Not Left Not  
made made

10. Nose and throat Normal

11. Teeth: <sup>7</sup> Right (Examinee's) Left  
~~X~~ 7 6 5 4 3 2 1 1 2 ~~X~~ 4 5 6 7 8  
~~X~~ 15 14 13 12 11 10 9 9 10 11 12 13 14 15 ~~X~~  
 Indicate: Restorable carious teeth by O; nonrestorable carious teeth by /; missing natural teeth by X.  
 Remarks, including other defects Space I-3 closed. Classification IV

Prosthetic dental appliances None

12. Posture Good Figure Medium Frame Medium  
(Excellent, good, fair, bad) (Slender, medium, stocky, obese) (Light, medium, heavy)

13. Temperature 98.6 Height 71½ inches. Weight 162 pounds. Chest: Rest 37 inches; inspiration 38½ inches; expiration 35 inches. Abdomen 32 inches.

14. Cardiovascular system: Heart Normal  
 Blood pressure: S. 124, D. 82 Pulse: Rate—Sitting 80 Immediately after exercise 100  
 Two minutes after exercise 80 Character Regular  
 Arteries Soft and compressible Varicose veins None

15. Respiratory system Normal

16. X-ray of chest <sup>8</sup> Normal

17. Skin and lymphatics Normal Endocrine system Normal

18. Bones, joints, and muscles Normal Feet Normal

19. Abdominal viscera Normal

20. Hernia None Hemorrhoids None

<sup>1</sup> Appointment, promotion, retirement, annual, active duty, special.  
<sup>2</sup> Regular Army; National Guard; Officers' Reserve Corps; Reserve Officers' Training Corps.  
<sup>3</sup> If annual physical examination, record only for past year.  
<sup>4</sup> If annual physical examination, record only distant and near vision, and state whether defect is properly corrected.  
<sup>5</sup> When indicated.  
<sup>6</sup> Not required for annual physical examination.  
<sup>7</sup> If reported for appointment in Regular Army because of malocclusion, send plaster models to the Surgeon General.  
<sup>8</sup> Required for candidates for commission.



21. Genito-urinary system Normal  
 22. Nervous system Normal  
 23. Laboratory procedures: Kahn <sup>1</sup> Negative Wassermann <sup>1</sup> Not made  
 Urinalysis: Sp. gr. 1.014 Albumin None Sugar None  
 Microscopical (if indicated) <sup>1</sup> Normal  
 Other laboratory procedures None  
 24. Remarks on defects not sufficiently described None

25. Corrective measures, or other action recommended None

26. Is the individual permanently incapacitated for active service? Yes / eyes, without glasses  
 If yes, specify defect Compound myopic astigmatism, bilateral, severe, distant vision 6/200 both

27. If applicant for appointment: Does he meet physical requirements? \_\_\_\_\_ Do you recommend acceptance with minor physical defects? \_\_\_\_\_ If rejection is recommended, specify cause \_\_\_\_\_

28. Examinee states he is not drawing a pension, disability allowance, or compensation or retired pay from the U. S. Government.  
 If yes, state disability \_\_\_\_\_

Station Hospital,  
 Fort MacArthur, California.  
 (Place)

November 13, 1941  
 (Date)

Donald C. Collins, Medical Corps.  
 (Name and grade)

DONALD C. COLLINS Major

Louis F. Saylor, Medical Corps.  
 (Name and grade)

LOUIS F. SAYLOR Captain

C. O. Young, Medical Corps.  
 (Name and grade)

C. O. YOUNG Captain  
 1st Ind.<sup>2</sup>

Headquarters  
 To the Commanding General  
 Remarks and recommendations \_\_\_\_\_

2d Ind.<sup>2</sup>

19\_\_\_\_ To The Adjutant General

<sup>1</sup> Required for candidates for commission.  
<sup>2</sup> State action taken on recommendations of the board. If incapacitated for active service, state whether action by retiring board is recommended.



# REPORT OF PHYSICAL EXAMINATION

(See AR 40-100 and 40-105)

*Instructions.*—Unless otherwise prescribed, this form will be used for all physical examinations of officers, nurses, or warrant officers; applicants for appointment as such in the Regular Army, National Guard, or Officers' Reserve Corps; and enrollment in the Reserve Officers' Training Corps. Use typewriter if practicable. Attach plain additional sheets if required.

1.	<b>Reagan</b> <small>(Last name)</small>	<b>Ronald</b> <small>(First name)</small>	<b>Wilson</b> <small>(Middle initial)</small>	<b>0-357403</b> <small>(Serial number)</small>																														
2.	<b>2nd Lt.</b> <small>(Grade)</small>	<b> Cav. Res.</b> <small>(Organization and arm or service)</small>	Age <b>31</b> <small>(Nearest birthday)</small>	Years of service <b>5</b> <small>(Whole number only)</small>																														
3.	Nature of examination <b>Extended Active Duty</b>		Component of Army <b>Army of U. S.</b>																															
4.	Typhoid vaccination. No. series completed <b>-</b>		Last series <b>-</b> , 19 <b>-</b>																															
5.	Date of last smallpox vaccination <b>-</b>		Type of reaction <b>-</b>																															
6.	Other vaccination or immunity tests <b>None</b>																																	
7.	Medical history <sup>3</sup> <b>Measles, Mumps, Chicken-pox - Childhood - No sequelae.</b> <b>Broncho-pneumonia - age 5 - No sequelae.</b> <b>Tonsillectomy and Adenoidectomy - 1937 - Good results.</b> Examinee denies history of Asthma, Hay Fever, Tuberculosis, Peptic Ulcer, Heart, Kidney, Joints, Mental or Venereal Diseases.																																	
8.	Eyes																																	
	Distant vision: Right <b>20/700</b> correctible to 20/ <b>20</b> by <sup>4</sup> <b>-3.00 sph</b>																																	
	(Snellen type) Left <b>20/700</b> correctible to 20/ <b>20</b> by <sup>4</sup> <b>-3.00 sph</b>																																	
	Near vision: Right <b>J# 1</b> correctible to <b>J# -</b> by <sup>4</sup> <b>-</b>																																	
	(Jaeger type) Left <b>J# 1</b> correctible to <b>J# -</b> by <sup>4</sup> <b>-</b>																																	
	Refraction <sup>5</sup> (under cycloplegic): Right <b>Normal</b>		Left <b>-</b>																															
	Color perception (red and green) <sup>6</sup> <b>Normal</b>																																	
9.	Ears																																	
	Hearing (low conversational voice): Right <b>20/20</b> . Left <b>20/20</b> . Audiometer (percent loss): Right <b>-</b> Left <b>-</b>																																	
10.	Nose and throat <b>Normal, tonsils removed</b>																																	
11.	Teeth: <sup>7</sup> Right (Examinee's) Left		Indicate: Restorable carious teeth by O; nonrestorable carious teeth by /; missing natural teeth by X.																															
	<table border="0" style="width: 100%; text-align: center;"> <tr> <td>7</td><td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td> </tr> <tr> <td>15</td><td>14</td><td>13</td><td>12</td><td>11</td><td>10</td><td>9</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td> </tr> </table>				7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
7	6	5			4	3	2	1	1	2	3	4	5	6	7	8																		
15	14	13	12	11	10	9	9	10	11	12	13	14	15	16																				
	Remarks, including other defects <b>None</b>																																	
	Prosthetic dental appliances <b>None</b>		Classification <b>IV</b>																															
12.	Posture <b>Good</b> <small>(Excellent, good, fair, bad)</small>		Figure <b>Medium</b> <small>(Slender, medium, stocky, obese)</small>																															
	Frame <b>Medium</b> <small>(Light, medium, heavy)</small>																																	
13.	Temperature <b>98.4</b>	Height <b>71</b> inches.	Weight <b>171</b> pounds.	Chest: Rest <b>38</b> inches; inspiration <b>40</b> inches;																														
	expiration <b>35</b> inches.	Abdomen <b>32</b> inches.																																
14.	Cardiovascular system: Heart																																	
	Blood pressure: S. <b>120</b> , D. <b>80</b>		Pulse: Rate <b>80</b> Immediately after exercise <b>112</b>																															
	Two minutes after exercise <b>Normal</b>		Character <b>Full and Regular.</b>																															
	Arteries <b>Normal</b>		Varicose veins <b>None</b>																															
15.	Respiratory system <b>Normal</b>																																	
16.	X-ray of chest <sup>8</sup> <b>Normal</b>																																	
17.	Skin and lymphatics <b>Normal</b>		Endocrine system <b>Normal</b>																															
18.	Bones, joints, and muscles <b>Normal</b>		Feet <b>Normal</b>																															
19.	Abdominal viscera <b>Normal</b>																																	
20.	Hernia <b>None</b>		Hemorrhoids <b>None</b>																															

<sup>1</sup> Appointment, promotion, retirement, annual, active duty, special.  
<sup>2</sup> Regular Army; National Guard; Officers' Reserve Corps; Reserve Officers' Training Corps.  
<sup>3</sup> Annual physical examination, record only for past year.  
<sup>4</sup> Annual physical examination, record only distant and near vision, and state whether defect is properly corrected.  
<sup>5</sup> When indicated.  
<sup>6</sup> Not required for annual physical examination.  
<sup>7</sup> If rejected for appointment in Regular Army because of malocclusion, send plaster models to the Surgeon General.  
<sup>8</sup> Required for candidates for commission.

RECEIVED

JAN 23 1942



21. Genito-urinary system Normal
22. Nervous system Normal
23. Laboratory procedures: Kahn <sup>1</sup> Negative Wassermann <sup>1</sup> -  
 Urinalysis: Sp. gr. 1.018 Albumin None Sugar None  
 Microscopical (if indicated) <sup>1</sup> Normal  
 Other laboratory procedures None
24. Remarks on defects not sufficiently described None
25. Corrective measures, or other action recommended None
26. Is the individual permanently incapacitated for active service? No  
 If yes, specify defect \_\_\_\_\_
27. If applicant for appointment: Does he meet physical requirements? No Do you recommend acceptance with minor physical defects? No If rejection is recommended, specify cause Defective visual acuity.
28. Examinee states he is not drawing a pension, disability allowance, or compensation or retired pay from the U. S. Government.  
 If yes, state disability \_\_\_\_\_

*S. E. Brown*  
 S. E. BROWN, LT. COL. Medical Corps.  
(Name and grade)

March Field, California

(Place)

*H. L. Compardette*  
 H. L. COMPARDETTE, 1st. Lt. Medical Corps.  
(Name and grade)

January 17, 1942

(Date)

*C. A. Mounce*  
 C. A. MOUNCE, 1st. Lt. Medical Corps.  
(Name and grade)

1st Ind.<sup>2</sup>

Headquarters NINTH CORPS AREA, Ft. Douglas, Utah, February 23, 1942.

To the ~~Commanding General~~ Adjutant General, Washington, D.C.

Remarks and recommendations This officer is not considered qualified for extended active duty (Full duty) due to defective vision (7/200, O.V.). Officer is considered qualified for limited service.

*J. E. Kelleher*  
 J. E. KELLEHER 2nd Lt. Field Artillery  
(Grade) (Organization and arm or service)  
 Act. Asst. Adj. Gen. XXXXXXXXXX

2d Ind.<sup>2</sup>

19\_\_\_\_ To The Adjutant General.

<sup>1</sup> Required for candidates for commission.

<sup>2</sup> State action taken on recommendations of the board. If incapacitated for active service, state whether action by retiring board is recommended.



# REPORT OF PHYSICAL EXAMINATION

(See AR 40-100 and 40-105)

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1. **Reagan** **Ronald** **Wilson** **0-357403**  
(Last name) (First name) (Middle initial) (Serial number)

2. **2nd Lt.** **Cav. Res.** Age **31** Years of service **5**  
(Grade) (Organization and arm or service) (Nearest birthday) (Whole number only)

3. Nature of examination **Extended Active Duty** Component of Army **Army of U. S.**

4. Typhoid vaccination. No. series completed **-** Last series **-**, 19**-**

5. Date of last smallpox vaccination **-** Type of reaction **-**

6. Other vaccination or immunity tests **None**

7. Medical history <sup>3</sup> **Measles, Mumps, Chicken-pox - Childhood - No sequelae.**  
**Broncho-pneumonia - age 3 - No sequelae.**  
**Tonsillectomy and Adenoidectomy - 1937 - Good results.**  
 Examinee denies history of Asthma, Hay  
 Fever, Tuberculosis, Peptic Ulcer, Heart,  
 Kidney, Joints, Mental or Venereal Diseases.

8. Eyes  
 Distant vision: Right **20/7** correctible to 20/**20** by **-3.00 sph**  
(Snellen type) Left **20/7** correctible to 20/**20** by **-3.00 sph**  
 Near vision: Right **J# 1** correctible to **J# -** by **-**  
(Jaeger type) Left **J# 1** correctible to **J# -** by **-**  
 Refraction <sup>5</sup> (under cycloplegic): Right **Normal** Left **-**  
 Color perception (red and green) <sup>6</sup> **Normal**

9. Ears  
 Hearing (low conversational voice): Right **20**/20. Left **20**/20. Audiometer (percent loss): Right **-** Left **-**  
**Normal, tonsils removed**

10. Nose and throat **Normal**

11. Teeth: <sup>7</sup> Right (Examinee's) Left  

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

 Indicate: Restorable carious teeth by O; nonrestorable carious teeth by /; missing natural teeth by X.  
 Remarks, including other defects **None** Classification **IV**

Prosthetic dental appliances **None** Figure **Medium** Frame **Medium**  
(Excellent, good, fair, bad) (Slender, medium, stocky, obese) (Light, medium, heavy)

12. Posture **Good** Figure **Medium** Frame **Medium**

13. Temperature **98.4** Height **71** inches Weight **171** pounds. Chest: Rest **38** inches; inspiration **40** inches;  
 expiration **35** inches. Abdomen **32** inches.

14. Cardiovascular system: Heart **Normal**  
 Blood pressure: S. **120**, D. **80** Pulse: Rest **60** Immediately after exercise **110**  
 Two minutes after exercise **80** Character **Full and regular.**  
 Arteries **Normal** Varicose veins **None**

15. Respiratory system **Normal**

16. X-ray of chest <sup>8</sup> **Normal**

17. Skin and lymphatics **Normal** Endocrine system **Normal**

18. Bones, joints, and muscles **Normal** Feet **Normal**

19. Abdominal viscera **Normal**

20. Hernia **None** Hemorrhoids **None**

<sup>3</sup> Appointment, promotion, retirement, annual, active duty, special.  
<sup>4</sup> Regular Army; National Guard; Officers' Reserve Corps; Reserve Officers' Training Corps.  
<sup>5</sup> If annual physical examination, record only for past year.  
<sup>6</sup> If annual physical examination, record only distant and near vision, and state whether defect is properly corrected.  
<sup>7</sup> When indicated.  
<sup>8</sup> Not required for annual physical examination.  
<sup>9</sup> If rejected for appointment in Regular Army because of malocclusion, send plaster models to the Surgeon General.  
<sup>10</sup> Required for candidates for commission.

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 JAN 23 1942

*mgs*



21. Genito-urinary system Normal
22. Nervous system Normal
23. Laboratory procedures: Kahn <sup>1</sup> Negative Wassermann <sup>1</sup> -  
 Urinalysis: Sp. gr. 1.018 Albumin None Sugar None  
 Microscopical (if indicated) <sup>1</sup> Normal  
 Other laboratory procedures None
24. Remarks on defects not sufficiently described None
25. Corrective measures, or other action recommended None
26. Is the individual permanently incapacitated for active service? No  
 If yes, specify defect \_\_\_\_\_
27. If applicant for appointment: Does he meet physical requirements? No Do you recommend acceptance with minor physical defects? No If rejection is recommended, specify cause Defective visual acuity.
28. Examinee states he is not drawing a pension, disability allowance, or compensation or retired pay from the U. S. Government.  
 If yes, state disability \_\_\_\_\_

*S. E. Brown*  
**S. E. BROWN, LT. COL.** Medical Corps.  
 (Name and grade)

*H. L. Compasette*  
**H. L. COMPASSETTE, 1st. Lt.** Medical Corps.  
 (Name and grade)

*C. A. Mounce*  
**C. A. MOUNCE, 1st. Lt.** Medical Corps.  
 (Name and grade)

1st Ind.<sup>2</sup>

March Field, California  
 (Place)

January 17, 1942  
 (Date)

Headquarters \_\_\_\_\_  
 To the Commanding General \_\_\_\_\_  
 Remarks and recommendations \_\_\_\_\_

\_\_\_\_\_  
 (Name)  
 \_\_\_\_\_  
 (Grade) (Organization and arm or service)  
 Commanding.

\_\_\_\_\_  
 2d Ind.<sup>2</sup>  
 \_\_\_\_\_, 19\_\_\_\_ To The Adjutant General.

<sup>1</sup> Required for candidates for commission.  
<sup>2</sup> State action taken on recommendations of the board. If incapacitated for active service, state whether action by retiring board is recommended.



# REPORT OF PHYSICAL EXAMINATION

(See AR 40-100 and 40-105)

*Instructions.*—Unless otherwise prescribed, this form will be used for all physical examinations of officers, nurses, or warrant officers; applicants for appointment in such in the Regular Army, National Guard, or Officers' Reserve Corps; and enrollment in the Reserve Officers' Training Corps. Use typewriter if practicable. Attach plain additional sheets if required.

1. Reagan Ronald Wilson 0-357403  
(Last name) (First name) (Middle initial) (Serial number)

2. 2nd Lt. Cav. Res. Age 31 Years of service 5  
(Grade) (Organization and arm of service) (Nearest birthday) (Whole number only)

3. Nature of examination 1 Extended Active Duty Component of Army 2 Army of U. S.

4. Typhoid vaccination. No. series completed — Last series —, 19—

5. Date of last smallpox vaccination — Type of reaction —

6. Other vaccination or immunity tests None

7. Medical history 3 Measles, Mumps, Chicken-pox - Childhood - No sequelae.  
Broncho-Pneumonia - age 3 - No sequelae.  
Tonsillectomy and Adenoidectomy - 1937 - Good results.  
Examinee denies history of Asthma, Hay,  
Fever, Tuberculosis, Peptic Ulcer, Heart,  
Kidney, Joints, Mental or Venereal Diseases.

8. Eyes  
 Distant vision: Right 20/ 7/200 correctible to 20/ 20 by 4 -3.00 sph.  
(Snellen type) Left 20/ 7/200 correctible to 20/ 20 by 4 -3.00 sph.  
 Near vision: Right J# 1 correctible to J# - by 4 -  
(Jaeger type) Left J# 1 correctible to J# - by 4 -  
 Refraction <sup>5</sup> (under cycloplegic): Right — Left —  
 Color perception (red and green) <sup>6</sup> Normal

9. Ears Normal  
 Hearing (low conversational voice): Right 20/20. Left 20/20. Audiometer (percent loss): Right — Left —

10. Nose and throat Normal, tonsils removed

11. Teeth: <sup>7</sup> Right (Examinee's) Left  
8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8  
16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16  
 Remarks, including other defects None Indicate: Restorable carious teeth by O; nonrestorable carious teeth by /; missing natural teeth by X.

Classification IV

Prosthetic dental appliances None

12. Posture Good Figure Medium Frame Medium  
(Excellent, good, fair, bad) (Slender, medium, stocky, obese) (Light, medium, heavy)

13. Temperature 98.4 Height 71 inches. Weight 171 pounds. Chest: Rest 38 inches; inspiration 40 inches; expiration 35 inches. Abdomen 32 inches.

14. Cardiovascular system: Heart Normal  
 Blood pressure: S. 120, D. 82 Pulse: Rate—Sitting 80 Immediately after exercise 112  
 Two minutes after exercise 80 Character Full and regular.  
 Arteries Normal Varicose veins None

15. Respiratory system Normal

16. X-ray of chest Normal

17. Skin and lymphatics Normal Endocrine system Normal

18. Bones, joints, and muscles Normal Feet Normal

19. Abdominal viscera Normal

20. Hernia None Hemorrhoids None

<sup>1</sup> Appointment, promotion, retirement, annual, active duty, special.  
<sup>2</sup> Regular Army; National Guard; Officers' Reserve Corps; Reserve Officers' Training Corps.  
<sup>3</sup> Annual physical examination, record only for past year.  
<sup>4</sup> Annual physical examination, record only distant and near vision, and state whether defect is properly corrected.  
<sup>5</sup> When indicated.  
<sup>6</sup> Not required for annual physical examination.  
<sup>7</sup> Not required for appointment in Regular Army because of malocclusion, send plaster models to the Surgeon General.  
<sup>8</sup> Required for candidates for commission.





21. Genito-urinary system Normal

22. Nervous system Normal

23. Laboratory procedures: Kahn <sup>1</sup> Negative Wassermann <sup>1</sup> ---

Urinalysis: Sp. gr. 1.018 Albumin None Sugar None

Microscopical (if indicated) <sup>1</sup> Normal

Other laboratory procedures None

24. Remarks on defects not sufficiently described None

25. Corrective measures, or other action recommended None

26. Is the individual permanently incapacitated for active service? No

If yes, specify defect ---

27. If applicant for appointment: Does he meet physical requirements? No Do you recommend acceptance with minor physical

defects? No If rejection is recommended, specify cause Defective visual acuity.

28. Examinee states he is not drawing a pension, disability allowance, or compensation or retired pay from the U. S. Government.

If yes, state disability ---

March Field, California  
(Place)

January 17, 1942  
(Date)

S. E. BROWN, LT. COL., Medical Corps.  
(Name and grade)

H. L. COMPARETTE, 1st. Lt., Medical Corps.  
(Name and grade)

C. A. MOUNCE, 1st. Lt., Medical Corps.  
(Name and grade)

1st Ind.<sup>2</sup>

Headquarters NINTH CORPS AREA, Ft. Douglas, Utah, February 23, 1942.

To the ~~Commanding General~~ Adjutant General, Washington, D.C.

Remarks and recommendations This officer is not considered qualified for extended active duty (Full duty) due to defective vision (7/200, O.V.). Officer is considered qualified for limited service.

J. E. KELLEHER  
(Name)  
J. E. KELLEHER  
(Signature)  
2nd Lt. Field Artillery  
(Grade) (Organization and arm or service)  
Act. Asst. Adj. Gen. XXXXXX  
(Grade) (Organization and arm or service) (Communication)

2d Ind.<sup>2</sup>

19 To The Adjutant General.

OFFICE OF THE SURGEON GENERAL

MAR 6 1942 (6)

PHYSICALLY DISQUALIFIED

<sup>1</sup> Required for candidates for commission.

<sup>2</sup> State action taken on recommendations of the board. If incapacitated for active service, state whether action by retiring board is recommended.

NEVER RECOMMENDED FOR LIMITED SERVICE ONLY

Defective vision 7/200, bilateral



# REPORT OF PHYSICAL EXAMINATION

(See AR 40-100 and 40-105)

*Instructions.*—Unless otherwise prescribed, this form will be used for all physical examinations of officers, nurses, or warrant officers; applicants for appointment as such in the Regular Army, National Guard, or Officers' Reserve Corps; and enrollment in the Reserve Officers' Training Corps. Use typewriter if practicable. Attach plain additional sheets if required.

1. **Reagan** **Ronald** **Wilson** **0-357403**  
(Last name) (First name) (Middle initial) (Serial number)

2. **2nd Lt.** **Cav. Res.** Age **31** Years of service **5**  
(Grade) (Organization and arm or service) (Nearest birthday) (Whole number only)

3. Nature of examination **Extended Active Duty** Component of Army **Army of U. S.**

4. Typhoid vaccination. No. series completed **—** Last series **—**, 19**—**

5. Date of last smallpox vaccination **—** Type of reaction **—**

6. Other vaccination or immunity tests **—**

7. Medical history **Measles, Mumps, Chicken-pox - Childhood - No sequelae.**  
**Broncho-pneumonia - age 3 - No sequelae.**  
**Tonsillectomy and Adenoidectomy - 1937 - Good results.**  
 Examinee denies history of Asthma, Hay  
 Fever, Tuberculosis, Peptic Ulcer, Heart,  
 Kidney, Joints, Mental or Venereal Diseases.

8. Eyes  
 Distant vision: Right **20/7/200** correctible to **20/20** by **3.00 sph**  
(Snellen type) Left **20/7/200** correctible to **20/20** by **3.00 sph**  
 Near vision: Right **J# 1** correctible to **J# —** by **—**  
(Jaeger type) Left **J# 1** correctible to **J# —** by **—**  
 Refraction <sup>6</sup> (under cycloplegic): Right **Normal** Left **—**  
 Color perception (red and green) <sup>6</sup> **Normal**

9. Ears  
 Hearing (low conversational voice): Right **20/20** Left **20/20** Audiometer (percent loss): Right **—** Left **—**  
**Normal, tonsils removed**

10. Nose and throat **—**

11. Teeth: <sup>7</sup> Right (Examinee's) Left  

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

 Indicate: Restorable carious teeth by O; nonrestorable carious teeth by /; missing natural teeth by X.  
 Remarks, including other defects **None** Classification **IV**  
 Prosthetic dental appliances **None** Figure **Medium** Frame **Medium**  
(Excellent, good, fair, bad) (Slender, medium, stocky, obese) (Light, medium, heavy)

12. Posture **Good** Figure **Medium** Frame **Medium**

13. Temperature **98.4** Height **71** inches. Weight **171** pounds. Chest: Rest **38** inches; inspiration **40** inches;  
 expiration **35** inches. Abdomen **32** inches.

14. Cardiovascular system: H **120** **82** Pulse: Rest **80** Immediately after exercise **112**  
 Blood pressure: S. **80** Character **Full and regular.**  
 Two minutes after exercise **Normal** Character **None**  
 Arteries **Normal** Varicose veins **None**

15. Respiratory system **Normal**

16. X-ray of chest **Normal**

17. Skin and lymphatics **Normal** Endocrine system **Normal**

18. Bones, joints, and muscles **Normal** Feet **Normal**

19. Abdominal viscera **Normal**

20. Hernia **None** Hemorrhoids **None**

<sup>1</sup> Appointment, promotion, retirement, annual, active duty, special.  
<sup>2</sup> Regular Army; National Guard; Officers' Reserve Corps; Reserve Officers' Training Corps.  
<sup>3</sup> Annual physical examination, record only for past year.  
<sup>4</sup> General physical examination, record only distant and near vision, and state whether defect is properly corrected.  
<sup>5</sup> When indicated.  
<sup>6</sup> None required for annual physical examination.  
<sup>7</sup> If reported for appointment in Regular Army because of malocclusion, send plaster models to the Surgeon General.  
<sup>8</sup> Required for candidates for commission.

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 JAN 28 1942

HEADQUARTERS FIRST MILITARY AREA 15-10708



21. Genito-urinary system Normal  
 22. Nervous system Normal  
 23. Laboratory procedures: Kahn <sup>1</sup> Negative Wassermann <sup>1</sup> -  
 Urinalysis: Sp. gr. 1.016 Albumin None Sugar None  
 Microscopical (if indicated) <sup>1</sup> Normal  
 Other laboratory procedures None  
 24. Remarks on defects not sufficiently described None

25. Corrective measures, or other action recommended None  
 26. Is the individual permanently incapacitated for active service? No  
 If yes, specify defect \_\_\_\_\_  
 27. If applicant for appointment: Does he meet physical requirements? No Do you recommend acceptance with minor physical defects? No If rejection is recommended, specify cause Defective visual acuity.  
 28. Examinee states he is not drawing a pension, disability allowance, or compensation or retired pay from the U. S. Government. If yes, state disability \_\_\_\_\_

S. E. BROWN, LT. COL. Medical Corps.  
(Name and grade)  
March Field, California  
(Place)  
January 17, 1942  
(Date)  
H. L. COMPARTTE, 1st. Lt. Medical Corps.  
(Name and grade)  
G. A. MOUNCE, 1st. Lt. Medical Corps.  
(Name and grade)

1st Ind.<sup>2</sup>  
 Headquarters NINTH CORPS AREA, Ft. Douglas, Utah, February 23, 1942.  
 To the Commanding General, Adjutant General, Washington, D.C.  
 Remarks and recommendations This officer is not considered qualified for extended active duty (Full duty) due to defective vision (7/200, O.V.). Officer is considered qualified for limited service.

J. E. KEENEY (Name)  
2nd Lt. Field Artillery (Organization and arm or service)  
Sgt. Asst. Adj. Gen. (Grade)  
 2d Ind.<sup>2</sup>  
 \_\_\_\_\_, 19\_\_\_\_ To The Adjutant General.

<sup>1</sup> Required for candidates for commission.  
<sup>2</sup> State action taken on recommendations of the board. If incapacitated for active service, state whether action by retiring board is recommended.



# REPORT OF PHYSICAL EXAMINATION

(See AR 40-100 and 40-105)

## LIMITED SERVICE

*Instructions.*—Unless otherwise prescribed, this form will be used for all physical examinations of officers, nurses, or warrant officers; applicants for appointment as such in the Regular Army, National Guard, or Officers' Reserve Corps; and enrollment in the Reserve Officers' Training Corps. Use typewriter if practicable. Attach plain additional sheets if required.

1. **Roagan** **Ronald** **W.** **0-357403**  
(Last name) (First name) (Middle initial) (Serial number)

2. **2nd Lieut.** **Cav. Res.** Age **31** Years of service **0**  
(Grade) (Organization and arm or service) (Nearest birthday) (Whole number only)

3. Nature of examination <sup>1</sup> **Active Duty** Component of Army <sup>2</sup> **O.R.C.**

4. Typhoid vaccination. No. series completed **None** Last series **- - -**, 19**---**

5. Date of last smallpox vaccination **1924** Type of reaction **Immune**

6. Other vaccination or immunity tests **None**

7. Medical history <sup>3</sup> **Usual childhood diseases. Examinee denies history of asthma, hayfever, peptic ulcer, disease of the kidneys or heart, mental or venereal disease.**

---

8. Eyes **Normal**  
 Distant vision: Right 20/**7/200** correctible to 20/**20** by **+3.25 -0.75 x 75 glasses worn**  
 (Snellen type) Left 20/**7/200** correctible to 20/**20** by **+3.50 -0.75 x 85 glasses worn**  
 Near vision: Right J# **1** correctible to J# **1** by **+3.25 -0.75 x 75 glasses worn**  
 (Jaeger type) Left J# **1** correctible to J# **1** by **+3.50 -0.75 x 85 glasses worn**  
 Refraction <sup>5</sup> (under cycloplegic): Right **Not required** Left **Not required**  
 Color perception (red and green) <sup>6</sup> **Normal**

9. Ears **Normal**  
 Hearing (low conversational voice): Right **20** /20. Left **20** /20. Audiometer (percent loss): Right **-** Left **-**

10. Nose and throat **Normal**

11. Teeth: <sup>7</sup> Right (Examinee's) Left  

3	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

 Remarks, including other defects **None** Indicate: Restorable carious teeth by O; nonrestorable carious teeth by /; missing natural teeth by X.

Prosthetic dental appliances **None** Classification **IV**

12. Posture **Excellent** Figure **Slender** Frame **Light**  
(Excellent, good, fair, bad) (Slender, medium, stocky, obese) (Light, medium, heavy)

13. Temperature **98.6** Height **72** inches. Weight **150** pounds. Chest: Rest **38** inches; inspiration **40** inches; expiration **37** inches. Abdomen **Normal** inches.

14. Cardiovascular system: Heart **Normal** Pulse: Rate—Sitting **72** Immediately after exercise **102**  
 Blood pressure: S. **110** D. **70** Character **Full, regular, good quality**  
 Two minutes after exercise **Normal** Varicose veins **None**  
 Arteries **Normal**

15. Respiratory system **Normal (radiologic ICR)**

16. X-ray of chest <sup>8</sup> **Normal**

17. Skin and lymphatics **Normal** Endocrine system **Normal**

18. Bones, joints, and muscles **Normal** Feet **Normal**

19. Abdominal viscera **Normal**

20. Hernia **None** Hemorrhoids **None**

<sup>1</sup> Appointment, promotion, retirement, annual, active duty, special.  
<sup>2</sup> Regular Army; National Guard; Officers' Reserve Corps; Reserve Officers' Training Corps.  
<sup>3</sup> Annual physical examination, record only for past year.  
<sup>4</sup> Annual physical examination, record only distant and near vision, and state whether defect is properly corrected.  
<sup>5</sup> When indicated.  
<sup>6</sup> Not required for annual physical examination.  
<sup>7</sup> If rejected for appointment in Regular Army because of malocclusion, send plaster models to the Surgeon General.  
<sup>8</sup> Required for candidates for commission.

10030 1042



21. Genito-urinary system Normal
22. Nervous system Normal
23. Laboratory procedures: Kahn <sup>1</sup> Negative (LGH) Wassermann <sup>1</sup> \_\_\_\_\_  
 Urinalysis: Sp. gr. 1.014 Albumin None Sugar None  
 Microscopical (if indicated) <sup>1</sup> Normal  
 Other laboratory procedures None
24. Remarks on defects not sufficiently described Qualified for limited service only because of visual defects.  
Declared physically qualified for Limited Service only by War Department letter dated March 10, 1942.
25. Corrective measures, or other action recommended None
26. Is the individual permanently incapacitated for active service? No  
 If yes, specify defect \_\_\_\_\_
27. If applicant for appointment: Does he meet physical requirements? - - - Do you recommend acceptance with minor physical defects? - - - If rejection is recommended, specify cause \_\_\_\_\_
28. Examinee states he is not drawing a pension, disability allowance, or compensation or retired pay from the U. S. Government. If yes, state disability \_\_\_\_\_

Fort Mason, Calif.

(Place)

Clyde W. Jump Medical Corps.  
 CLYDE W. JUMP, <sup>and grade</sup> 1st Lieut. Colonel

April 21, 19 42

(Date)

William J. Guinn Medical Corps.  
 WILLIAM J. GUINN, <sup>and grade</sup> Captain

Oliver P. Schoremman Medical Corps.  
 OLIVER P. SCHOREMMAN, <sup>and grade</sup> 1st Lieut.

1st Ind.<sup>2</sup>

Headquarters FIRST MILITARY AREA, Presidio of San Francisco, California, May 2, 1942. JJS/os  
 To the Commanding General Fifth Corps Area, Fort Douglas, Utah.

Remarks and recommendations: Officer physically qualified for active duty with limited service. This report of examination completed upon reporting for active duty.  
For the Commanding General,

JEFF J. SMITH  
Captain, Infantry

(Name)

(Grade)

(Organization and arm or service)

Commanding.

2d Ind.<sup>2</sup>

19 \_\_\_\_\_ To The Adjutant General.

<sup>1</sup> Required for candidates for commission.

<sup>2</sup> State action taken on recommendations of the board. If incapacitated for active service, state whether action by retiring board is recommended.



# REPORT OF PHYSICAL EXAMINATION

(See AR 40-100 and 40-105)

LIMITED SERVICE

A/D

*Instructions.*—Unless otherwise prescribed, this form will be used for all physical examinations of officers, nurses, or warrant officers; applicants for appointment as such in the Regular Army, National Guard, or Officers' Reserve Corps; and enrollment in the Reserve Officers' Training Corps. Use typewriter if practicable. Attach plain additional sheets if required.

1. Reagan Ronald W. 0-357403  
 (Last name) (First name) (Middle initial) (Serial number)

2. 2nd Lieut. Cav. Res. Age 31 Years of service 0  
 (Grade) (Organization and arm or service) (Nearest birthday) (Whole number only)

3. Nature of examination 1 Active Duty Component of Army 2 O.R.C.

4. Typhoid vaccination. No. series completed None Last series - - -, 19- - -

5. Date of last smallpox vaccination 1924 Type of reaction Immune

6. Other vaccination or immunity tests None

7. Medical history 3 Usual childhood diseases. Examinee denies history of asthma, hayfever, peptic ulcer, disease of the kidneys or heart, mental or venereal disease.

8. Eyes Normal

Distant vision: Right 20/7/200 correctible to 20/20 by 4 -3.25 - .75 x 75 glasses worn  
 (Snellen type) Left 20/7/200 correctible to 20/20 by 4 -3.50 - .75 x 85 glasses worn

Near vision: Right J# 1 correctible to J# 1 by 4 -3.25 - .75 x 75 glasses worn  
 (Jaeger type) Left J# 1 correctible to J# 1 by 4 -3.50 - .75 x 85 glasses worn

Refraction <sup>5</sup> (under cycloplegic): Right Not required Left Not required

Color perception (red and green) <sup>6</sup> Normal

9. Ears Normal

Hearing (low conversational voice): Right 20/20. Left 20/20. Audiometer (percent loss): Right - Left -

10. Nose and throat Normal

11. Teeth: <sup>7</sup> Right (Examinee's) Left  
8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8  
16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16

Remarks, including other defects None

Indicate: Restorable carious teeth by O; nonrestorable carious teeth by /; missing natural teeth by X.

Prosthetic dental appliances None Classification IV

12. Posture Excellent Figure Slender Frame Light  
 (Excellent, good, fair, bad) (Slender, medium, stocky, obese) (Light, medium, heavy)

13. Temperature 98.6 Height 72 inches. Weight 158 pounds. Chest: Rest 38 inches; inspiration 40 inches;  
 expiration 37 inches. Abdomen 28 inches.

14. Cardiovascular system: Heart Normal

Blood pressure: S. 114, D. 82 Pulse: Rate—Sitting 72 Immediately after exercise 102  
 Two minutes after exercise 70 Character Full, regular, good quality

Arteries Normal Varicose veins None

15. Respiratory system Normal

16. X-ray of chest Normal (Radiologic LGH)

17. Skin and lymphatics Normal Endocrine system Normal

18. Bones, joints, and muscles Normal Feet Normal

19. Abdominal viscera Normal

20. Hernia None Hemorrhoids None

FILE MAY 29 1942  
 Rosenblatt - 1/1-1522

INDEXED

MAY 18 1942

<sup>1</sup> Appointment, promotion, retirement, annual, active duty, special.  
<sup>2</sup> Regular Army; National Guard; Officers' Reserve Corps; Reserve Officers' Training Corps.  
<sup>3</sup> If annual physical examination, record only for past year.  
<sup>4</sup> If annual physical examination, record only distant and near vision, and state whether defect is properly corrected.  
<sup>5</sup> When indicated.  
<sup>6</sup> Not required for annual physical examination.  
<sup>7</sup> If rejected for appointment in Regular Army because of malocclusion, submit dental models to the Surgeon General.  
<sup>8</sup> Required for candidates for commission.



OFFICE OF THE SURGEON GENERAL

- 21. Genito-urinary system Normal
- 22. Nervous system Normal
- 23. Laboratory procedures: Kahn <sup>1</sup> Negative (IGH) Wassermann <sup>1</sup> \_\_\_\_\_  
 Urinalysis: Sp. gr. 1.011 Albumin None Sugar None  
 Microscopical (if indicated) <sup>1</sup> Normal  
 Other laboratory procedures None
- 24. Remarks on defects not sufficiently described: Qualified for limited service only because of visual defects.  
Declared physically qualified for Limited Service only by War Department letter dated March 10, 1942.
- 25. Corrective measures, or other action recommended None
- 26. Is the individual permanently incapacitated for active service? No  
 If yes, specify defect \_\_\_\_\_
- 27. If applicant for appointment: Does he meet physical requirements? -- -- Do you recommend acceptance with minor physical defects? -- -- If rejection is recommended, specify cause \_\_\_\_\_
- 28. Examinee states he is not drawing a pension, disability allowance, or compensation or retired pay from the U. S. Government.  
 If yes, state disability \_\_\_\_\_

Fort Mason, Calif.  
 (Place)  
April 21, 1942  
 (Date)

Clyde W. Junik Medical Corps.  
 CLYDE W. JUNIK, <sup>(Name and grade)</sup> 1st Lieut. Colonel

William J. Quinn Medical Corps.  
 WILLIAM J. QUINN, <sup>(Name and grade)</sup> Captain

Oliver P. Schreman Medical Corps.  
 OLIVER P. SCHREMAN, <sup>(Name and grade)</sup> 1st Lieut. 1st Ind.<sup>2</sup>

Headquarters, FIRST MILITARY AREA, Presidio of San Francisco, California, May 2, 1942. JJS/os  
 To the Commanding General, Ninth Corps Area, Fort Douglas, Utah.

Remarks and recommendations: Officer physically qualified for active duty with limited Service  
This report of examination completed upon reporting for active duty.

For the Commanding General:

JEFF J. SMITH (Name)  
 Captain, Infantry (Grade) \_\_\_\_\_ (Organization and arm or service)  
 Commanding.  
 2d Ind.<sup>2</sup> LEB:EH

EQ. NINTH CORPS AREA,  
 Fort Douglas, Utah  
 May 12, 1942, 19\_\_\_\_ To The Adjutant General.  
This officer is physically qualified for limited Service.

For the Commanding General:

RECEIVED  
 MAY 16 1942  
 R. T. DARBROW  
 1st Lt., Field Artillery  
 Act. Asst. Adj. Gen.

Copy furnished officer.  
 noted ORS  
 new term in 1608  
 5.29.42



# REPORT OF PHYSICAL EXAMINATION

(See AR 40-100 and 40-105)

## LIMITED SERVICE

*Instructions.*—Unless otherwise prescribed, this form will be used for all physical examinations of officers, nurses, or warrant officers; applicants for appointment as such in the Regular Army, National Guard, or Officers' Reserve Corps; and enrollment in the Reserve Officers' Training Corps. Use typewriter if practicable. Attach plain additional sheets if required.

201  
13 1942

1. **Reagan** **Ronald** **W.** **0-357403**  
(Last name) (First name) (Middle initial) (Serial number)

2. **2nd Lieut.** **Cav. Res.** Age **31** Years of service **0**  
(Grade) (Organization and arm or service) (Nearest birthday) (Whole number only)

3. Nature of examination <sup>1</sup> **Active Duty** Component of Army <sup>2</sup> **O.R.C.**

4. Typhoid vaccination. No. series completed **None** Last series **- - -**, 19**- - -**

5. Date of last smallpox vaccination **1924** Type of reaction **Immune**

6. Other vaccination or immunity tests **None**

7. Medical history <sup>3</sup> **Usual childhood diseases. Examinee denies history of asthma, hayfever, peptic ulcer, disease of the kidneys or heart, mental or venereal disease.**

---

8. Eyes **Normal**  
 Distant vision: Right **20/7/200** correctible to **20/20** by **-3.25 -.75 x 75 glasses worn**  
(Snellen type) Left **20/7/200** correctible to **20/20** by **-3.50 -.75 x 85 glasses worn**  
 Near vision: Right J# **1** correctible to J# **1** by **-3.25 -.75 x 75 glasses worn**  
(Jaeger type) Left J# **1** correctible to J# **1** by **-3.50 -.75 x 85 glasses worn**  
 Refraction <sup>6</sup> (under cycloplegic): Right **Not required** Left **Not required**  
 Color perception (red and green) <sup>6</sup> **Normal**

9. Ears **Normal**  
 Hearing (low conversational voice): Right **20/20** Left **20/20** Audiometer (percent loss): Right **-** Left **-**

10. Nose and throat **Normal**

11. Teeth: <sup>7</sup> Right (Examinee's) Left  

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

 Indicate: Restorable carious teeth by O; nonrestorable carious teeth by /; missing natural teeth by X.  
 Remarks, including other defects **None** Classification **IV**

12. Posture **Excellent** Figure **Slender** Frame **Light**  
(Excellent, good, fair, bad) (Slender, medium, stocky, obese) (Light, medium, heavy)

13. Temperature **98.6** Height **72** inches. Weight **158** pounds. Chest: Rest **38** inches; inspiration **40** inches;  
 expiration **37** inches. Abdomen **28** inches.

14. Cardiovascular system: Heart **Normal**  
 Blood pressure: S. **111**, D. **82** Pulse: Rate—Sitting **72** Immediately after exercise **102**  
 Two minutes after exercise **70** Character **Full, regular, good quality**  
 Arteries **Normal** Varicose veins **None**

15. Respiratory system **Normal**

16. X-ray of chest <sup>8</sup> **Normal (Radiologic LOH)**

17. Skin and lymphatics **Normal** Endocrine system **Normal**

18. Bones, joints, and muscles **Normal** Feet **Normal**

19. Abdominal viscera **Normal**

20. Hernia **None** Hemorrhoids **None**

<sup>1</sup> Appointment, promotion, retirement, annual, active duty, special.  
<sup>2</sup> Regular Army; National Guard; Officers' Reserve Corps; Reserve Officers' Training Corps.  
<sup>3</sup> If annual physical examination, record only for past year.  
<sup>4</sup> If annual physical examination, record only distant and near vision, and state whether defect is properly corrected.  
<sup>5</sup> Where indicated.  
<sup>6</sup> Not required for annual physical examination.  
<sup>7</sup> If selected for appointment in Regular Army because of malocclusion, send plaster models to the Surgeon General.  
<sup>8</sup> Required for candidates for commission.

RECEIVED

SEP 30 1942



21. Genito-urinary system ..... Normal
22. Nervous system ..... Normal
23. Laboratory procedures: Kahn <sup>1</sup> Negative (LOH) Wassermann <sup>1</sup> .....
- Urinalysis: Sp. gr. 1.014 Albumin None Sugar None
- Microscopical (if indicated) <sup>1</sup> Normal
- Other laboratory procedures None
24. Remarks on defects not sufficiently described: Qualified for limited service only because of visual defects.  
Declared physically qualified for Limited Service only by War Department letter dated March 10, 1942.
25. Corrective measures, or other action recommended None
26. Is the individual permanently incapacitated for active service? No  
 If yes, specify defect .....
27. If applicant for appointment: Does he meet physical requirements? no Do you recommend acceptance with minor physical defects? no If rejection is recommended, specify cause .....
28. Examinee states he is not drawing a pension, disability allowance, or compensation or retired pay from the U. S. Government. If yes, state disability .....

Fort Mason, Calif.

(Place)

April 21,

(Date)

19 42

Clyde W. Jump Medical Corps.  
 CLYDE W. JUMP, <sup>and</sup> Lieut. Colonel

William J. Quinn Medical Corps.  
 WILLIAM J. QUINN, Captain,

Oliver P. Buchanan Medical Corps.  
 OLIVER P. BUCHANAN, 1st Lieut.  
 1st Ind.<sup>2</sup>

Headquarters, FIRST MILITARY AREA, Presidio of San Francisco, California, May 2, 1942. JJS/oc  
 To the Commanding General, Ninth Corps Area, Fort Douglas, Utah.

Remarks and recommendations: Officer physically qualified for active duty with limited service  
This report of examination completed upon reporting for active duty.

For the Commanding General:

JEFF J. SMITH (Name)  
Captain, Infantry (Organization and arm or service)  
 (Grade) Commanding.

(COB:CP)

9th, NINE CORPS AREA, 2d Ind.<sup>2</sup>  
Fort Douglas, Utah To The Adjutant General.  
May 12, 1942.

This officer is physically qualified for limited service.

For the Commanding General:

<sup>1</sup> Required for candidates for commission.  
<sup>2</sup> State action taken on recommendations of the board. If incapacitated for active service, state whether action by retiring board is recommended.

Copy furnished officer.

R. T. DURENROW  
1st Lt., Field Artillery  
Act. Asst. Adje. Gen.



**IMMUNIZATION REGISTER  
AND OTHER MEDICAL DATA**  
(S. 40-210)

NAME (LAST, FIRST, MID. INITIAL)			ASN
Reagan, Ronald W.			0-357403
DATE OF BIRTH	RACE	BLOOD GROUP	MED. OFF.
6-23-91	White	O	CP

**SMALLPOX VACCINE**

DATE	TYPE OF REACTION	MED. OFF.
4-27-42	IMMUNE	

**TRIPLE TYPHOID VACCINE**

**TYPHUS VACCINE**

DATES EACH DOSE	MED. OFF.	DATES EACH DOSE	MED. OFF.
2-22-42		2-22-42	
5-11-42			
2-19-42			
10-19-42			

**TETANUS TOXOID**

**CHOLERA VACCINE**

DATES EACH DOSE	MED. OFF.	DATES EACH DOSE	MED. OFF.
4-27-42			
5-13-42			
9-9-42			

**YELLOW FEVER VACCINE**

DATE	LOT NO.	MED. OFF.
11-2-44	62489 05	

W. D., A. G. O.  
FORM 8-117  
13 AUGUST 1944

THIS FORM SUPERSEDES M. D. FORM 81, 23 SEPTEMBER  
• 1942, WHICH WILL NOT BE USED AFTER RECEIPT OF  
THIS REVISION. 16-42494-1



**OTHER IMMUNIZATIONS**

TYPE	DATE	LOT NO.	AMOUNT	MED. OFF.

**SPECTACLES**

PLACE OF REFRACTION	DATE	GLASSES REQUIRED YES <input type="checkbox"/> NO <input type="checkbox"/>
---------------------	------	--

V.A. WITH GLASSES			V.A. WITHOUT GLASSES		
OD	OS	OU	OD	OS	OU
SPHERE	CYLINDER	AXIS	PRISM	DEC. IN.	

ADD.

BIFOCAL SEGMENT		FRAME			
HEIGHT	INSET	P. D.	BRIDGE	EYE SIZE	TEMPLE
MM.	MM.				

POSITION OF EYEGASS GAS MASK M-1:	SIZE OF GAS MASK:		
COMMERCIAL TYPE, NO. OF PRS. _____	EYEGASS, GAS MASK M-1		
DATE ORDERED	DATE ISSUED	DATE ORDERED	DATE ISSUED

**DENTURES**

TYPE	*	DATES INSERTED IF MADE IN SERVICE
FULL UPPER		
FULL LOWER		
PARTIAL UPPER		
PARTIAL LOWER		

\* CHECK IF PRESENT WHEN INDUCTED OR ORDERED TO ACTIVE DUTY

**DRUG OR SERUM SENSITIVITY**

DRUG OR SERUM	
DATE OF REACTION	
TYPE OF REACTION	
SEVERITY	MED. OFF.

REMARKS:



### CONSULTATION REQUEST AND REPORT

Name REAGAN, Ronald Grade Captain Ward OP

Date 15 December, 1944

Consultation requested because of Sinusitis, recurrent

Provisional diagnosis \_\_\_\_\_

Routine.  
Emergency.

*Charles P. Sherry, Capt*

18th A. A. F. Base Unit (Motion Picture Unit) Culver City, Calif. M. C.

Date 15 Dec., 1944

Date \_\_\_\_\_, 19\_\_\_\_

Office, Chief of Old Patient Service.

Office, Chief of \_\_\_\_\_ Service.

To Chief of ENT Service.

To \_\_\_\_\_

*Approved. Kelly for apillary sinusitis.*

For consultation.

Disapproved.  
*Howard D. Lyngquist 1st Lt*  
M. C.

Date Jan 15, 1944

Opinion of consultant: *Should have no difficulty with sinus service - slight thickening of the mucous in the left nostril*

*recd*

M. C.



PATIENT INDEX

2 Last name                      3 First name and middle initial                      4 A. S. No.

REAGEN RONALD                      0-357403

(a) 5 Grade      6 Company      7 Regiment and Arm or Service      8 Age

Capt.      18th AAF Base Unit

(a) 9 Race      10 Nativity      11 Service      12 Date of admission

(a) 13 Source of admission

14 Register numbers or hospital memoranda:

15 Dec. 1944      To XRay for picture  
of sinuses.

*Refer to ENT Clinic*

*Reiger*

15 Name of Hospital

(a) Fill in as: Register Index, Diagnosis Index, Disability Index, Death Index, Out-patient Index, or Venereal Report Card, as appropriate.  
(b) Spaces 5 to 13 inclusive not to be filled in when form is used for Register Index in time of peace and in the Zone of the Interior in time of war.

FORM 52 a  
MEDICAL DEPARTMENT, U. S. A.  
(Revised March 15, 1938)



SILVER CITY MAIN HOSP.

Name REAGAN RONALD W. Rank \_\_\_\_\_ Serial No. \_\_\_\_\_ Ward \_\_\_\_\_ Age \_\_\_\_\_

Part to be examined (or treated) SINUSITIS RECURRENT # 1492h

0-357403 15 Dec. 1944

Clinical diagnosis (include operations) SINUSES

Date \_\_\_\_\_, 1944 LT. COL. H.D. LAURENCE M. C.

Hospital AAP REG Film No. 1492h

Date 12-16, 1944

**PARANASAL SINUSES:** Mucosal thickening of about 4 mm at the lateral wall of the left antrum. Remaining sinuses essentially clear.

*Kepperson*  
M. C.

Form 55 K-2  
MEDICAL DEPARTMENT, U. S. ARMY  
(Revised June 9, 1942)  
SBASC-4-6-44-150M

RADIOLOGIC REPORT

HC



326

1. **REAGAN, RONALD**  
2 Last name 3 First name and middle initial 4 A. S. No.

5 Grade **COPI.** 6 Company **18th AAF** 7 Regiment and Arm or Service **BASE UNIT** 8 Age

9 Race 10 Nativity 11 Service 12 Date of admission

13 Source of admission

14 Register numbers or hospital memoranda:

5-13-44 Cardiac  
Resnick Rx No  
Pathology 7 J.C.  
aluminum Hydro-  
sides - 7 J.C.

6-1-44 Carpal bone  
Alva 7 J.C.

6-16-44 Neuralgia Pain  
Rx Heat + Massage  
7 J.C.

8-4-44 Athletes Foot  
Rx Athlete's Foot Sol.  
7 J.C.

15 Name of Hospital

16 Fill in as: Register Index, Diagnosis Index, Disability Index, Death Index, Out-patient Index, or Venereal Report Card, as appropriate.  
17 Spaces 5 to 13 inclusive not to be filled in when form is used for Register Index in time of peace and in the Zone of the Interior in time of war.



9-6-44 Muscular soreness of abdomen,  
Received heat treatment

9-7-44 same as above

9/25/44 Sinusitis Rt  
throat & Eustachian tube

11-16-44 same as above 7fl.

11-21-44 same as above

11-22-44 Sinusitis Rt  
Cocaine tablets

11-25-44 Diarrhea, mild.  
Cause undetermined. Of  
Diarrhea mix.

2-19-45 Beginning of cold  
Rt H.R.C. with exudate

4-3-45 Pain of neck  
& upper back, mus-  
cular Rt throat &  
massage 7fl.

4-24-45 Haysamine 0.01cc

4-27-45 Same as above 0.02cc

4-30-45 " " " 0.03 "

5-3-45 " " " 0.03 "

5-7-45 " " " 0.04 "

5-11-45 " " " 0.05 "

5-14-45 " " " 0.05 "

5-18-45 " " " 0.06 "



1  
*Robert Smith 0-357413*  
2 Last name 3 First name and middle initial 4 A. S. No.

5 Grade 6 Company 7 Regiment and Arm or Service 8 Age  
*Capt. 18th Inf. T. I. B. D.*

9 Race 10 Nativity 11 Service 12 Date of admission

13 Source of admission

14 Register numbers or hospital memoranda:  
*15 Dec. 1945  
Sources about venereal disease*

15 Name of Hospital

6) Fill in as: Register Index, Diagnosis Index, Disability Index, Death Index, Out-patient Index, or Venereal Report Card, as appropriate.  
7) Spaces 5 to 13 inclusive not to be filled in when form is used for Register Index in time of peace and in the Zone of the Interior in time of war.

FORM 52a  
MEDICAL DEPARTMENT, U. S. A.  
(Revised March 15, 1938)



1. REGISTER NO.		3. FIRST NAME AND MIDDLE INITIAL		4. A. S. NO.
2. LAST NAME		3. FIRST NAME AND MIDDLE INITIAL		4. A. S. NO.
5. GRADE		6. COMPANY	7. REGIMENT AND ARM OR SERVICE	8. AGE
Capt		19th	AAF	DU
9. RACE	10. NATIVITY	11. SERVICE	12. DATE OF ADMISSION	
13. SOURCE OF ADMISSION				

14. CAUSE OF ADMISSION		
5-22-45	Heroin	0.07 cc
5-25-45	"	0.08 "
5-29-45	"	0.09 "
6-2-45	"	0.10 "
6-5-45	"	0.11 "
6-8-45	"	0.12 "
6-12-45	"	0.12 "
6-15-45	"	0.14 "
6-19-45	"	0.15 "
6-23-45	"	0.16 "

15. LINE OF DUTY

16. INJURY CODE **NOT REQUIRED**

17. ADDITIONAL DIAGNOSES, OPERATIONS		
6-26-45	"	0.17 "
6-29-45	"	0.20 "
7-3-45	"	0.25 "
7-6-45	"	0.30 "
7-10-45	"	0.35 "
7-13-45	"	0.40 "
7-18-45	"	0.50 "
7-21-45	"	0.50 "

18. PLACE OF TREATMENT

7-24-45 " 0.50 " "

19. DISPOSITION

7-30-45 " 0.50 " "

20. DATE OF DISPOSITION

21. NAME OF HOSPITAL

22. SENT WITH REPORT OF S. & W. FOR MONTH OF

23.



24. DAYS OF TREATMENT IN CURRENT CASE

YEAR 19.....	IN QUARTERS*	IN HOSPITAL
January.....		
February.....		
March.....		
April.....		
May.....		
June.....		
July.....		
August.....		
September.....		
October.....		
November.....		
December.....		
TOTAL.....		

Aggregate patient days .....



# REPORT OF PHYSICAL EXAMINATION

(See AR 40-100 and 40-105)

*Instructions.*—Unless otherwise prescribed, this form will be used for all physical examinations of officers, nurses, or warrant officers; applicants for appointment as such in the Regular Army, National Guard, or Officers' Reserve Corps; and enrollment in the Reserve Officers' Training Corps. Use typewriter if practicable. Attach plain additional sheets if required.

*m L*

1. REGAN RONALD W 0357403  
(Last name) (First name) (Middle initial) (Serial number)

2. Capt AC Age 34 Years of service 3  
(Grade) (Organization and arm or service) (Nearest birthday) (Whole number only)

3. Nature of examination <sup>1</sup> \_\_\_\_\_ Component of Army <sup>2</sup> ORC

4. Typhoid vaccination. No. series completed \_\_\_\_\_ Last series \_\_\_\_\_, 19\_\_\_\_

5. Date of last smallpox vaccination \_\_\_\_\_ Type of reaction \_\_\_\_\_

6. Other vaccination or immunity tests \_\_\_\_\_

7. Medical history <sup>3</sup> No malaria or syphilis.

---

8. Eyes Normal  
 Distant vision: Right 20/ 500 correctible to 20/ 20 by <sup>4</sup> \_\_\_\_\_  
(Snellen type) Left 20/ 500 correctible to 20/ 20 by <sup>4</sup> \_\_\_\_\_  
 Near vision: Right J# correctible to J# by <sup>4</sup> \_\_\_\_\_  
(Jaeger type) Left J# correctible to J# by <sup>4</sup> \_\_\_\_\_  
 Refraction <sup>5</sup> (under cycloplegic): Right \_\_\_\_\_ Left \_\_\_\_\_  
 Color perception (red and green) <sup>6</sup> \_\_\_\_\_

9. Ears Normal  
 Hearing (low conversational voice): Right 15/15/20; Left 15/15/20; Audiometer (percent loss): Right \_\_\_\_\_ Left \_\_\_\_\_

10. Nose and throat Normal

11. Teeth: <sup>7</sup> Right (Examinee's) Left  

7 6 5 4 3 2 1 15 14 13 12 11 10 9	1 2 3 4 5 6 7 9 10 11 12 13 14 15	Indicate: Restorable carious teeth by O; nonrestorable carious teeth by /; missing natural teeth by X.
--------------------------------------	--------------------------------------	--

 Remarks, including other defects None

Classification 4

Prosthetic dental appliances None

12. Posture Good Figure Medium Frame Medium  
(Excellent, good, fair, bad) (Slender, medium, stocky, obese) (Light, medium, heavy)

13. Temperature \_\_\_\_\_ Height 72 3/4 inches. Weight 171 pounds. Chest: Rest \_\_\_\_\_ inches; inspiration 40 inches; expiration 37 inches. Abdomen 32 inches.

14. Cardiovascular system: Heart Normal  
 Blood pressure: S. 124, D. 74 Pulse: Rate—Sitting 68 Immediately after exercise 84  
 Two minutes after exercise 68 Character Normal  
 Arteries Normal Varicose veins None

15. Respiratory system Normal

16. X-ray of chest <sup>8</sup> No significant abnormalities.

17. Skin and lymphatics Normal Endocrine system Normal

18. Bones, joints, and muscles Normal Feet Normal

19. Abdominal viscera Normal

20. Hernia None Hemorrhoids Several external tags.

<sup>1</sup> Appointment, promotion, retirement, annual, active duty, special.  
<sup>2</sup> Regular Army; National Guard; Officers' Reserve Corps; Reserve Officers' Training Corps.  
<sup>3</sup> If annual physical examination, record only for past year.  
<sup>4</sup> If annual physical examination, record only distant and near vision, and state whether defect is properly corrected.  
<sup>5</sup> When indicated.  
<sup>6</sup> Not required for annual physical examination.  
<sup>7</sup> If rejected for appointment in Regular Army because of malocclusion, send plaster models to the Surgeon General.  
<sup>8</sup> Required for candidates for commission.



21. Genito-urinary system Normal
22. Nervous system Normal
23. Laboratory procedures: Kahn <sup>1</sup> Negative Wassermann <sup>1</sup> \_\_\_\_\_  
 Urinalysis: Sp. gr. \_\_\_\_\_ Albumin Neg. Sugar Neg.  
 Microscopical (if indicated) <sup>1</sup> \_\_\_\_\_  
 Other laboratory procedures \_\_\_\_\_
24. Remarks on defects not sufficiently described Permanent limited service for defective vision 20/500, right and left. Being discharged without any change.
25. Corrective measures, or other action recommended Separation
26. Is the individual permanently incapacitated for active service? No  
 If yes, specify defect \_\_\_\_\_
27. If applicant for appointment: Does he meet physical requirements? \_\_\_\_\_ Do you recommend acceptance with minor physical defects? \_\_\_\_\_ If rejection is recommended, specify cause \_\_\_\_\_
28. Examinee states he is not drawing a pension, disability allowance, or compensation or retired pay from the U. S. Government. If yes, state disability \_\_\_\_\_

THOMAS R. KIDD, Captain, Medical, Corps.  
(Name and grade)

WDPC, Ft. MacArthur, California  
(Place)

JOHN H. CULP, Captain, Medical, Corps.  
(Name and grade)

10 September, 1945  
(Date)

\_\_\_\_\_, Corps.  
(Name and grade)  
 1st Ind.<sup>2</sup>

Headquarters \_\_\_\_\_  
 To the Commanding General \_\_\_\_\_  
 Remarks and recommendations \_\_\_\_\_

\_\_\_\_\_,  
(Name)  
 \_\_\_\_\_  
(Grade) (Organization and arm or service)  
 Commanding.

2d Ind.<sup>2</sup>  
 \_\_\_\_\_, 19\_\_\_\_ To The Adjutant General.

<sup>1</sup> Required for candidates for commission.  
<sup>2</sup> These actions taken on recommendations of the board. If incapacitated for active service, state whether action by retiring board is recommended.



# ARMY EXTENSION COURSES



## Certificate of Completion of Subcourse

This is to Certify, That Mr. Ronald W. Reagan

400 Center St., Des Moines, Iowa has successfully  
(Address)

completed Subcourse No. 10-1, Military Discipline, Courtesies, and Customs  
(Title of Subcourse) of the Service

Extension Course of the Cavalry { \* School  
\* Department

(1934-1935 Announcement) with a rating of 96.5% Hours of credit six (6)

Date May 17, 1935

H. THOMPSON  
(Name)

Major, Cavalry  
(Grade, Organization, etc.)

[SEAL]

APPROVED:

By command of Major General HEINTZELMAN:

H. THOMPSON

Major, Cavalry  
Adjutant General.



# ARMY EXTENSION COURSES



## Certificate of Completion of Subcourse

This is to certify, That Mr. Ronald W. Reagan

400 Center Street, Des Moines, Iowa has successfully  
(Address)

completed Subcourse No. 10-2, Organization of the Army  
(Title of Subcourse)

Extension Course of the Cavalry { \*School  
\*Department

(1935 -1936 Announcement) with a rating of 85% Hours of credit Seven (7)

Date February 13, 1936

H. THOMPSON  
(Name)

Lt. Col., Cav., 68th Cav. Div.  
(Grade, Organization, etc.)

[SEAL]

APPROVED:

By command of Major General DOLLES

H. THOMPSON,

Lt. Colonel, Cavalry  
Adjutant General.



# ARMY EXTENSION COURSES



## Certificate of Completion of Subcourse

This is to certify, That Mr. Ronald W. Reagan

400 Center Street, Des Moines, Iowa has successfully  
(Address)

completed Subcourse No. 10-5, Organization of the Cavalry  
(Title of Subcourse)

Extension Course of the Cavalry { \*School  
\*Department  
~~.....~~

(1955-1936 Announcement) with a rating of 90% Hours of credit Five (5)

Date May 6, 1936

H. THOMPSON  
(Name)

Lt. Col., Cav., 66th Cav. Div.  
(Grade, Organization, etc.)

[SEAL]

APPROVED:

By command of Major General BOLLES:

H. THOMPSON

Lt. Colonel, Cavalry  
Adjutant General.



# ARMY EXTENSION COURSES



## Certificate of Completion of Subcourse

This is to Certify, That Mr. Ronald W. Reagan

400 Center St., Des Moines, Iowa has successfully  
(Address)

completed Subcourse No. 10-4, Military Law - The Law of Military Offenses  
(Title of Subcourse)

Extension Course of the Cavalry } \* School  
\* Department

(1935 - 1936 Announcement) with a rating of 76% Hours of credit fifteen (15)

Date December 11, 1936

H. THOMPSON  
(Name)

Lt. Col., Cav., 66th Cav. Div.  
(Grade, Organization, etc.)

[SEAL]

APPROVED:

By command of Major General FORD

H. THOMPSON

Lt. Colonel, Cavalry  
Adjutant General.



# ARMY EXTENSION COURSES



## Certificate of Completion of Subcourse

This is to certify, That Mr. Ronald W. Reagan

400 Center Street, Des Moines, Iowa has successfully  
(Address)

completed Subcourse No. 10-5, Interior Guard Duty  
(Title of Subcourse)

Extension Course of the Cavalry { \*School  
\*Department

(1934-1935 Announcement) with a rating of 97% Hours of credit ---

Date January 25, 1937

H. THOMPSON  
(Name)

Lt. Col., Cav., 66th Cav. Div.  
(Grade, Organization, etc.)

[SEAL]

APPROVED:

By command of Major General FORD

H. THOMPSON

Lt. Colonel, Cavalry  
Adjutant General.



# ARMY EXTENSION COURSES



## Certificate of Completion of Subcourse

This is to certify, That Mr. Donald W. Reagan

400 Center Street, Des Moines, Iowa has successfully  
(Address)

completed Subcourse No. 10-3, Administration  
(Title of Subcourse)

Extension Course of the Cavalry { \*School  
\*~~Department~~

(1933-1934 Announcement) with a rating of 91% Hours of credit ---

Date January 25, 1937

H. THOMPSON  
(Name)

Lt. Col., Cav., 65th Cav. Div.  
(Grade, Organization, etc.)

[SEAL]

APPROVED:

By command of Major General KOURI

H. THOMPSON  
Lt. Colonel, Cavalry  
Adjutant General.



# ARMY EXTENSION COURSES



## Certificate of Completion of Subcourse

This is to certify, That Mr. Ronald W. Reagan

400 Center Street, Des Moines, Iowa has successfully  
(Address)

completed Subcourse No. 10-8, Military Sanitation & First Aid  
(Title of Subcourse)

Extension Course of the Cavalry { \*School  
\*Department

(1953 - 1954 Announcement) with a rating of 98% Hours of credit ---

Date January 25, 19 57

H. THOMPSON  
(Name)

Lt. Col., Cav., 66th Cav. Div.  
(Grade, Organization, etc.)

[SEAL]

APPROVED:

By command of Major General FORD

H. THOMPSON

Lt. Colonel, Cavalry  
Adjutant General.



# ARMY EXTENSION COURSES



## Certificate of Completion of Subcourse

This is to certify, That Mr. Ronald W. Reagan

400 Center Street, Des Moines, Iowa has successfully  
(Address)

completed Subcourse No. 10-7 Part I Map Reading  
(Title of Subcourse)

Extension Course of the Cavalry { \*School  
\* ~~Department~~

(1935-1936 Announcement) with a rating of 94.3% Hours of credit ---

Date February 19, 1957

H. THOMPSON  
(Name)

Lt. Col., Cav., 66th Cav. Div.  
(Grade, Organization, etc.)

[SEAL]

APPROVED:

By command of Major General FORD

H. THOMPSON

Lt. Colonel, Cavalry  
Adjutant General.



# ARMY EXTENSION COURSES



## Certificate of Completion of Subcourse

This is to certify, That Mr. Ronald W. Reagan

400 Center St., Des Moines, Iowa

(Address)

has successfully

completed Subcourse No. 10-7 Part II Aerial Photograph Reading

(Title of Subcourse)

Extension Course of the Cavalry

{ \*School  
\*Department

(1935 - 1936 Announcement) with a rating of 87.3% Hours of credit ---

Date March 8, 1937

H. THOMPSON

(Name)

Lt. Col., Cav., 66th Cav. Div.

(Grade, Organization, etc.)

[SEAL]

APPROVED:

By command of Major General FORD:

H. THOMPSON

Lt. Colonel, Cavalry

Adjutant General.



ARMY EXTENSION COURSES—PROGRESS CARD

**Reagan,**

**Ronald**

**W.**

**Civilian**

(Last name)

(First name)

(Middle name)

(Grade and organization or arm or service)

**400 Center Street,**

**Des Moines,**

**Iowa**

(Number and street, or rural route; if none, so state)

(City, town, or post office)

(State)

Date enrolled **3-18-35**, 19

Approved by **C. of S., 66th Cav. Div.** Course

**Cavalry, Series 10**

SUB-COURSE No.	TITLE OF SUBCOURSE	BEGUN	COMPLETED	RATING	RATING GIVEN BY—	HOURS OF CREDIT	CERTIFICATE ISSUED
5	Military Discipline	3-18-35	5-17-35	96.6%	66th CD Br	6	5-17-35
1	Organization of the Army	5-17-35	2-13-36	85%	" " "	7	2-13-36
2	Organization of the Cavalry	2-13-36	5-6-36	90%	" " "	5	5-6-36
4	Military Law-The Law of Military Offenses	5-6-36	12-11-36	76%	" " "	15	12-11-36
3	Administration (old 10-8)	12-11-36	1-25-37	91%	" " "	10	1-25-37
6	Interior Guard Duty	1-25-37	1-25-37	97%	" " "	6	1-25-37
7 PI	Map Reading	1-25-37	2-19-37	94.3%	" " "	15	2-19-37
7 PII	Aerial Photograph Reading	2-19-37	3-8-37	87.3%	" " "	12	3-8-37
8	Military Sanitation & First Aid	12-5-36	1-25-37	98%	" " "	10	1-25-37



