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**Collection:** Records of the Adjutant General's Office: Military Personnel File of Ronald W. Reagan (Record Group 407): Records, 1935-1945

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

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### WITHDRAWAL SHEET

Ronald Reagan Library

NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
l. efficiency	re: Ronald Reagan (2pp)	6/30/45	P-6
eport		The second secon	oper
2. report	of physical examination re: Ronald Reagan (2pp)	4/30/37	FG 5/2/
3. report	of physical examination re: Ronald Reagan (2pp)	11/13/41	F-6 M
l. report	of physical examination re: Ronald Reagan (2pp)	2/23/42	THE .
5. report	of physical examination re: Ronald Reagan (2pp)	1/17/42	re
5. report	copy of item # 5 (2pp)	1/17/42	FE
7. report	copy of item # 5 (2pp)	1/17/42	Me
3. report	of physical examination re: Ronald Reagan (2pp)	4/21/42	FE
). report	copy of item # 8 (2pp)	4/21/42	FE
10. report	copy of item # 8 (2pp)	4/21/42	F-6
11. mmunization registar	re: Ronald Reagan (2pp)	n.d.	RE
12. consultation request and report	re: Ronald Reagan (1p)	12/15/44	F-6
13. out patient ndex	re: Ronald Reagan (1p)	12/15/44	FE
14. radiologic report	re: Ronald Reagan (1p)	12/16/44	F-6
COLLECTION:	REAGAN, RONALD W.: Military Personnel Records (a compo	nent of Record Group 407)	rs
FILE FOLDER:	Del (5 0 5 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-8 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 FOIAI
- 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

NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
5. form 52a	re: Ronald Reagan (2pp)	n.d.	F-6_
6. form 52a	re: Ronald Reagan (3pp)	n.d.	F-6
7. report	of physical examination re: Ronald Reagan (2pp)	9/10/45	open won 5/2/1
COLLECTION:	REAGAN, RONALD W.: Military Personnel Records (a component	ent of Record Group 407)	rs
FILE FOLDER:	REAGAN, RONALD W.: Military Personnel Records (a component of the componen	ent of Record Group 407)	1/3/95

#### RESTRICTION CODES

#### ntial 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].
- Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA].
- Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA.
- Release would constitute a clearly unwarranted invesion of personal privacy ((a)(6) of the FRAJ.
- Classed in accordance with restrictions contained in donor's deed of gift.

#### Freedom of Information Act - [5 U.S.C. 652(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 FOIAJ.
- 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).
- Release would constitute a clearly unwarranted invasion of personal privacy [(B)(6) of
- Release would disclose information compiled for law enforcement purposes ((b)(7) of the FOIAJ.
- 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

SERVICE NUMBER

REAGAN, RONALD WILSON

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

CLASSIFICATION

REMARKS

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.

035 1110

(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 such 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.

		(Serial No.)
_		rvice (Whole number only
	(Grade) (Organization and arm or service) (Nearest birthday)	,
	Typhoid-paratyphoid vaccination: No series completed he Last series	/70 T , 19
]	Date of last smallpox vaccination Type of reaction Type of reaction	none
(	Other vaccinations or immunity tests None	
1	Medical history Phlummia at age 3.	
_		
-	Y.	
-		
-	3	
1	Eyes Myopea alsegnation	
1	Distant vision Right 20 200) correctible to by1	3 Sph 2504
-	(Snellen type) Left 20 200 correctible to 20 20 by1-	3.25 " 2.626
1	Near vision: Right	
-	(Jaeger type) Left torrectible to by 1	
6	Color perception (red, green, and violet)2 howal	
1		
	Hara Market	
-	Hearing low conversational voice: Right 20 left Audiometer: Right	left.
1	Hearing, low conversational voice: Right left Audiometer: Right	left
. ]	Hearing, low conversational voice: Right 20 left 20 Audiometer: Right Nose and throat 10 Mal - Tusile National	tre left
. ]	Hearing, low conversational voice: Right left Audiometer: Right Nose and throat Audiometer: Right Teeth <sup>3</sup> : Right (Examinee's) Left II 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8 Indicate: Restorable carious teeth by	by (); nonrestorable can
. ]	Hearing, low conversational voice: Right left Audiometer: Right Nose and throat Teeth <sup>3</sup> : Right (Examinee's) Left U. & 7 6 5 4 3 2 1 1 2 3 4 5 6 7 % Indicate: Restorable carious teeth by	by (); nonrestorable ca
]	Hearing, low conversational voice: Right	by (); nonrestorable ca
]	Hearing, low conversational voice: Right left Audiometer: Right Nose and throat Left  Teeth <sup>3</sup> : Right (Examinee's) Left  U. § 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8  L. § 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8  Remarks, including other defects	by (); nonrestorable caeth by X.
]	Hearing, low conversational voice: Right  Nose and throat  Teeth³: Right (Examinee's)  Left  U. ¥ 7 6 5 4 3 2 1 1 2 3 4 5 6 7 X  L. ¥ 7 6 5 4 3 2 1 1 2 3 4 5 6 7 X  Remarks, including other defects  Classificatio	by (); nonrestorable caeth by X.
	Hearing, low conversational voice: Right  Nose and throat  Teeth³: Right (Examinee's)  Left  U. \$7 6 5 4 3 2 1 1 2 3 4 5 6 7 \$\times\$  L. \$7 6 5 4 3 2 1 1 2 3 4 5 6 7 \$\times\$  Remarks, including other defects  Prosthetic dental appliances  Manuel  Classificatio	by (); nonrestorable caeth by X.
	Hearing, low conversational voice: Right  Nose and throat  Teeth³: Right (Examinee's)  Left  U. \$7 6 5 4 3 2 1 1 2 3 4 5 6 7 \$\times\$  L. \$7 6 5 4 3 2 1 1 2 3 4 5 6 7 \$\times\$  Remarks, including other defects  Prosthetic dental appliances  Cardio-vascular system  Left  Indicate: Restorable carious teeth to ous teeth by /; missing natural teeth by /; missing natur	by O; nonrestorable caseth by X.
	Hearing, low conversational voice: Right left Audiometer: Right Nose and throat Left Teeth <sup>3</sup> : Right (Examinee's) Left  U. ¥ 7 6 5 4 3 2 1 1 2 3 4 5 6 7 × L. ₹ 7 6 5 4 3 2 1 1 2 3 4 5 6 7 × Remarks, including other defects Left Ous teeth by /; missing natural teeth by /; missing na	oy (); nonrestorable ca eeth by X.
	Hearing, low conversational voice: Right  Nose and throat  Teeth³: Right (Examinee's) Left  U. ¥ 7 6 5 4 3 2 1 1 2 3 4 5 6 7 × L. ₹ 7 6 5 4 3 2 1 1 2 3 4 5 6 7 ×  Remarks, including other defects  Prosthetic dental appliances  Cardio-vascular system  Blood pressure: S. // e., D. 65  Pulse rate: Sitting  Character  Character  Left  Indicate: Restorable carious teeth to ous teeth by /; missing natural teeth by /; missing	oy (); nonrestorable ca eeth by X.
	Hearing, low conversational voice: Right left Audiometer: Right Nose and throat Manual Teeth <sup>3</sup> : Right (Examinee's) Left  U. § 7 6 5 4 3 2 1 1 2 3 4 5 6 7 × L. § 7 6 5 4 3 2 1 1 2 3 4 5 6 7 × Remarks, including other defects Manual Classification  Prosthetic dental appliances Cardio-vascular system Manual Classification  Blood pressure: S. // S. D. 65 Pulse rate: Sitting Manual Immediately Two minutes after exercise Character Manual Classification	oy (); nonrestorable caseth by X.  after exercise /09
	Hearing, low conversational voice: Right left Audiometer: Right Nose and throat Manual Teeth <sup>3</sup> : Right (Examinee's) Left  U. & 7 6 5 4 3 2 1 1 2 3 4 5 6 7 × L. & 7 6 5 4 3 2 1 1 2 3 4 5 6 7 × Remarks, including other defects Manual Classification  Prosthetic dental appliances Cardio-vascular system Manual Classification  Blood pressure: S. // D. 6 S. Pulse rate: Sitting Manual Character Manual	oy (); nonrestorable careeth by X.  after exercise /09
	Hearing, low conversational voice: Right	oy (); nonrestorable careeth by X.  after exercise /09
	Hearing, low conversational voice: Right  left  Audiometer: Right  Nose and throat	oy (); nonrestorable careeth by X.  after exercise /09
	Hearing, low conversational voice: Right  Nose and throat  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  L. X 7 6 5 4 3 2 1 1 2 3 4 5 6 7 X  Remarks, including other defects  Classificatio  Prosthetic dental appliances  Cardio-vascular system  Blood pressure: S	oy (); nonrestorable can eath by X.  after exercise /09
	Hearing, low conversational voice: Right  Nose and throat  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  L. X 7 6 5 4 3 2 1 1 2 3 4 5 6 7 X  Remarks, including other defects  Classificatio  Prosthetic dental appliances  Cardio-vascular system  Blood pressure: S. // S., D. 6 S. Pulse rate: Sitting // Immediately  Two minutes after exercise  Heart  Respiratory system  Posture  Greellent, good, fair, bail)  Figure  (Slender, medium, stocky, obese)  Height  Indicate: Restorable carious teeth by /; missing natural teen out	after exercise /05  Light, medium, heavy)
	Hearing, low conversational voice: Right left Audiometer: Right Nose and throat Manual Teeth3: Right (Examinee's) Left U. X 7 6 5 4 3 2 1 1 2 3 4 5 6 7 X L. X 7 6 5 4 3 2 1 1 2 3 4 5 6 7 X Remarks, including other defects  Cardio-vascular system Blood pressure: S	oy (); nonrestorable can eath by X.  after exercise /09
	Hearing, low conversational voice: Right left Audiometer: Right Nose and throat Manual Teeth3: Right (Examinee's) Left U. X 7 6 5 4 3 2 1 1 2 3 4 5 6 7 X L. X 7 6 5 4 3 2 1 1 2 3 4 5 6 7 X Remarks, including other defects  Cardio-vascular system Blood pressure: S	after exercise /09  Light, medium, heavy)
	Hearing, low conversational voice: Right 70 left 70 Audiometer: Right Nose and throat 10 Mark 70 Teeth³: Right (Examinee's) Left  U. ¥ 7 6 5 4 3 2 1 1 2 3 4 5 6 7 X  L. ¥ 7 6 5 4 3 2 1 1 2 3 4 5 6 7 X  Remarks, including other defects Cardio-vascular system 10 Mark 10 Character 10 Mark	after exercise /09  Light, medium, heavy)
	Hearing, low conversational voice: Right  Nose and throat  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  L. X 7 6 5 4 3 2 1 1 2 3 4 5 6 7 X  Remarks, including other defects  Cardio-vascular system  Blood pressure: S. // J. D. 6 d. Pulse rate: Sitting  Two minutes after exercise  Respiratory system  Posture  (Riccilent, good, fair, bad)  Height  inches. Weight  expiration  expiration  Skin  Skin  Audiometer: Right  Audiometer: Right  Audiometer: Right  Audiometer: Right  Indicate: Restorable carious teeth by  ous teeth by /; missing natural teeth by /; missin	after exercise /09  Light, medium, heavy)
	Hearing, low conversational voice: Right  Nose and throat  Teeth³: Right (Examinee's)  Left  U. ¥ 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8  Remarks, including other defects  Cardio-vascular system  Blood pressure: S. // S. D. 6 6 Pulse rate: Sitting  Two minutes after exercise  Respiratory system  Posture  Respiratory system  Posture  Cixcellent, good, fair, bad)  Height inches. Weight 6 7 pounds. Chest: Inspiration expiration  expiration  Skin  Abdominal viscera  Skin  Abdominal viscera  Audiometer: Right  Indicate: Restorable carious teeth brous teeth by /; missing natural teeth by /; missing	after exercise /O;  Light, medium, heavy)
	Hearing, low conversational voice: Right  Nose and throat  Teeth³: Right (Examinee's)  L. \$7 6 5 4 3 2 1 1 2 3 4 5 6 7 \$  L. \$7 6 5 4 3 2 1 1 2 3 4 5 6 7 \$  Remarks, including other defects  Cardio-vascular system  Blood pressure: S	after exercise /O;  Light, medium, heavy)
	Hearing, low conversational voice: Right 70 left 70 Audiometer: Right Nose and throat 10 Mark 70 Teeth³: Right (Examinee's) Left  U. § 7 6 5 4 3 2 1 1 2 3 4 5 6 7 X  L. § 7 6 5 4 3 2 1 1 2 3 4 5 6 7 X  Remarks, including other defects Classificatio  Prosthetic dental appliances Cardio-vascular system Blood pressure: S D. 6 Pulse rate: Sitting 76 Immediately Two minutes after exercise 76 Character Heart 10 Mark 10 Character 10 Mark 10 Mar	after exercise /05  Light, medium, heavy)

NOTED HO. APR 3 0 1937

Endocrine system Normal Nervous system Normal –			*
Laboratory procedures: Wassermann test V. Urinalysis: Sp. gr	1st takon	That I	talo.
Laboratory procedures: Wassermann test	ug cucer	Kahn test	a
Urinalysis: Sp. gr. /. 0/ 8	Albumin	Sugar	7
Microscopical (if indicated)			
Other laboratory procedures			
	1 200		
Remarks on defects not sufficiently described	above	is not a member of	the
Don's and Doll with	Applicant	Traving disability	
Emergency Officers Retired	List, nor is he	land from the Gover	nment
allowance or disability co	impensation of any	RIM I Polit Cile, dover	11110110
of the United States.			
Corrective measures, or other action recomme	ended		
	**************************************		
		74	
Is the individual permanently incapacitated for	or active service?	Mo	
If yes, specify defect			
If applicant for appointment: Does he meet p	physical requirements?	Do you	recommend
acceptance with minor physical defects?	If rejection is	recommended, specify c	ause
And the second s			*
A 3-396-7-3		Brus to 8	
5 2 - 1	Melery K.	Bruse MA	Corps
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19-	Name and g	rade)	
(Date)	8		
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danertors	1st Ind. <sup>1</sup> (Grade) 2d Ind. <sup>1</sup>	(Name) (Organization and arm or set	(19c)
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danertors	1st Ind. <sup>1</sup> (Grade) 2d Ind. <sup>1</sup>	(Name) (Organization and arm or set	, 19.
danartors	2d Ind.¹  To The Adjutant Gen	(Name) (Organization and arm or set	rvice) namanding.
danartors	1st Ind. <sup>1</sup> (Grade) 2d Ind. <sup>1</sup>	(Name) (Organization and arm or set	rvice) namanding.
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dquarters, the Commanding General emarks and recommendations , 19	1st Ind.¹  (Grade)  2d Ind.¹  To The Adjutant Get  3d Ind.¹	(Name) (Organization and arm or set	, 19.
dquarters, he Commanding General, emarks and recommendations , 19,	1st Ind.¹  (Grade)  2d Ind.¹  To The Adjutant Get  3d Ind.¹	(Name)  (Organization and arm or set Com	, 19ch



(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.		
	(Last name)	(First name)	(Middle initial)	**	(Serial number)
2.	2nd Lt.	Cav-Res.	Age	31 Year	s of service 4
	(Grade)	(Organization and ar	m or service)	Nearest birthday)	(Whole number only)
3.	Nature of examination	1 Reappointment	Compor	nent of Army 2	O.R.
4.	Typhoid vaccination.	No. series completed Nor	ne Last se	ries	, 19
5.	Date of last smallpox	vaccinationNor	Type of	reaction	
6.	Other vaccination or in	mmunity testsNone		-	, , , , , , , , , , , , , , , , , , ,
7.	Medical history 3 U	sual childhood disease	es. No serious	illness, injur	y, or operation since
	last physica	l examination, 1937.	Denies history	and shows no e	vidence of asthma,
	hay fever, to	uberculosis, heart, ki	idney, joint, me	ental, or vener	eal diseases.
8.	Eyes Compound m	yopic astigmatism, bi	Lateral.	0.50	1 7 00 00
	Distant vision: Ri	ight 20/ 6/200 correctible	to 20/20 by	4 -3.50 WIT	n -1.00 x 90
	(Snellen type) Le	eft 20/ 6/200 correctible	to 20/20 by	4 -3.50 Wit	n -1.00 x 90
	Mear vision: Ri	ight J# 1 correctible	e to J#by	, 4	
	(Jaeger type) Le	eft J# 1 correctible	e to J#by	, 4	
	Refraction 5 (unde	er cycloplegic): Right Not	nade	Left	ot made
	Color perception (	(red and green) 6 Norma	,		
9.	Ears Nor			20 A 1°	
10	Nose and throat	versational voice): Right 20	/20. Left/2		
					HEAGO ALLEGA
11.	Teeth: 7 Right X8 7 6 5 4	(Examinee's) Left	7 X Indicate:	Restorable carious teeth	by O; nonrestorable carious teeth
	X8 7 6 5 4		by /; II	nissing natural teeth by $\times$ .	
		ig other defects Space			
	Remarks, includin				ication IV
	Prosthetic dental	appliances None			ication
17	Posture Good	Figure	Medium	Frame	Medium
Lán	(Excellent, g	good, fair, bad)	(Slender, medium, stocky, obese	e)	(Light, medium, heavy)
13	Temperature 98.6	Height 712 inches. Weight	162 pounds Ches	t. Rest 37 inches	· inspiration 381 inches
LJ		nches. Abdomen 32 inches		it. Itost mone	, maphation mares,
14		: Heart Normal	74		•
		. 124 D. 82	Pulse Rate Sitti	ng 80 Imr	nediately after evergise 100
		after exercise 80 Ch			
	Arteries Soft	and compressible	Varicose veins	None	
15.	Respiratory system				·····································
	X-ray of chest 8	Normal			
	Skin and lymphatics		Endocrine sys	tem Normal	
	Bones, joints, and mus				
				Feet Normal	
19.	Abdominal viscera	Normal	24		
	Hernia	None	Hemorrhoids	None	*****************
_			7.	, mg/	

Appointment, promotion, retirement, annual, active duty, special.

Register Army: National Guard: Officers' Reserve Corps; Reserve Officers' Training Corps.

Residuary: National Guard: Officers' Reserve Corps; Reserve Officers' Training Corps.

Residuary: National Guard: Officers' Reserve Corps; Reserve Officers' Training Corps.

Residuary: National physical examination, record only distant and near vision, and state whether defect is properly corrected.

When indicated.

Not required for annual physical examination.

Regular Army because of malocclusion, send plaster models to the Surgeon General.

Required for candidates for commission.

1. Genito-urinary system Normal	
2. Nervous system Normal	¥ 1 2
3. Laboratory procedures: Kahn 1 Negativ	
Urinalysis: Sp. gr. 1.014	Albumin None Sugar None
Microscopical (if indicated) 1 Normal	
Other laboratory proceduresNone	None
4. Remarks on defects not sufficiently described	Note
***************************************	
	1 None
5. Corrective measures, or other action recommended	dNATIR
**************************************	*
( T -) -: 1: 1 1	ctive service? Yes / eyes, without glas
b. Is the individual permanently incapacitated for ac	astigmatism, bilateral, severe, distant vision 6/200 bo
	cal requirements? Do you recommend acceptance with minor physical
if rejection is recommend	ded, specify cause
g F	isability allowance, or compensation or retired pay from the U.S. Government.
If yes, state disability	
	<b>6.</b>
	The state of the s
Station Hospital,	Joneld C. Collins , Medical Corps.
	(Name and grade)
Station Hospital, Fort MacArthur, California.	DONALD C. COLLINS Major
Fort MacArthur, California.	DONALD C. COLLINS Major
Fort MacArthur, California.	(Name and grade)
Fort MacArthur, California.	DONALD C. COLLINS Major  Aus Major  (Name and grade)  Major  (Name and grade)  Major  Medical Corps.
Fort MacArthur, California.	DONALD C. COLLINS Major  Major  May Major  (Name and grade)  (Name and grade)
Fort MacArthur, California.  (Place)  November 13, 1941	DONALD C. COLLINS  Major  May  Medical Corps.  (Name and grade)  LOUIS F. SAYLOR  Captain
Fort MacArthur, California.  (Place)  November 13, 1941	(Name and grade)  DONALD C. COLLINS  Major  Maus  (Name and grade)  LOUIS F. SAYLOR  Captain  Medical Corps.
Fort MacArthur, California.  (Place)  November 13, 1941	(Name and grade)  DONALD C. COLLINS  Major  Medical Corps.  (Name and grade)  LOUIS F. SAYLOR  Captain  Medical Corps.  C. O. YOUNG (Name and grade)  Captain
Fort MacArthur, California.  (Place)  November 13, 1941	(Name and grade)  DONALD C. COLLINS  Major  Maus  (Name and grade)  LOUIS F. SAYLOR  Captain  Medical Corps.
Place)   November   13,   1941     (Date)	(Name and grade)  DONALD C. COLLINS  Major  (Name and grade)  LOUIS F. SAYLOR  Captain  Medical Corps.  C. O. YOUNG (Name and grade)  Louis F. Saylor  Captain  Medical Corps.  Captain  Lat Ind. <sup>2</sup>
Port MacArthur, California.   (Place)   November   13,   1941     (Date)   Icadquarters   Commanding General   1941     Commanding General   1941   1941     California   1941   1941   1941     California   1941	(Name and grade)  DONALD C. COLLINS  Major  (Name and grade)  LOUIS F. SAYLOR  Captain  Medical Corps.  C. O. YOUNG (Name and grade)  Ist Ind. <sup>2</sup> Captain
Fort MacArthur, California.  (Place)  November 13, 1941  (Date)	(Name and grade)  DONALD C. COLLINS  Major  (Name and grade)  LOUIS F. SAYLOR  Captain  Medical Corps.  C. O. YOUNG (Name and grade)  Ist Ind. <sup>2</sup> Captain
Fort MacArthur, California.  (Place)  November 13, 1941  (Date)  leadquarters  To the Commanding General	(Name and grade)  DONALD C. COLLINS  Major  (Name and grade)  LOUIS F. SAYLOR  Captain  Medical Corps.  C. O. YOUNG (Name and grade)  Ist Ind. <sup>2</sup> Captain
Fort MacArthur, California.  (Place)  November 13, 1941  (Date)  leadquarters  To the Commanding General	(Name and grade)  DONALD C. COLLINS  Major  (Name and grade)  LOUIS F. SAYLOR  Captain  Medical Corps.  C. O. YOUNG (Name and grade)  Ist Ind. <sup>2</sup> Captain
Fort MacArthur, California.  (Place)  November 13, 1941  (Date)  leadquarters to the Commanding General	DONALD C. COLLINS  Major  May  Medical Corps.  (Name and grade)  LOUIS F. SAYLOR  Captain  Medical Corps.  C. O. YOUNG (Name and grade)  Louis F. Saylor  Captain  Medical Corps.  Captain  Louis F. Saylor  Medical Corps.  Captain  Louis F. Saylor  Medical Corps.  Captain  Louis F. Saylor  Medical Corps.  Captain
Place)   November   13,   1941     California. (Place)     November   13,   1941     Cate)     Cate   15   16   16   16   16   16   16   16	(Name and grade)  DONALD C. COLLINS  Major  (Name and grade)  LOUIS F. SAYLOR  Captain  Medical Corps.  C. O. YOUNG (Name and grade)  Ist Ind. <sup>2</sup> Captain
Fort MacArthur, California.  (Place)  November 13, 1941  (Date)  leadquarters  To the Commanding General	DONALD C. COLLINS Major  Major  (Name and grade)  LOUIS F. SAYLOR  Captain  Medical Corps.  C. O. YOUNG (Name and grade)  Ist Ind.2  (Name)
Place)   November   13,   1941     California. (Place)     November   13,   1941     Cate)     Cate   15   16   16   16   16   16   16   16	DONALD C. COLLINS Major  Major  (Name and grade)  LOUIS F. SAYLOR  Captain  Medical Corps.  C. O. YOUNG (Name and grade)  (Saptain  Ist Ind.2  (Name)  (Organization and arm or service)
Fort MacArthur, California.  (Place)  November 13, 1941  (Date)  leadquarters  To the Commanding General	DONALD C. COLLINS Major  Major  (Name and grade)  LOUIS F. SAYLOR  Captain  Medical Corps.  C. O. YOUNG (Name and grade)  (Name)  (Name)  (Crade)  (Organization and arm or service)  Commanding.
Fort MacArthur, California.  (Place)  November 13, 1941  (Date)  leadquarters  To the Commanding General  Remarks and recommendations	DONALD C. COLLINS  Major  May Major  Medical Corps.  (Name and grade)  LOUIS F. SAYLOR  Captain  Medical Corps.  C. O. YOUNG (Name and grade)  Ist Ind. <sup>2</sup> (Grade)  (Organization and arm or service)  Commanding.  2d Ind. <sup>2</sup>
Fort MacArthur, California.  (Place)  November 13, 1941  (Date)  leadquarters  To the Commanding General  Remarks and recommendations	DONALD C. COLLINS Major  Major  (Name and grade)  LOUIS F. SAYLOR  Captain  Medical Corps.  C. O. YOUNG (Name and grade)  (Name)  (Name)  (Crade)  (Organization and arm or service)  Commanding.
Fort MacArthur, California.  (Place)  November 13, 1941  (Date)  leadquarters  To the Commanding General  Remarks and recommendations	DONALD C. COLLINS  Major  May Major  Medical Corps.  (Name and grade)  LOUIS F. SAYLOR  Captain  Medical Corps.  C. O. YOUNG (Name and grade)  Ist Ind. <sup>2</sup> (Grade)  (Organization and arm or service)  Commanding.  2d Ind. <sup>2</sup>
Fort MacArthur, California.  (Place)  November 13, 1941  (Date)  leadquarters  To the Commanding General  Remarks and recommendations	DONALD C. COLLINS  Major  May Major  Medical Corps.  (Name and grade)  LOUIS F. SAYLOR  Captain  Medical Corps.  C. O. YOUNG (Name and grade)  Ist Ind. <sup>2</sup> (Grade)  (Organization and arm or service)  Commanding.  2d Ind. <sup>2</sup>

U. S. GOVERNMENT PRINTING OFFICE 16-10006



W.D., A. G. O. Form No. 63 August 1, 1939

### 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.

Reagan		Ronald	Wilson		0-357405
120 140 100	name)	(First name)	(Middle initial)	•	(Serial number)
2 2nd Lt	•	Cav. Res.	Age 31	Years of service	ce <b>5</b>
	(Grade)	(Organization and a	rm or service) (Nearest bi	irthday)	(Whole number only)
3. Nature of e	xamination Exten	ded Active Duty	Component of	Army Army of U.	8.
4. Typhoid va	ccination. No. ser	es completed	Last series	•	19
			Type of reacti		
6. Other vacci	nation or immunity	tests			
7. Medical hist	tory 3 Measles,	Mumpe, Chiekes	-pox - Childhood -	no sequelas.	
1	The state of the s	The state of the same of the s			
	Tonsille	ctemy and Aden	idectomy - 1937 - 0	god results.	
	Examme	demes misury of	Asulina, may		
	Fever, Tu	iberculosis, Peptic	Ulcer, Heart,		
	Kidney, J	oints, Mentator Ve	nereal Diseases.		
8. Eyes					
Distant	vision: Right 20/_	7/200 correctible correctible	e to 20/ by 4	3.00 sph .00 sph	
(Snelle	en type) Left 20/_	7/200 correctible	e to 20/	.00 sph	1001
Near vi	ision: Right J#_	correctib	le to J#by 4 le to J#by 4		-
(laege	er type) Left 1#.	correctib	e to I# by 4	•	
Refract	ion 5 (under cyclop)	legic): Right		Left	
Color p	perception (red-and	green) 6 Horn	lal y y y t tyrt		
9. Ears	Hormal	5			
Hearing	g (low conversation	al voice): Right	20. Left 20 /20. A	udiometer (percent loss):	Right Left _
0. Nose and th	roat normal, to	Marra Lemoked			***************************************
I. Teeth: 7	Right (Exa	minee's) Left			4 4
-8 7	7 6 5 4 3 2 1	1 2 3 4 5 6	7 5 Indicate: Restor	able carious teeth by O; nor atural teeth by X.	restorable carious tee
<b>4</b> 6 15	5 14 13 12 11 10 9	9 10 11 12 13 14	15 16	atulal teeth by A.	
Remark	ks, including other	lefects			
		None		Classification	YA
Prosthe	tic dental appliance	S			
2. Posture		rigure	Med 1 m	Frame	
	(Excellent, good, fair, back		(Slender, medium, stocky, obese)	(Light, me	edium, heavy)
3. Temperatur	e Height	inches. Weigh	pounds. Chest: Res	inches; inspira	tion inche
expiration	inches.	Abdomen inche	3.		
4. Cardiovascu	ılar system: Hart	MOLMET			
Blood	pressure: S.	92	Pulse: Rate Sitting	Immediately	after exercise
Tw	vo minutes after exe	erciseCI	naracter Full and regu		
Arteries	SOTUAL		Varicose veins	,9	
5. Respiratory	MANAGEMENT.				
6. X-ray of ch	NOTEL	a 30 th to the Mar Mar Mar Mar Mar Mar Mar Mar V to the Or The Ora The Mar			****************
7. Skin and ly	. MOTHEL	_	Endocrine system	HOPPAL.	
	ts, and muscles	mal	Zaldonino o y occasi		**************************************
Dones, jour	of the maseres		Feet	Normal	· · · · · · · · · · · · · · · · · · ·
9. Abdominal	viscera Norma			****************	
20. Hernia	Mone		Hemorrhoids Hemorrhoids		
pro 1 serilla	<b>EEN-AD-ROOM</b>	388	A TOTAL OF THE PARTY OF THE PAR	*************************	
Appointment, pro	emotion, retirement, annual, a	ctive duty, special.	ing Corps.	一一万河河河河河	
8 if annual physica.	examination, record only for	past year.		المنافق المناف	E M
a maicated.		tant and near vision, and state wi	icines desects is properly corrected.	1	- 11)1
" ir rejected for api	nointment in Regular Army b	ecause of malocclusion, send plast	er models to the Surgeon General.	C= 120 00 12.00	2
Regular Army; N  F annual physica  F armual physica  Fren indicated.  Not required for a	lational Guard; Officers' Reset Il examination, record only for all examination, record only dis annual physical examination.	rve Corps; Reserve Officers' Traini past year, tant and near vision, and state wh	ether defect is properly corrected.	E DESTRUCTION OF THE PARTY OF T	

TO TOURANTERS FIRST MILITARY APEA

21. Genito-urinary system		
22. Nervous system Mormal	***************************************	
23. Laboratory procedures: Kahn 1 Negative	Wassermann 1 •	*******************
Urinalysis: Sp. gr. 1.018	Albumin Mone Sugar	one
Microscopical (if indicated) 1 MCTBAL		, 
Other laboratory procedures		
24. Remarks on defects not sufficiently described	None	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	***************************************	*************
1 27 274		*********
47.724	Mana	
5. Corrective measures, or other action recommended	None	*******************************
		***
6. Is the individual permanently incapacitated for activ	o carrica No	************************
If yes, specify defect	o oct vicer	
7. If applicant for appointment: Does he meet physical	requirements) No Do you recommend acc	entance with minor physics
defects? If rejection is recommended	Defective visual acui	eptance with minor physica
defects? If rejection is recommended	, specify cause	
	S. E. BROWN, LT. COL.	Medical Corps
March Field, California	(Name and grade)	
(Place)	(Name and grade)  H. L. COMPARITE, 1st. Lt.  (Name and grade)	Waddan
	Homes Townworth Lt.	Waddaa
January 17 19/12	Homes Townworth Lt.	Medical Corps
January 17 19/12	Remert Comparette.  (Natural grade)  (A Moure	Nedical Corps
January 17 19/12	C. A. MOUNGE, 100. It.	Medical Corps
(Place)  Jenuary 17 19 19 19 19 19 19 19 19 19 19 19 19 19	C. A. MOUNCE, 1884 IA.  (Name and grade)  (Name and grade)  (Name and grade)  1st Ind. <sup>3</sup>	Medical Corps
(Place)  Jenuary 17 1942  (Date)  Headquarters NIWH CORDS AREA Ft. Doug! To the Corne Side Copy Add futant General.	C. A. MOUNCE, 1st. Lt.  (Name and grade)  (Name and grade)  (Name and grade)  1st Ind.  (Name and grade)  1st Ind.  (Name and grade)  1st Ind.  (Name and grade)	Medical Corps
(Place)  Jenuary 17 1942  (Date)  Headquarters NIWH CORDS AREA Ft. Doug! To the Corne Side Copy Add futant General.	C. A. MOUNCE, 1st. Lt.  (Name and grade)  (Name and grade)  (Name and grade)  1st Ind.  (Name and grade)  1st Ind.  (Name and grade)  1st Ind.  (Name and grade)	Medical Corps
(Place)  January 17 (Date)  Headquarters NICH CORPS AREA Ft. Doug!  To the Commendations This office	C. A. MOUNCE, 1st. Lt.  (Name and grade)  (Name and grade)  (Name and grade)  Ist Ind.  (Name and grade)	Medical Corps
Headquarters HINTH CORPS AREA, Ft. Doug! To the Course Sing Control Adjutant General Remarks and recommendations. This office duty (Full duty) due to defective	C. A. MOUNCE, 1st. Lt.  (Name and grade)  (Name and grade)  (Name and grade)  Ist Ind.  (Name and grade)	Medical Corps
(Place)  Jenuary 17  (Date)  Headquarters HITH CORPS AREA Ft. Doug!  To the Commendations. This office	C. A. MOUNCE, 1st. Lt.  (Name and grade)  (Name and grade)  (Same and grade)  1st Ind.  (Name and grade)  (Name and grade)  1st Ind.  (Name and grade)	Medical Corps  Medical Corps  or extended active  considered
Headquarters HINTH CORPS AREA, Ft. Doug! To the Course Sing Control Adjutant General Remarks and recommendations. This office duty (Full duty) due to defective	C. A. MOUNCE, 1st. Lt.  (Name and grade)  (Name and grade)  Ist Ind.  (Name and grade)  (Name and grade)  Ist Ind.  (Name and grade)  Ist Ind.	Medical Corps  Medical Corps  Corps
Headquarters HINTH CORPS AREA, Ft. Doug! To the Course Sing Control Adjutant General Remarks and recommendations. This office duty (Full duty) due to defective	C. A. MOUNCE, 1st. Lt.  (Name and grade)  (Name and grade)  Ist Ind.  (Name and grade)  (Name and grade)  Ist Ind.  (Name and grade)  Ist Ind.	Medical Corps  Medical Corps  Corps
Jenuary 17 (Date)  Headquarters NIWH CORPS AREA, Ft. Doug! To the Corne Mar Congrat Adjutant General Remarks and recommendations. This office duty (Full duty) due to defective qualified for limited service.	C. A. MOUNCE, 1st. Lt.  (Name and grade)  (Name and grade)  (State and	Medical Corps  Medical Corps  Corps
Headquarters HINTH CORPS AREA, Ft. Doug! To the Course Sing Control Adjutant General Remarks and recommendations. This office duty (Full duty) due to defective	C. A. HOUNGE, 1st. Lt.  (Name and grade)  (Name and grade)  Ist Ind.  (Name and grade)	Medical Corps  Medical Corps  Corps
January 17 1042  (Date)  Headquarters NITTH CORPS AREA, Ft. Doug!  To the Commendations Adjutant General Remarks and recommendations. This office duty (Full duty) due to defective qualified for limited service.	C. A. MUNCE, 1st. Lt.  (Name and grade)  (Name and grade)  Ist Ind.  Ist Ind	Medical Corps  Medical Corps  Corps
January 17 1042  (Date)  Headquarters NITTH CORPS AREA, Ft. Doug!  To the Commendations Adjutant General Remarks and recommendations. This office duty (Full duty) due to defective qualified for limited service.	C. A. HOUNGE, 1st. Lt.  (Name and grade)  (Name and grade)  Ist Ind.  (Name and grade)	Medical Corps  Medical Corps  Corps
Jamery 17 (Date)  Headquarters NITTH CORPS AREA, Ft. Doug! To the Connecting Course Adjutant General Remarks and recommendations. This office duty (Full duty) due to defective qualified for limited service.	C. A. MUNCE, 1st. Lt.  (Name and grade)  (Name and grade)  Ist Ind.  Ist Ind	Medical Corps  Medical Corps  Corps

MOR NO

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



(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.

35/04	- Contraction	Voneter				~ >>1-4-4
	(Last name)	(First name)	-	(Middle initial)		(Serul number)
200	Lt.		Res.		Years of service.	
	(Grade)		nization and arm or service)	(Nearest birthda	**	(Whole number only
Nature	of examination	Extended Acti	ve Duty	Component of Ar	my 2 Army of U. S	•
				Last series	•	19
Date	f last smallnor	vaccination	•	Type of reaction	•	
Other	vaccination or i	immunity tests	one	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Medic	l history 3	easles, Mumpe,	Chicken-pak -	Childhood - No	sequelas.	
IAICOUC	at thistory	roncho-Pneumoni	A - 860 3 - No	sequelae.	72222222222	
	20	maillectomy an	d Adenoidecton	7 - 1937 - 0000	d results.	
	Ē	Examinee denies hi	story of Asthma	Hav		
	Ī	ever, Tuberculosis	Pentic Illeer He	art		
	F	Cidney, Joints, Mer	ital or Venereal Di	843808		
			or venoteal Di	iocases.	******************	
Eyes		7/200		20 by ' -3.	00 aph	
D	istant vision: N	Right 7/200 eft 7/200	correctible to 20/	20 by -3.0	0 sph	
		ert 20/	correctible to ZU/			
_		light J#	correctible to J#		•	
_(	Jaeger type) L	FIL 1#	COFFECTIONS TO 1#			
R	efraction b (und	ler cycloplegic): Right	Wormal .	Le	ft	******
_ C	olor perception	(red and green)	As also describe		****************	
Lars			20,00 1	. 20 mg A P	ometer (percent loss): F	
H	earing (low con	versational voice): Ri	moved /20. Le	/20. Audio	ometer (percent loss): r	light Len
Nose a	nd throat				.,	
Teeth:		(Examinee's)	Left	Indicate: Restorable	carious teeth by O; nonre	storable carious
		4 3 2 1 1 2 3		by /; missing nature		
		2 11 10 9 9 10 11	12 13 14 15 16			
R	emarks, includi	ng other defects				TV
			bna.		Classification	
P	rosthetic dental	appliances	Mark t rem		Medium	
Postur	e	good, fair, bad)	FIGURE	lium, stocky, obese)	(Light, medi	m hanne)
	GA J.	good, rair, bad)	171	aum, stocky, obese)	B (Ligne, medi	40
Tempe	rature	Heightinche	Weightpo	unds. Chest: Rest	inches; inspiration	on inc
expi	ration	inches. Abdomen	inches.			
Cardio	vascular system	n: Heart		<del></del>	,	
B	lood pressure:	S, 180	Pulse:	Mill all meaning	Immediately af	ter exercise
	Two minutes	after exercise	Character			
A:	rteries	Market A.	Vario	ose veins	***************************************	
Respir	atory system	Mosmuy.		*		***************************************
	of chest'8	MORBIAL.				
	nd lymphatics	NOLMET	E	ndocrine system	LIBRY	
	joints, and mu	scles MOTHEL	**			
DUIRS,	Johns, and me			Feet	OLDET.	
AL J	aimal missann	Mormal		***************************************	***********	
ADQUIT	ninal viscera	None	Ц	norrhoids		
Fierhia		11,50	пеп	HOLLHOUGS		
# Appointm	ient, promotion, retiren	ment, annual, active duty, special.				FIE
Plegular /	Lymy; National Guard;	Officers' Reserve Corps; Reserve	Officers' Training Corps.	وأوالم	三 三〇二十二十二	1111
a possible	physical examination,	record only distant and near visio	n, and state whether defect is pr	roperly corrected.		101
& Street Course	in for annual physics	l examination. legular Army because of malocclus	sion, send plaster models to the	Surgeon General.	1,31 23 10	,
8 Baquared	for tandicates for com	mission.	, Jane present mount of the		v.71. 2 / 4,174	-

LADOUARTERS FIRST WILITARY AREA

21. Genito-urinary	7	***************************************		***************************************
22. Nervous system		· · · · · · · · · · · · · · · · · · ·		
23. Laboratory pro	cedures: Kahn 1 Hogative	Wassermann 1	c Mone	
Urinalysis:	Sp. gr. 1.018			
Microscopi	,			
Other labo	ratory procedures	liena		*************
24. Remarks on de	fects not sufficiently described			
***************************************	***************************************		******************	****************
***************************************	***************************************			***************
***************************************				
***************************************				
-				******************************
		:		a
25. Corrective mea	sures, or other action recommended	None	1	
		******************************		
		*******************************		
26. Is the individua	al permanently incapacitated for active	service?		****************
27. If applicant for	appointment: Does he meet physical re	equirements? Do you rec	ommend acceptance	e with minor physica
defects?	appointment: Does he meet physical re If rejection is recommended,	specify cause Defective Vis	ual aculty.	***************************************
				*****************
	s he is drawing a pension, disabi		retired pay from th	ne U.S. Government
If yes, stat	e disability			
		1) Dimino	<u> </u>	****************
		S. E. BROWN, LT. COL		Medical
		(Name and grade)	•	Corps
Manch Mai	ld, California	1, - 0	-	
Mar 401 1 1 40	(Place)	bourt Campu	SHE	
	( many	H. L. COMPARETTE, 18	t. Lt.	Medical
		(Name and grade)		Corps
	January 17 10 12	(0/1)		_
	(Date)	( M. Ma	me	
	2.00	C. A. MOUNCE, Lat. L	4.	Medical Corps
		(Name and grade)		-, Corps
		1st Ind.2		
Headquarters	and the second			
To the Commandir	ng General			
	recommendations	**		
LACISMINS WING	iccommicidations	, j. *c.		
	- 1945年 - 1955年 - 19	-		
			(Name)	
			************	*************************
		(Grade)	(Organization and	
	- ATTACK		+ 4	. Commanding.
		2d Ind. <sup>2</sup>		
		Adjutant General.		
25.00		1,35°Ck		
		**********		

Remaind for commission.

Shake action takes on recommendations of the board. If incapacitated for active service, state whether action by retiring board is recommended.



(See AR 40-100 and 40-105)

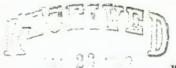
Instructions.—Unless otherwise prescribed, this form will be used for all physical examinations of officers, nurses, or warrant officers; applicants for appointment as Guard, or Officers' Reserve Corps; and enrollment in the Reserve Officers' Training Corps. Use typewriter if practicable. Attach plain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

Reagan	Ronald	Wilson	Milder	0-357403
(Last name)	(First name)	(Middle initial)	413.3 7.1349	(Serial number)
2 2nd Lt. (Grade)	Cav. Res.	Age 31 (Neares)	Years of service	ce 5
3. Nature of examination 1 E	Extended Active Duty	Component of	Army a Army of U.	S.
	o. series completed			
5. Date of last smallpox vac	cination	Type of react	ion	·
6 Other vaccination or imm	writy tests None			
7. Medical history 3 Meas	les, Mumps, Chicken-	pox - Childhood -	No sequelae.	***********
Bron	cho-Pneumonia - age	3 - No sequelae.		
Tons	illectomy and Adenoi	dectomy - 1937 - 0	Good results.	****************
	highour of A	sthma Hav		
Feve	r, Tuberculosis, Peptic Ule	er, Heart,	3	
Kidn	r, Tuberculosis, Peptic Ule ey, Joints, Mental or Vene	real Diseases.		
8. Eyes	***************************************	***************************************		
Distant vision: Righ	t 20/ 7/200 correctible t	to 20/ 20 by 4	3.00 sph	
(Snellen type) Left	20/ 7/200 correctible t	to 20/20by 13	.00 sph	
Near vision: Righ	t J# 1 correctible	to J#by 4		
(laeger type) Left	J#_l correctible	to J# by 4		
	ycloplegic): Right			
Color perception (rec	and green) 6 Norma	1		*****
9. Ears Norma	21	***************************************		***************************************
Hearing (low conver-	sational voice): Right20	/20. Left20 /20. A	udiometer (percent loss):	Right Left
10. Nose and throat Norma	L, tonsils removed			
36 15 14 13 12 1		by /; missing n	rable carious teeth by (); non atural teeth by X.	restorable carious teeth
200334170		440-77-4446		IV
Prosthetic dental ap	oliances None			
12. Posture Good	fair, bad)	[edium]	Frame Medium	*****
(Excellent, good	fair, bad)	(Slender, medium, stocky, obese)	(Light, me	dium, heavy)
emiration 35 inch	eight 71 inches. Weight 1 inches.	71 pounds. Chest: Re	st 38 inches; inspirat	tion 40 inches
14. Cardiovascular system: I	leart Norman	D.1 D. C 80	7 1 1	. 110
Blood pressure: S	120 , D. 82	racter Full and reg	mmediately	arter exercise
	ter exercise 80 Char			************
		Vancose veins		-
15. Respiratory system No.	et ma 7			******
	rnal	F-1	Normal	*********
17. Skin and lymphatics No.	Marma 7	Endocrine system	AMA	
18. Bones, joints, and muscle		Feel	Normal	
19. Abdominal viscera N	ormal		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	*************
	one	Hemorrhoids None	**************************************	
a promotion, retirement,	annual, active duty, special.			

Reserve Corps; Reserve Officers' Training Corps.

R

W.D., A. G. O. Form No. 63



					6.446.400 Mishoro no compons <b>n</b> a <b>n</b> a <b>s</b> a do <b>sa</b>	
					*****	
23. Laboratory procedures: Kahn 1 Negative Urinalysis: Sp. gr. 1.018	A 11	None	wassermann		None	
Microscopical (if indicated) 1 Normal						
Other laboratory procedures None  24. Remarks on defects not sufficiently described	None	****	•		-	
						*********
25. Corrective measures, or other action recommended	None			4		
		***			*************	
26. Is the individual permanently incapacitated for activ						*****
27 If applicant for appointment: Does he meet physical defects? NO If rejection is recommended	requiremen	nts? No	Do you i	ecommend	acceptance with mind	r physical
28. Examinee states he is not drawing a pension, disal  If yes, state disability	-		ompensation (	or retired p	ay from the U.S. Go	vernment
		100	40	***********	} ************************************	
	S.	E. BRO	WN, LT. C		,Medica	L Corps
March Field, California (Place)	H	pmy	-Conpar	elle lst. Lt.	. Medica	l Corps
January 17 , 19 1/2 (Date)	(	a	(Name and grad	de) WW		
	C.		NCE, 1st.		Medica	Corps
Hadanta NITTH CORPS AREA, Ft. Doug			23 200 20	1942		
To the Common Adjutant General.	Washi	neton-	D.C.			
Remarks and recommendations . This office duty (Full duty) due to defective	er is n	ot-eons	idered-ou	alified	for extended	active
qualified for limited service.	<del></del>		· -A	2800	leteer	
	-		2nd It. B	KELLE	tillowe	
•			Act. As	st. Adj	ganization and arm or service)	XXXXXX
	2d I		OFFI	GE OF THE	SUMBEUM GENERAL	
, 19 To Th	he Adjutant	t General.		MAR	6 1942 (8)	
				PEYSIONLE	MOONAL FIED	
Productive for commission.  See a commendation of the board. If incapacitated for act			on by retiring board.	Sefici	ive visi	on
W VER RECOIL	MMEND VICE ON	ED FOR	1 7/	,000	bilatte	of

(See AR 40-100 and 40-105)

Instructions.—Unless otherwise prescribe ard, or Officers' Reserve Corps; and enro Reagan	Ronald	Wilson			0-357405
(Last name)	(First name)		le initial)		(Serval number)
	***************************************	A	ige	Years of se	rvice(Whole number on
(Grade)	xtended Active Du	d arm or service)	(Nearest birthday) Component of Arm	Army of t	
	lo. series completed	•	ast series		19
	ccination				
Other vaccination or imm	les, thinps, Chick	AL43	dhood Wa-a		
Medical history 3	icho-Preumonia - a	suebox - curr	s or a popular	adnervae	
Bron	cuo-kuenmonra - a	ge o me ser	rates		
Tons	illectomy and Ade	HOTOSCROTA -	TA31 - G000	T-danyab 4	
	aminee denies history				
Fer	ver, Tuberculosis, Pept	tic Ulcer, Heart,			
Kid	dney, <b>Joints, M</b> ental or	Venereal Diseas	es.		
Eyes					
Distant vision: Righ	t 20/ 7/200 correct	ible to 20/	by 4 3000	abu	
(Snellen type) Left	7/200 correct	ible to 20/	by 4 =2 .00	shu	, , , , , , , , , , , , , , , , , , , ,
Near vision: Righ	t J#correct	ible to J#	by 4		
(laeger type) Left	#Correct	ible to #	by "		
Refraction 6 (under o	cycloplegic): Right		Left	-	
Color perception (rec	and green) 6	rmal			- ,14
Ears MOPHE	sational veice): Right consider				
Hearing (low-conver	sational voice): Right	/20. Left	/20. Audiom	eter (percent los	s): Right Lef
Nose and throat	COMBILE TEMOTEC				
Teeth: 7 Right	(Examinee's) Left				
8 7 6 5 4 3	3 2 1 1 2 3 4 5	6 7 3	ndicate: Restorable ca by /; missing natural t		nonrestorable carious
<b>15</b> 15 14 13 12 1	1 10 9 9 10 11 12 13	14 15 16	p) I transmit marmar t	com by A.	
Remarks, including of	other defects				
	<u> </u>			Classification	**
Prosthetic dental app	pliances	·····If a sld sum······		Mediu	
Posture Good	Figure .		Fra	ame	
(F 1)	, fair, bad)	(Slender, medium, sto	cky, obese)	(Ligh	t, medium, heavy)
Temperature 98.4 H	leight 71 inches. Wei	ght pounds.	Chest: Rest	inches; insp	piration in
expiration 35 inch	nes. Abdomen inc	ches.			
Cardiovascular system: H	120 82				
Blood pressure: S	3	Pulse: Rate	Sitting	Immediate	ly after exercise
Two minutes af	ter exercise	Character	min tolinar.		
Arteries	Part.	Varicose ve	ins		****
Respiratory system	THE L				
795.23	CHAL			_	
X-ray of chest o					***************************************
	rmal	Endocr	ine system	141	M 表 A A A A A A A A A A A A A A A A A A
Skin and lymphatics	Hormal	Endocr	ine system		***************************************
Skin and lymphatics	Hormal	Endocr			
Skin and lymphatics	Hormal	Endocr	Feet		
Skin and lymphatics Bones, joints, and muscle Abdominal viscera	Hormal	ter i.e.	Feet None		
Skin and lymphatics Bones, joints, and muscle Abdominal viscera	Hormal	Endocr	Feet None		
Bones, joints, and muscle Abdominal viscera Hernia	es Formal constant co	180200 Hemorrho	Feet None		
Skin and lymphatics  Bones, joints, and muscle  Abdominal viscera  Hernia  Abdominal viscera  Grand Anny; National Guard; Office	annual, active duty, special, cers' Reserve Corps: Reserve Officers' Tr	Hemorrho	Feet No.		
Skin and lymphatics  Bones, joints, and muscle  Abdominal viscera  Hernia  Apparate, promotion, retirement, promotion, recomment physical examination, recommend physical examination, recommend physical examination, recommendation, recomme	annual, active duty, special.  ers' Reserve Corps; Reserve Officers' Tr' d'only for past year. d only distant and near vision, and state	Hemorrho	Feet No.		
Abdominal viscera Hernia  Application, promotion, retirement, Research Army; National Guard; Office and physical examination, record transplayment and physical examination.	annual, active duty, special.  errs' Reserve Corps; Reserve Officers' Tr d'only for past year. d only distant and near vision, and state	Hemorrho	Feet No.		
Skin and lymphatics  Bones, joints, and muscle  Abdominal viscera  Hernia  Appointment, promotion, retirement, Region Army; National Guard; Office  To usual physical examination, recon- terms appropriate and physical examination, recon- terms unmarked.	annual, active duty, special.  ers' Reserve Corps; Reserve Officers' Tr' d'only for past year. d only distant and near vision, and state	Hemorrho	Feet No.		

W.D., A. G. O. Form No. 63 August 1, 1939 MEADQUARTERS FIRST MILITARY AREA

1. Genito-urinary system Formal		
2. Nervous system Sormal		
3. Laboratory procedures: Kahn 1 Negative	Wassermann 1	
Ilrinalyeis So or Leuis	Albumin Mone Suga	None
Microscopical (if indicated) 1		
Other laboratory procedures		
4. Remarks on defects not sufficiently described	Tone	***************************************
		**************************************
	· · · · · · · · · · · · · · · · · · ·	·
		·
1,18		******************************
1,54,		*****************************
7	,	,
A STATE OF THE STA		***************************************
5. Corrective measures, or other action recommende	d None	
		2° 4 . ** 
		**************************************
i. Is the individual permanently incapacitated for a	ctive service?	
If yes, specify defect	cal requirements? Do you recommen	d acceptance with minor physics
defects? If rejection is recommend	ded, specify cause	GUL BY 6
If yes, state disability	1 De Mirau	b
March Field, California	8. E. HROWN, LT. COL. (Name and grade)	Nedical Corp.
	S. E. BROWN, IT. COL.	. Vedical
March Field, Galifornia  [Place]  January 17  1944	Name and grade)	. Vedical
March Field, California	E. E. HROWN, LT. COL.  (Name and grade)  H. E. COMPARITE, 1st. Lt  (Name and grade)	. Medical Corps
March Field, California (Place)  January 17 1944	Name and grade)	. Medical Corp
March Field, California (Place)  January 17 1944	C. A. MOUNGE, 1st. Lt.  (Name and grade)	. Medical Corp
January 17 (Date)	(Name and grade)  L. COMPARTTE, 1st. Lt  (Name and grade)  C. A. MOUNGE, 1st. Lt.  (Name and grade)  Ist Ind. <sup>2</sup>	. Medical Corps
January 17 (Date)	C. A. MOUNGE, lat. Lt.  (Name and grade)  (Stance and grade)  (Stance and grade)  (Stance and grade)  (Stance and grade)	Medical Corp
January 17 (Date)  (Date)  (Date)  (Date)  (Date)  (Date)  (Date)	C. A. MOUNCE, lat. Lt.  Chame and grade)  C. A. MOUNCE, lat. Lt.  Chame and grade)	Medical Corp
January 17 (Date)  January 17 (Date)	C. A. MOUNCE, lat. Lt.  Chame and grade)  C. A. MOUNCE, lat. Lt.  Chame and grade)  Considered, one life one li	Medical Corp
January 17 (Date)  January 17 (Date)  (Date)  Comps. AREA, Ft. Dog the Comps. Adjutant General Remarks and recommendations. This office of the Comps. Comps. Adjutant General Comps. Comps. Adjutant General Comps. Comps. Adjutant General Comps. Comp	C. A. MOUNCE, lat. Lt.  Chame and grade)  C. A. MOUNCE, lat. Lt.  Chame and grade)  Considered, one life one li	Medical Corp
January 17 (Date)	C. A. MOUNCE, 1st. Lt.  (Same and grade)  (Same and grade)  (C. A. MOUNCE, 1st. Lt.  (Same and grade)  (State Uteh. February 23, 1942.  (Same and grade)	Medical Corp
January 17 (Date)  January 17 (Date)  (Date)  Colored Adjutant General Adj	C. A. MOUNGE, 1st. Lt.  (Name and grade)  (Name and grade)  (Name and grade)  (Name and grade)  (Same and grade)	Medical Corporate Corporat
January 17 (Date)  January 17 (Date)	C. A. MOUNGE, 1st. Lt.  (Name and grade)  (Name and grade)  (Name and grade)  (S. A. MOUNGE, 1st. Lt.  (Name and grade)  (Same and grade)	Medical Corporate Corporat
January 17 (Date)  January 17 (Date)	C. A. MOUNGE, 1st. Lt.  (Name and grade)  (Name and grade)  (Name and grade)  (S. A. MOUNGE, 1st. Lt.  (Name and grade)  (Same and grade)	Medical Corporate Corporat
January 17 (Place)  January 17 (Date)	C. A. MOUNCE, lat. Lt.  Character and grade)  C. A. MOUNCE, lat. Lt.  Character and grade)  Ist Ind.  Ist	Medical Corp
January 17 (Date)  January 17 (Date)	C. A. MOUNGE, lat. It.  Chance and grade)  C. A. MOUNGE, lat. It.  Chance and grade)  Ist Ind.	Medical Corporate Corporat
January 17 (Date)  January 17 (Date)	C. A. MOUNGE, 1st. Lt.  O'Name and grade)  C. A. MOUNGE, 1st. Lt.  O'name and grade)  Ist Ind.	Medical Corps  Medical Corps  d for extended active  r is considered
January 17 (Date)  January 17 (Date)	C. A. MOUNCE, lat. Lt.  Character and grade)  C. A. MOUNCE, lat. Lt.  Character and grade)  Ist Ind.  Ist	Medical Corps  Medical Corps  defor extended ective  ric considered

I have a commendations of the board. If incapacitated for active service, state whether action by retiring board is recommended.

(See AR 40-100 and 40-105)

LIMITED SERVICE

Instructions.—Unless otherwise prescribed, this form will be used for all physical examinations of officers, runnes, 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.

Reagan	Ronald	7.	0-357403
(Last name)	(First name)	(Middle initial)	(Serial number)
(Grade)	(Organization and arm or servi	Mgc	Years of service (Whole number on
	Active Duty		
Nature of examination <sup>1</sup>	· last Mone		ny 2 <b>0.R.C.</b> 19
l yphoid vaccination. No. s	eries completed 192h	Last series	
		Type of reaction	Androsviiii
Medical history 3 Usual peptic ulger, dise	mildhood diseases. I	maminee denies his heart, mental or t	story of authma, hayfever
	*	***************************************	
- Kormal	A. Company Trans & March 1		
Eyes MOTUMA	7/900	20	75° 75′ 3
Distant vision: Right 20	correctible to 20, correctible to 20, correctible to J	by 1=3.23	75 x 75 glasses worn
(Snellen type) Left 28	correctible to 20	by 1=3.50	75 x 85 glasses worn
Near vision: Right J	#correctible to J;	by -1.62	75 x 75 glasses worn
(laeger type) Left	# correctible to	# & bv **********************************	75 x 85 glasses worn
Refraction 6 (under cycle	oplegic): Right Rot rec	L'eft	Not required
Color perception (red an	d green) °		###
ars	20 00	T 6 20 20 A 1	D: L T. C
Hearing (low conversati	onal voice): Kight/20.	Left/20. Audior	meter (percent loss): Right Lef
Tose and unoat			
3 7 6 5 4 3 2 16 15 14 13 12 11 10	9 9 10 11, 12 13 14 15 6	by /: missing natural	carious teeth by O; nonrestorable carious teeth by X.
Remarks, including other	r defects		Cl. 16 TV
	none		Classification
Prosthetic dental appliar	nces	lander	T.4 obt
(Freelent good fair	had) Figure	er, medium, stocky, obese)	rame Light, medium, heavy)
remperature 37 Heigh	Abdomen inches.	pounds. Chest: Rest 38	inches; inspiration lo inc
Cardiovascular system: Hear	4 D 32 D	I D.t. Sitti- 72	Immediately after exercise
Two minutes of the	Pu xercise Characte	Fall, regular, coe	d quality
		Varicose veins	
	Carren -	GIROSC VOILES	
Arteries	Hornel		
Respiratory system	Normal (Radiologie L	OR)	
Respiratory system X-ray of chest 8	Hormal (Radiologic L Hormal	7.	ral
Respiratory system X-ray of chest <sup>8</sup> Skin and lymphatics	Normal (Radiologie L		ral.
Respiratory system X-ray of chest 8	Normal (Radiologic L Normal Normal	Endocrine system	
Respiratory system  X-ray of chest 8.  Skin and lymphatics  Bones, joints, and muscles	Hormal (Radiologic L Hormal	7.	
Respiratory system  X-ray of chest 8  Skin and lymphatics  Bones, joints, and muscles  Abdominal viscera	Normal (Radiologic L Normal Normal	Endocrine system Feet No	
Respiratory system  X-ray of chest 8.  Skin and lymphatics  Bones, joints, and muscles	Hormal (Radiologic L Hormal Hormal	Endocrine system Feet No	
Respiratory system  X-ray of chest 8  Skin and lymphatics  Bones, joints, and muscles  Abdominal viscera  Herma	Hormal (Radiologic L Hormal Hormal	Endocrine system Feet No	
Respiratory system  X-ray of chest 8  Skin and lymphatics  Bones, joints, and muscles  Abdominal viscera  Herma	Hormal (Radiologic L Hormal Hormal	Endocrine system Ro	

W. D., A. G. O. Form No. 63 August 1, 1939

HEADQUARTERS FIRST MILITARY AREA

21. Genito-urinary system	Normal	
22. Nervous systemNorm	mal.	
3. Laboratory procedures: Kahn 1 No.	gative (IGH) Wasserma	ann 1
Urinalysis: Sp. gr. 1.01h	Albumin None	Sugar None
	Normal	
	None	
mi mai dafaata	scribed Qualified for limited acqualified for Limited Service of	
letter deted Hareh 10	), 1942,	may by hear boyat allows
		,
**************************		
25. Corrective measures, or other action re	ecommended None	
		***************************************
		.,
to use charify defeat	itated for active service?No	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
77 If applicant for appointment. Does he	meet physical requirements? Do yo	ou recommend acceptance with minor physical
defects) - If rejection is	s recommended, specify cause	pilysical
in rejection is		
28. Examinee states he is not drawing a	a pension, disability allowance, or compensation	
	Charle 1.	1 Vienne 1
·	- yue n	Medical Corps.
Pant Manage Call 6	CLIDE W. JURP and	Colonel
Fort Mason, Calif.		
(Flace)	6-1-40	
	WILLIAM J. CUIN	Medical Corps.
April 21.	, 19 112	r, captain,
(Date)		I have a second second
		. Medical Corps.
1500	OLTUPO D CHAN	REMAN, let Lieut.
	et Ind 2	
Hadwarters PIRST HILITARY ARE	A, Presidio of San Francisco,	California, May 2, 1942.JJS/os
The state of the s	orph Area, Port Douglas, Utah.	
Remarks and recommendations	fiver physically qualified for completed upon reporting for as	motive duty with limited Serv
fais report of engine fine o	ampleted upon reporting for as	tire dutys
For the Commidin	g Ceneral:	
	•	High H
	Jeff J. Shith	(Name)
	Captain, Infant	
	(Grade)	(Organization and arm or service)
	017.10	Commanding.
	2d Ind. <sup>2</sup>	
	19 To The Adjutant General.	
***************************************	19 To The Adjutant General.	
	19 To The Adjutant General.	

U. S. GOVERNMENT PRINTING OFFICE 16-10006



Sham extien taken on recommendations of the board. If incapacitated for active service, state whether action by retiring board is recommended.

(See AR 40–100 and 40–105)

17/2

Instructions.—Unless otherwise pro Guard, or Officers' Reserve Corps; an	scribed, this form will be used for a d enrollment in the Reserve Office	all physical examinations of cers Training Corps. Use to	fincers, nurses, or warrant officers; applicant rewriter if practicable. Attach plain add	a for appointment as such in the Regular Army, Nation itional sheets if required.
l. Reagan	Ronal	d 4 0	w.	0-357403 😇
(Last name)	(First name)	and the same of th	(Middle initial)	(Serial number)
2 2nd Li		av. Res.	Age 31 (Nearest birthday)	Years of service (Whole number only)
The state of the s			BAT.	
Nature of examination			Component of Army	C10
b. Typhoid vaccination.  Date of last smallpox		1924	Last series Type of reaction	Immune
. Other vaccination or			AWA A COTAN	
Medical history 3 U	sual childhood	diseases. E		ory of asthma, hayfever,
Temperation				
3 - passage of	Charles of the state of a	A ALL WASHING MAIN	The transfer of the second	· Anti-
L Eyes Normal	TAR STATE OF THE			
	Right 28/7/200	correctible to 20/	20 by 4 - 3:25 -	.75 x 75 glasses worn
	eft 20/7/200			75 x 85 glasses worn
	Right J# 1			:75 x 75 glasses worn
(laeger type) I	eft J# 1	correctible to I#.	l by 4 -3.50 -	.75 x 85 glasses worn
			pired . Deft	AND A STATE OF THE PARTY OF THE
Color perception	(red and green) 6			and the second second
Ears Normal				of the distribution of the
Hearing (low con	versational yoice): Ri	ight	Left 20 /20. Audiome	ter (percent loss): Right Left _
. Nose and throat	Normal		+	· · · · · · · · · · · · · · · · · · ·
F6 15 14 13 1	(Examinee's) 4 3 2 1 1 2 3 2 11 10 9 9 10 11 ng other defects	Left 4 5 6 7 8 12 13 14 15 16 None	Indicate: Restorable cari by /; missing natural tec	ous teeth by O; nonrestorable carious teeth by X.
remarks, merudi	ng outer defects		- 1	Classification IV
Prosthetic dental	appliances	None		
	-FF	Figure S	lender - Fran	ne Light
	good, fair, bad)		medium, stocky, obese)	(Light, medium, heavy)
Temperature 98.6	Height 72 inches	Weight 158	pounds. Chest: Rest 38	inches; inspiration 40 inche
expiration 37	inches. Abdomen 28	inches.	-1-1	and the state of the same and t
. Cardiovascular system				. as a war and are a recording to a stage and a state of a
Blood pressure:	9 7 1	. 32 Puls	e: Rate—Sitting72	Immediately after exercise 10
Two minutes	s after exercise	Character	full, regular, good	quality
Arteries	Normal		ricose veins None	And the state of t
Respiratory system	Normal			
X-ray of chest 8	Normal (	Radiologic L	3H)	FILE MAY 29, 194
. Skin and lymphatics .	Normal		Endocrine systemNor	mal Down hot -614-150
Bones, joints, and mu	scles Normal			100000
	Mary Mary Mary Mary Mary Mary Mary Mary		Feet Nor	ma]
. Abdominal viscera	Normal		Annual annual transmission of the second	
0. Hemia	None		lemorrhoids Non	e
Net required for annual physica If rejected for appointment in R Response for candidates for com	- 4	n, and state whether defect	is properly corrected.	SW 4Z
Amount 1, 1939	OFFICE OF THE S	HINDSHY ASDERAL	MO HEADON	JARTERS FIRST MILITARY AREA 10000

31 C :	A RESERVE TO THE PARTY OF THE P
21. Genito-urinary system Normal Normal	***************************************
23. Laboratory procedures: Kahn 1 Negative (TGH)	Wassermann 1
Urinalysis: Sp. gr. 1.014 Alba	min None Sugar None
Microscopical (if indicated) 1 NOTMAL	
Other laboratory procedures None	
Other laboratory proceduresNone  24. Remarks on defects not sufficiently described _Qualif	ied for limited service only because of
24. Remarks on defects not sufficiently described visual defects.	Tot 101- IIIII occ 961 vice only pecause 01
	Timited Commiss only by Way Deportment
	Limited Service only by War Department
***************************************	
	e
26. Is the individual permanently incapacitated for active ser	vice? No
If yes, specify defect	e de la company de la comp La company de la company de
27. If applicant for appointment: Does he meet physical requi	irements? Do you recommend acceptance with minor physical
defects? If rejection is recommended, spe	cify cause
	allowance, or compensation or retired pay from the U.S. Government.
	Pl 1 . O · 1
	Clothe W. Jump Medical Corps.
a managama a angung pamaga kasar	CLYDZ W. JUNANC and stablet. Colonel
Fort Hason, Calif.	
(Place)	
96 1 mg 6	William Medical Corps.
	WILLIAM J. Changend grade Captain,
April 21, 19 42	and the state of t
(Date)	4
	, Medical Corps,
	OLIVER P. "SCHURE AN, 1st Lieut." Solv
	1st Ind.
H BTDCW MITTIMADY ADDA Presidio	of San Francisco, California, May 2, 1942.JJS/os
To the Commanding General, Ninth Corps Area, F	ort Dongles Utah
	ally qualified for active duty with limited Servi
This report of exhibitation completed upo	The state of the s
For the Commanding General:	
TO TAKE THE PROPERTY OF THE PERSON OF THE PE	(Name)
	JEFF J. SMITH
	Captain, Infantry (Organization and arm or service)
(COOD:CR) and the subject considering the same	Commanding.
EQ. BINE CORPS AREA, GODA	2d Ind.2
Fort Douglas, Utah	LED SEL
19 To The Ad	
This officer is physically qualifie	d for limited Service.
- A A A	4 *
For the Cordan	g_General:
"Regard for conditions for commission. 174V 18 942	19 m
and the same of recommendations of the board. Affincapatitated for active ser	rice, state whether action by retiring board is recommended
Com furnished officer. RECEIVED GOVERNMI	ENT PRINTING OFFICE 16-10006 R. T. DURBROW
	1st Lt., Field Artillery
noted ors 1606 meistern in 1606	Act. Asst. Adj. Gen.
1 1600	
messler 12	
5. 41. 1	

(See AR 40-100 and 40-105)

LINITED SERVICE
Unless otherwise prescribed, this form will be used for all physical examinations of officers, nurses, or warrant officers; applicants for appointm

Reagan	Ronald	E TRIV OF P E - VI-LY	T.	0-357403
(Last name)	(First name)		Aiddle initial)	(Serial number)
2nd Lieut.	Cav.	Res.	Age 31	Years of service 0
(Grade)		n and arm or service)	(Nearest birthday)	(Whole number on
Nature of examination 1	Active Duty	ies.	Component of Army	2 O.R.C.
Typhoid vaccination. No.	series completed	None		
Date of last smallpox vaccir	ation	1924	· Type of reaction	Impula
Other vaccination or immun	ity tests None	3	a y po or routed in	
Medical history 8 Usual	childhood dise	easew. Exami	nee denies hist	ory of asthma, hayfever
peptic ulcer, dise	ease of the kid	ineys or hear	t. mental or ve	nereal disease.
The state of the state of the state of			E SEAL CONTRACTOR	S 23 3 10 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
The state of the s	The state of the s			, in the second
A CONTRACTOR OF THE PROPERTY O	And the second s			
and the same of th	The same of the same of the same	the state of the s		in the state of th
Eyes Normal	1 3 mm 1 4 3 mm			A Company of the Comp
Distant vision: Right?	8/7/200 corre	ectible to 20/ 20	hv 4 -3-25 -	.75 x 75 glasses worn
(Snellen type) Left 2	A 7/200 COTTE	ectible to 20/ 20	hy 4 +3.50 -	.75 x 85 glasses worn
Near vision: Right	I# 1 corre	ectible to I# 1	hv 4 = 3.25 =	.75 x 75 glasses worn
				.75 x 85 glasses worn
				Not required
Color percention (red a	nd green) 6	Normal	LCI .	
Fars Normal	na green,	ATMA MISTA		grand grand grand and grand and grand gran
		20	00	
Hearing flow conversat	ional voice). Right	20 /20 Teft	20 /20 Audiome	ter (percent loss). Right * let
	ional voice): Right _	/20. Left	/20. Audiome	ter (percent loss): Right Lef
Nose and throat Nora	181		/20. Audiome	ter (percent loss): Right Left
Nose and throat	Examinee's) Le	eft	Indicate: Restorable cari	ous teeth by (); nonrestorable carious
Nose and throat Norm Teeth: 7 Right (	Examinee's) Le 2 1 1 2 <b>3</b> 4	eft 5 6 <b>7 %</b>	\$ 1 m	ous teeth by (); nonrestorable carious
Nose and throat Norm Teeth: 7 Right (	Examinee's) Le 2 1 1 2 3 4 0 9 9 10 11 12 1	Sft 5 6 <b>7 %</b> 13 14 15 <b>%</b>	Indicate: Restorable cari	ous teeth by (); nonrestorable carious
Nose and throat Norm Teeth: 7 Right (	Examinee's) Le 2 1 1 2 3 4 0 9 9 10 11 12 1	Sft 5 6 <b>7 %</b> 13 14 15 <b>%</b>	Indicate: Restorable cari	ous teeth by O; nonrestorable carious eth by X.
Nose and throat Norm  Teeth: 7 Right (  7 7 6 5 4 3  15 14 13 12 11 i  Remarks, including oth	Examinee's) Le 2 1 1 2 -3 4 0 9 9 10 11 12 1 er defects None	eft 5 6 7 % 13 14 15 %	Indicate: Restorable cari	ous teeth by (); nonrestorable carious
Nose and throat Norm Teeth: Right (	Examinee's) Le 2 i 1 2 - 3 4 0 9 9 10 11 12 1 er defects None	eft 5 6 7 28 13 14 15 26	Indicate: Restorable carriby /; missing natural te	ious teeth by O; nonrestorable carious eth by X.
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21. Genito-urinary system	
ZZ. Nervous system	<b>Y</b> /1
23. Laboratory procedures: Kahn	Wassermann 1
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Other laboratory procedures	,
24. Remarks on defects not sufficiently described Quality	fied for limited service only because of
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	r Limited Service only by War Department
25 Corrective measures, or other action recommended 10	to
16 In the individual normananthy incorporated for active s	ervice?
20. Is the individual permanentry incapacitated for active s	NA YAOU
ir yes, specify defect	uirements? Do you recommend acceptance with minor physical
21. If applicant for appointment: Does he meet physical req	jurements? Do you recommend acceptance with minor physical
defects? If rejection is recommended, sp	pecify cause
	ty allowance, or compensation or retired pay from the U.S. Government.
If yes, state disability	
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21 V W	William winn Medical Corps.
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April 21, 19 h2	areament as dorrest onhearts
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	Medical Corps.
	OLIVER P. DERNICHAN, 1st Lieut.
450000000000000000000000000000000000000	1st Ind.2
Headquarters FIRST MILITARY AREA, Presidio	of San Francisco, California, May 2, 1942.JJS/cs
To the Commanding General Minth Corps Area,	Fort Douglas, Utah.
Remarks and recommendations : Officer physic	cally qualified for active duty with limited Servi
This report of commination completed up	on reporting for active duty.
For the Commanding General:	
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	JEFF J. SMITH (Name)
The state of the s	Captain, Infantry (Grade) (Organization and arm or service)
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12, 1962. To The A	Adjutant General.
This officer is physically qualifi	ed for limited pervice.
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Same and the commission of the board. If incapplitated for active	service, state whether action by retiring board is recommended.
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THIS FORM SUPERSEDES M. D. FORM 81, 23 SEPTEMBER 1942, WHICH WILL, NOT BE USED AFTER RECEIPT OF THIS REVISION. 16-42494-1

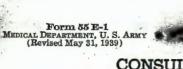
W. D., A. G. O. FORM 8-117 15 AUGUST 1946

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REMARKS:



### CONSULTATION REQUEST AND REPORT

Name REAGAN, Ronald	Grade Captain	Ward OP
Consultation requested because ofSim	Date 15 December 1	mber , 19.44.
Provisional diagnosis		
Routine. Emergency. 18th A. A. F. Base Unit (Mo	tion Picture Unit) Culver (	ng, Cyst City, Calif. XM. C.
	, 19 4 y Date	, 19
To Chief of ENT	Service. To	
Approved.  Disapproved.		
Howard & Cay reguest	M. C.	М. С.
Opinion of consultant: Photol A.		, 1944 Overson
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M. C.

#### PATIENT INDEX

(b) 13 Source of admission

14 Register numbers or hospital memoranda:

15 Dec. 1944 To XRay for picture of sinuses.

Refer to ENT Chine
Reiger

15 Name of Hospital

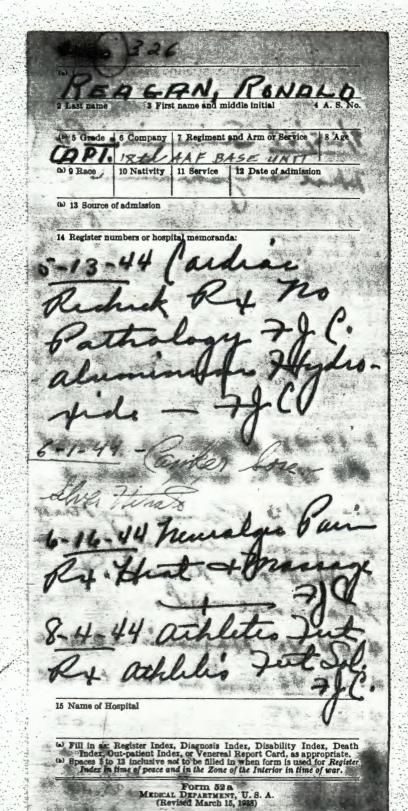
Fill in as: Register Index, Diagnosis Index, Disability Index, Death Index, Out-patient Index, or Venereal Report Card, as appropriate.
 Spaces 5 to 12 inclusive not to be filled in when form is used for Register Index in time of peace and in the Zone of the Interior in time of war.

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

16-19719

STATE AND AND SECTION OF STATE

		IN DISP.
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O. DATE OF DISPOSITION		
1. NAME OF HOSPITAL		
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24. DATS OF TREATMENT IN CURRENT	CASE	* * * * * * * * * * * * * * * * * * *
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March	-	
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JulyAugustSeptemben	1,2	¥41.
October		
November.		
December		
TOTAL		

Aggregate patient days \_\_\_

(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 a Guard, or Officers Reserve Corps; and enrollment in the Reserve Officers Training Corps. Use typewriter if practicable. Attach plain additions

	REGAN (Last name)	(First name)	(Middle initial)	0357403 (Serial number)
2	Capt	AG	Age 24	Years of service 2 (Whole number only)
	(Grade)	(Organization and arm or service)	(Nearest hirthday)	(Whole number only)
3. P	Nature of examination 1		Component of Army	° ORC
. 7	Typhoid vaccination. No. ser	ies completed	Last series	19
5. I	Date of last smallpox vaccinati	on	Type of reaction	The second second
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	Prosthetic dental appliance  Costure Good  (Excellent, good, fair, back  Cemperature Height	9 10 11 12 13 14 15 12 defects None  Sigure Medi (Slender, medi 72 3/inches. Weight 171 por	by /; missing natural te	Classification 4  ne Medium (Light medium, heavy)
1. 7	Prosthetic dental appliance  Costure Good  (Excellent, good, fair, back  Temperature Height  expiration 37 inches.	9 10 11 12 13 14 15 12 defects None  Signature Medi (Slender, medi (72 3/th.ches. Weight 171 por Abdomen 32 inches.	by /; missing natural te	Classification
3. 7	Prosthetic dental appliance  Prosthetic dental appliance  Cocad  (Excellent, good, fair, bac  (Experiment)  Temperature  T	9 10 11 12 13 14 15 12 defects None  Some Figure Medi (Sleader, me	by /; missing natural te	Classification
3. 7	Prosthetic dental appliance  Prosthetic dental appliance  Costure  Cood  (Excellent, good, fair, back  Temperature  Height  expiration  37. inches.  Cardiovascular system: Heart  Blood pressure: S	9 10 11 12 13 14 15 12 defects None  Significant Street None (Stender, media)  72 3/inches. Weight 171 pour Abdomen 32 inches.  Normal 4 , D. 74 Pulse: I	by /; missing natural te	Classification4  ne
1. 7	Prosthetic dental appliance  Prosthetic dental appliance  Cood  (Excellent, good, fair, back  Temperature Height  expiration 37 inches.  Cardiovascular system: Heart  Blood pressure: S. 12  Two minutes after excellents	9 10 11 12 13 14 15 12 defects None  Solution None Media  72 3/inches. Weight 171 por Abdomen 32 inches.  Normal Pulse: I ercise 68 Character	by /; missing natural te	Classification 4  Classification 4  Medium (Light, medium, heavy)  inches; inspiration 40 inches  Immediately after exercise 84
8. 7 L Ç	Prosthetic dental appliance  Prosthetic dental appliance  Cood  (Excellent, good, fair, back  Temperature Height  expiration 37 inches.  Cardiovascular system: Heart  Blood pressure: S. 12  Two minutes after excellents	9 10 11 12 13 14 15 12  defects None  Sigure Medi (Slender, medi (	by /; missing natural terms by	Classification 4  Classification 4  Medium (Light, medium, heavy)  inches; inspiration 40 inches  Immediately after exercise 84
1. C	Prosthetic dental appliance  Prosthetic dental appliance  Cood  (Excellent, good, fair, bac  (Excellent	9 10 11 12 13 14 15 22  defects None  Significant Sign	by /; missing natural te	Classification4  ne
5. H	Prosthetic dental appliance  Posture Good  (Excellent, good, fair, bac  Temperature Height  expiration 37 inches.  Cardiovascular system: Heart  Blood pressure: S. 12  Two minutes after exc  Arteries  Respiratory system  K-ray of chest 8	defects None  Solution None  Signification Normal  Normal Varice  Normal Normal  No significant	by /; missing natural te	Classification4  ne
3. T 4. Ç 5. H 6. Z 7. S	Prosthetic dental appliance  Prosthetic dental appliance  Cood  (Excellent, good, fair, back  Temperature Height  expiration 37 inches.  Cardiovascular system: Heart  Blood pressure: S. 12  Two minutes after excended appliance  Arteries  Respiratory system  K-ray of chest 8  Skin and lymphatics	defects None  Signification Normal  Normal Varice Normal  Normal Varice Normal  Normal Figure Medi (Slender, me	by /; missing natural te	Classification4  ne
3. T 4. Ç 5. H 6. Z 7. S	Prosthetic dental appliance  Posture Good  (Excellent, good, fair, bac  Temperature Height  expiration 37 inches.  Cardiovascular system: Heart  Blood pressure: S. 12  Two minutes after exc  Arteries  Respiratory system  K-ray of chest 8	defects None  Solution None  Signification Normal  Normal Varice  Normal Normal  No significant	by /; missing natural te	Classification4  ne
3. T 4. Ç 5. H 6. Z 7. S	Prosthetic dental appliance  Prosthetic dental appliance  Cood  (Excellent, good, fair, back  Temperature Height  expiration 37 inches.  Cardiovascular system: Heart  Blood pressure: S. 12  Two minutes after excended appliance  Arteries  Respiratory system  K-ray of chest 8  Skin and lymphatics	defects None  Sigure Medi (Slender,	by /; missing natural terms.  Transmin, stocky, obese)  ands. Chest: Rest	Classification4  neMedium
3. 7 1. () 5. H 5. H 7. S	Prosthetic dental appliance Posture Good (Excellent, good, fair, back Temperature Height expiration 37 inches. A Cardiovascular system: Heart Blood pressure: S. 12 Two minutes after excent Arteries Respiratory system K-ray of chest 8 Skin and lymphatics	defects None  Solution None  Pigure Medi (Slender,	by /; missing natural te	Classification4  neMedium
3. 7 4. 9 5. H 6. 7 7. S 8. H	Prosthetic dental appliance  Prosthetic dental appliance  Cood  (Excellent, good, fair, back  Temperature Height  expiration 37 inches.  Cardiovascular system: Heart  Blood pressure: S. 12  Two minutes after exc  Arteries  Respiratory system  K-ray of chest 8  Skin and lymphatics  Bones, joints, and muscles	defects None  Solution None  Pigure Medi (Slender,	by /; missing natural terms.  Transmission of the state o	Classification4  neMedium
3. 7. 4. () 5. H 6. 27. S 8. H 9. A	Prosthetic dental appliance  Prosthetic dental appliance  Cood  (Excellent, good, fair, back  Temperature Height  expiration 37 inches.  Cardiovascular system: Heart  Blood pressure: S. 12  Two minutes after exc  Arteries  Respiratory system  K-ray of chest 8  Skin and lymphatics  Bones, joints, and muscles  Abdominal viscera	defects None  Solution None  Figure Medi (Slender,	by /; missing natural te	Classification 4  ne Medium (Light medium, heavy)  inches; inspiration 40 inches  Immediately after exercise 84  al
3. 7. 4. (c) 4. (c) 5. H. 19. A. 19.	Remarks, including other of Remarks, including other oth	defects None  Solution None  Figure Medi (Slender,	by /; missing natural te	Classification
5. H 5. H 5. J 7. S 8. H	Remarks, including other of Re	defects None  Solution None  Figure Medi (Slender,	by /; missing natural terms of the state of	Classification
3. 7. S. H. O. A. S. H.	Prosthetic dental appliance of the prosthetic denta	defects None  Solution None  Figure Medical (Slender, medical)  72. 3/inches. Weight 171 por Abdomen 32 inches.  Normal Pulse: I ercise 68 Character Normal Varice Normal Normal France Normal Normal France Normal Normal France Normal	by /; missing natural terms.  Transmission of the state o	Classification 4  ne Medium (Light medium, heavy)  inches; inspiration 40 inches  Immediately after exercise 84  al

21.	Genito-urinary system	Normal				200000000000000000000000000000000000000
22.	Nervous system	Normal			•	
3.	Laboratory procedures: Kahn 1	Negative	4.31	Wasserman	n ¹	Non
	Urinalysis: Sp. gr.	*	Albumin	Neg	Sugar	Neg.
	Microscopical (if indicated)					
*	Other laboratory procedure	3				
4.	Remarks on defects not sufficien					
	right and left. B					
	***************************************					
	***************************************					
	A					
5.	Corrective measures, or other ac					
26.	Is the individual permanently in	capacitated for ac				
	If yes, specify defect					
77.	If applicant for appointment: D	oes he meet physic	al requirements?	Do you	recommend accep	tance with minor physical
	defects? If reject	tion is recommend	ed, specify cause			
			-			**********
28.	Examinee states he isno.tdra	wing a pension, dis	sability allowance,	or compensation	or retired pay fro	m the U.S. Government.
	If yes, state disability			*****		*******************************
			THOMAS	R. KIDD. Car	tain, Medic	al Corps.
	,	- • •		(Name and gr	ide)	
-	WDFC, Ft. MacArthu	r. California	а.			
	(Place)		· ·			
			JOHN H.	CUIP Capt	ain, Medical	Corps.
				(Name and gr	ade)	
	10 September (Date)	, 19_4	5			
	(Date)					*
						Corps.
			,	(Name and gr	ade)	
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-	Remarks and recommendations					
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If incapacitated for active service, state whether action by retiring board is recommended



This is to Certify, That	br. Ronald W. Roas	<b>A</b>
400 Center St., Des Hois	nes, Iowa	has successfully
completed Subcourse No. 10-1,	Wilitery Discipl	
Extension Course of the	Caralty	*School *Department
(19_3-19_35 Announcement) with a	a rating of of	Hours of credit
Date, 19_38	<u>_</u>	
	state work and the	H. THOIPSON (Name)
		(Grade, Organization, etc.)
[SEAL] API	PROVED:	
	By command of	Major Ceneral HEINTZELLANI
		E. THOMPSON
	-	Ve for Cavalry Adjutant General.



This is to certify	, ThatNr. Roneld W. Reagen	
400 Genter Stree	t. Des Moines, Ione (Address)	has successfully
completed Subcourse	No. 10-2 Organization o	f Subcourse)
Extension Course of	theCovalry	*School *Department
(19351936_ Announ	cement) with a rating of Hou	irs of credit -Seven (7)
DateFebruary 13		
		Hy THO PSON
	It- Coi-	Grade, Organization, etc.)
[SEAL]	APPROVED:	
	By command of Major	eneral BOLLES;
		H. THOMPSON,
		Adjutant General.

EXTENSION COURSES

This is to certify, That	Mr. Ronald W. Reagan	
400 Center Street,	Des Moines, form	has successfully
completed Subcourse No	10-3 Organiza	tion of the Gavalry (Title of Subcourse)
Extension Course of the	Cavalry	*School *Department
		Hours of credit Five (5)
Date6	, 1936	
		(Name)
	L	Col., Cov., 66 th Cov. Div.
[SEAL]	APPROVED:	
	By command of	Major General BOLLES:
		T SEATOWN
	***************************************	H. THOMPSON  Lt. Colonel, Cavalry  Adjutant General.

EXTENSION COURSES

# Certificate of Completion of Subcourse

This is to Cert	ify, That Mr. Ronald W. Reagan	
400 Cent	ter St., Des Moines, Ione (Address)	has successfully
completed Subcours	se No. 10-4 . Wilitery low - Th	Clitle of Subcourse)
Extension Course o	f the	*School *Department
(1935 -19 38 Annou	ncement) with a rating of H	Hours of credit Fifteen (15)
Date December	11 , 19.36	
		H. THOMPSON (Name)
	Lt.	Gol.; Gov., 66th Cay Div. (Grade, Organization, etc.)
[SEAL]	APPROVED:	
	By command of	ajor General FORD:
		H. THOMPSON
*		Adjutant General.

\*Strike out word not applicable.

PANY EXTENSION COURSES

			has s	
***************************************	(Address)		11a5 S	successiumy
completed Subcourse	No. 10-5	Interior	Gnard Duty (Title of Subcourse)	
Extension Course of	the	Comiry	*S	chool <del>Jepartment</del>
(1934 –1935 Annour	ncement) with	a rating of 97%	Hours of credit	***
Date January 2	5 , 1927			
		***************************************	H. 31075300 (Name)	DN
		lt	Grade, Organization, etc.	er.Div.
[SEAL]	API	PROVED:		
		By command of .	Major Goneral FORD	
			H. THOMPSON	·
			Lt. Colonel, Co	utant General.

EXTENSION COURSES

400 Center	Straet, Des Moines, Town (Address)	has successfully
completed Subcours	e No. 10-3 , Administrat	ion (Title of Subcourse)
Extension Course of	f theCeralry	*School *Department
(19531954. Annous	ncement) with a rating of 915	Hours of credit
Date January	25	
		H. 150AP=011 (Name)
	Lt. C	(Grade, Organization, etc.)
[SEAL]	APPROVED:	
	By command of Ma	jor Ceneral FORDs
		H. THOMPSON

REMY EXTENSION COURSES

This is to certify, That	r. Romald W. Rea	tan.
400 Genter Street. Dee Mo		has successfully
completed Subcourse No. 10-8	Military San	nitation & First Aid (Title of Subcourse)
Extension Course of the	Caralry	*School *Department
(1933 -1934 Announcement) with	a rating of 93%	Hours of credit
Date	?	
		Ha 190:4250H (Name)
		(Grade, Organization, etc.)
[SEAL] APF	PROVED:	
	By command o	f Major General FORD:
		H. THOTPSON
		Lt. Colonel, Genelry Adjutant General.

EXTENSION COURSES

This is to certify, That Mr. Ronald W	. Reagon
400 Center Street, Des Moines, Iowa (Address)	has successfully
completed Subcourse No.10-7 Part I	Nay Reeding (Title of Subcourse)
Extension Course of the Cs.val	*School *Department
(19 35-1936 Announcement) with a rating	of 94.36 Hours of credit
Date February 19 1957	
	H. THOMPSON (Name)
	Lt. Col., Cay., 66th Cay Div. (Grade, Organization, etc.)
[SEAL] APPROVED	:
By com	mand of Major General FORD:
	H. THOMPSON
· · · · · · ·	I.t. Colonel, Cavelry Adjutant General.

EXTENSION COURSES

# Certificate of Completion of Subcourse

This is to certify, Th	nat Mr. Roneld W. Reagan	<b>n</b>
400 Center St., Des	Moines, Iona (Address)	has successfully
completed Subcourse No	10-7 Part II Aerial Pho	otograph Reading (Title of Subcourse)
Extension Course of the	Cavalry	*School *Departmen
1935 –1936 Announcem	ent) with a rating of 87.3%	Hours of credit
Date March 8	, 19.37	
		H. TEMPAIN (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.

\*Strike out word not applicable.

# ARMY EXTENSION COURSES—PROGRESS F RD

Reagan,	Rona	ald	₩.	`	1.2		iliar	_	
(Last name)	(First name)	,		To	-	e and organizati	on of ar	n or service	a)
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	Approved by.			Div. Con	ırse		Seri	es 10	4 =
TITLE 0	F SUBCOURSE	• •	BEGUN	COMPLETED	RATING	RATING GIV	EN BY-	HOURS	CERTIFICAT
Military Disciplin	9		3-18-35	5-17-	35 <b>96</b>	.6% 66 th	CD :	Br 6 5	-17-35
Organization of the	Army		5-17-35	2-13-3	6 85	<b>t</b>	. W	* 7	-13-36
Organization of the	Cavalry		2-13-36	5-6-36	909	6 4	*	# 5	5-6-36
Military Law-The La	w of Militar	y Offense	s 5-6-36	12-11-	36 76	% .	99	* 15	12-11-3
Administration (old	10-8)		12-11-	36 1-25	-37 9	1% *	**	* 10	1-25-37
Interior Guard Duty	,		1-25-37	1-25-3	7 919	6		8 6	1-25-37
Map Reading	*		1-25-37	E-19-3	7 94	33%	**	<b>1</b> 5	-19-37
Aerial Photograph I	Reading		2-19-37	3-8-37	87.	3% *	11 1	12	3-8-37
Military Sanitation	& First Aid		12-5-3	1-25-3	989	6 **		• 10	1-25-3
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	A00 Genter Stanber and street, or rural route; if non profiled 3-18-35, 19  THE O  Military Discipline Organization of the Organization of the Military Law-The La Administration (old Interior Guard Duty Map Reading  Aerial Photograph I	(Last name) (First name)  400 Genter Street, mber and street, or rural route; if none, so state) molled 3-18-35, 19 Approved by.  TITLE OF SUBCOURSE  Military Discipline  Organization of the Army  Organization of the Cavalry  Military Law-The Law of Militar  Administration (old 10-8)  Interior Guard Duty  Map Reading  Aerial Photograph Reading	(Clast name) 400 Genter Street, Des 1  mber and street, or rural route; if none, so state)  molled 3-18-35, 19 Approved by C. of S.,  THILE OF SUBCOURSE  Military Discipline  Organization of the Army  Organization of the Cavalry  Military Law-The Law of Military Offense  Administration (old 10-8)  Interior Guard Duty  Map Reading	ACO Center Street, Des Moines, mber and street, or rural route; if none, so state)  THILE OF SUBCOURSE  Military Discipline  Organization of the Army  Organization of the Cavalry  Military Law-The Law of Military Offenses  Administration (old 10-8)  Interior Guard Duty  Law-The Leading  Aerial Photograph Reading  (City, town, or post office)  (City, town, or post	ACC Center Street, Des Moines, Iomber and street, or rural route; if none, so state)  Title OF SUBCOURSE  Military Discipline  Organization of the Army Organization of the Cavalry  Military Law-The Law of Military Offenses  Administration (old 10-8)  Interior Guard Duty  Map Reading  (City, town, or post office)  (Complete Supplied Su	Clast name   Contend Street   Des Moines   Towa	(Last name) (First name) (Middle name) (Grade and organization of the Cavalry Corganization of the Cavalry Corganization (old 10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10-8) (10	Clast name   Clast name   Content   Clast name   Clast n	Clast name   Cla

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627	Special Text no. 227	5-17-35	
371	A Manual of Courts-Martial	5-6-36	
421	Special Text No. 21	12-11-3	2
401	Special Text No. 1	12-11-3	)
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