

**SPC RICHARD BEASLEY  
PHIPPS CLINIC, BALAD, IRAQ, LSA ANACONDA  
12MARCH2007  
BLISTER EXPOSURE FROM LIFTING ORDINANCE INTO  
VEHICLE**



Ø symptoms

**BEASLEY BLISTER PROGRESSION\*\*PHIPPS CLINIC**



**DAY 1**



**DAY 3**



**DAY 5**



**DAY 7**



**DAY 7**



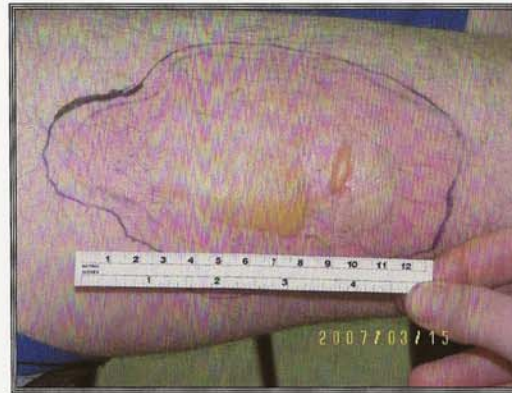
**DAY 8 After Debridement**



**BEASLEY BLISTER PROGRESSION\*\*PHIPPS CLINIC**



**DAY 3**



**DAY 5**



**DAY 7**



**DAY 9**



**DAY 9**



**DAY 10/ After Debridement**

## HEALTH RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

Patient: BEASLEY, RICHARD T  
Facility: WX63AA

Date: 15 May 2007 1455 AST  
Clinic: 206 ASMC (ANACONDA)

Appt Type: ROUTN  
Provider: [REDACTED]

AutoCites Refreshed by [REDACTED] @ 15 May 2007 1534 AST

**Problems**

INJURY DUE TO WAR OPERATIONS BY GASES, FUMES, AND CHEMICALS  
CONTACT DERMATITIS DUE TO CHEMICAL PRODUCTS  
visit for: follow-up exam  
INJURY FROM TERRORIST EXPLOSION BLAST  
violent traumatic event a terrorist attack

**Active Medications**

Medication Name	Status	Sig	Refills Last Filled
SILVER SULFADIA (SILVADENE)--TOP 1% CREA	Active	Q DAY WITH BANDAGE CHANGE	15 Mar 2007
CLINDAMYCIN--PO 300MG CAP	Active	TID X 20 DAYS	15 Mar 2007
HYDROCODONE/BITARTRATE/ACETAMINOPH EN - 5/500MG	Active	2 PO 30 MINS PRIOR TO FOLLOW-UP	16 Mar 2007
MORPHINE 10MG/ML CARPUJET	Active	10 MG IM	20 Mar 2007
SILVER SULFADIA (SILVADENE)--TOP 1% CREA	Active	WITH DRESSING CHANGE	28 Mar 2007
SILVER SULFADIA (SILVADENE)--TOP 1% CREA	Active	APPLY WITH DRESSING CHANGE	30 Mar 2007
CLINDAMYCIN--PO 300MG CAP	Active	TID	01 Apr 2007
SILVER SULFADIA (SILVADENE)--TOP 1% CREA	Active	APPLY WITH BANDAGE CHANGE	12 Apr 2007
CLINDAMYCIN--PO 300MG CAP	Active	2 PILLS BID	13 Apr 2007
SILVER SULFADIA (SILVADENE)--TOP 1% CREA	Active	WITH BANDAGE CHANGE	13 Apr 2007
HYDROCODONE/BITARTRATE/ACETAMINOPH EN - 5/500MG	Active	1 Q 4-6 HRS FOR BREAKTHROUGH PAIN	13 Apr 2007

**Allergies**

Patient has no known allergies

Screening Written by [REDACTED] @ 15 May 2007 1455 AST

Appointment Reason For Visit: Administrative Evaluation Services: \_

Selected Reason(s) For Visit: \_

Administrative Evaluation Services (New) Comments: LOD for Terrorist Attack / Chemical Exposure

Name: BEASLEY, RICHARD T

FMP/SSN: [REDACTED]  
DOB: [REDACTED]  
PCat: AIT USA AD  
MC Status:  
Insurance: No

Sex: M  
Tel H:  
Tel W:  
CS:  
WS:

Sponsor: BEASLEY, RICHARD T  
Rank: SPECIALIST 4 E4-A  
Unit: WB60AA  
Outpt Rec. Rm:  
PCM:  
Tel. PCM:

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5)  
Prescribed by GSA and ICMR  
FIRM [REDACTED]

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## HEALTH RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

Patient: BEASLEY, RICHARD T  
Facility: WX63AA

Date: 02 Apr 2007 1438 CST  
Clinic: 206 ASMC (ANACONDA)

Appt Type: ROUN  
Provider: [REDACTED]

AutoCites Refreshed by [REDACTED] @ 02 Apr 2007 2025 CST

**Problems**

INJURY DUE TO WAR OPERATIONS BY GASES, FUMES, AND CHEMICALS  
CONTACT DERMATITIS DUE TO CHEMICAL PRODUCTS  
visit for: follow-up exam

**Active Medications**

Medication Name	Status	Sig	Refills	Last Filled
SILVER SULFADIA (SILVADENE)--TOP 1% CREA	Active	Q DAY WITH BANDAGE CHANGE		15 Mar 2007
CLINDAMYCIN--PO 300MG CAP	Active	TID X 20 DAYS		15 Mar 2007
HYDROCODONE/BITARTRATE/ACETAMINOPH EN - 5/500MG	Active	2 PO 30 MINS PRIOR TO FOLLOW-UP		16 Mar 2007
MORPHINE 10MG/ML CARPUJET	Active	10 MG IM		20 Mar 2007
SILVER SULFADIA (SILVADENE)--TOP 1% CREA	Active	WITH DRESSING CHANGE		28 Mar 2007
SILVER SULFADIA (SILVADENE)--TOP 1% CREA	Active	APPLY WITH DRESSING CHANGE		30 Mar 2007
CLINDAMYCIN--PO 300MG CAP	Active	TID		01 Apr 2007

**Allergies**

Patient has no known allergies

Screening Written by [REDACTED] @ 02 Apr 2007 1438 CST

Appointment Reason For Visit: CONTACT DERMATITIS DUE TO CHEMICAL PRODUCTS;

**Selected Reason(s) For Visit:**

CONTACT DERMATITIS DUE TO CHEMICAL PRODUCTS (Follow-Up) Comments:

**Vitals**

Vitals Written by [REDACTED] @ 02 Apr 2007 1438 CST

Pain Scale: 3/10 Mild

Comments: no vitals needed

SO Note Written by [REDACTED] @ 02 Apr 2007 1459 CST

**History of present illness**

The Patient is a 22 year old male.

° Encounter Background Information:

**Subjective**

Pt is here for f/u for exposure to a blister agent - mustard gas.

**Physical findings****General appearance:**

• General appearance: ° Patient was awake. ° Patient was alert. ° Patient was oriented to time, place, and person. ° Patient appeared well developed. ° Patient appeared well nourished. ° Patient appeared well hydrated. ° Patient appeared healthy. ° Patient appeared active. ° Patient appeared to be in no acute distress. ° Patient did not appear chronically ill. ° Patient did not appear acutely ill. ° Patient did not appear poorly hydrated. ° Patient did not appear acutely exhausted. ° Patient did not appear uncomfortable. ° Body odor was normal.

A/P Written by [REDACTED] @ 02 Apr 2007 1500 CST

Name: BEASLEY, RICHARD T

FMP/SSN: [REDACTED]  
DOB: [REDACTED]  
PCat: A11 USA AD  
MC Status:  
Insurance: No

Sex: M  
Tel H:  
Tel W:  
CS:  
WS:

Sponsor: BEASLEY, RICHARD T  
Rank: SPECIALIST 4 E4-A  
Unit: WB60AA  
Outpt Rec. Rm:  
PCM:  
Tel. PCM:

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5)  
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FIRM [REDACTED]

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HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE	
02 Apr 2007 1438	Facility: WX63AA Clinic: 206 ASMC (ANACONDA)	Provider: [REDACTED]

**1. visit for: follow-up exam**

Comments: pt's wound was covered and silvadene was used.

Disposition Written by [REDACTED] @ 02 Apr 2007 1501 CST

**Released Without Limitations**

**Follow up:** as needed in 2 day(s) or sooner if there are problems. - Comments: 1500 hours

**Injury & Illness:** Work Related; Onset Date: 4/2/2007; Battle Related; Category: Dermatological Cause: Battle Injury/Illness

**Appointment Class:** Outpatient

**E&M Code:** 99212 - Estab Outpatient Focused H&P - Straightforward Decisions

Signed By @ 02 Apr 2007 2025

[REDACTED]  
WX63AA

**Name:** BEASLEY, RICHARD T

FMP/SSN: [REDACTED]	Sex: M	Sponsor: BEASLEY, RICHARD T
DOB: [REDACTED]	Tel H:	Rank: SPECIALIST 4 E4-A
PCat: A11 USA AD	Tel W:	Unit: WB60AA
MC Status:	CS:	Outpt Rec. Rm:
Insurance: No	WS:	PCM:
		Tel. PCM:

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5)

Prescribed by GSA and ICMR

FIRM [REDACTED]

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## HEALTH RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

23 Aug 2008 0659

Facility: Theater Facility

Clinic: Theater Clinic

Provider: Theater Provider

A/P Written by [REDACTED] @ 23 Aug 2008 0937 GST

## 1. CORNEA

Comments:

Procedure(s): -Ophthalmological Prior Patient Start Intermediate Level Care

Disposition Written by [REDACTED] @ 23 Aug 2008 0938 GST

Released Without Limitations

Follow up: as needed in the 179 OPTOMETRY clinic. - Comments: DISCONTINUE TREATMENT OK TO RESUME NORMAL MISSION

Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding.

Injury &amp; Illness: Not Work Related; Not Battle Related; Category: Ophthalmologic Cause: Non-Battle Injury

Appointment Class: Outpatient

E&amp;M Code: 99499 - Unlisted Evaluation And Management Service

10 minutes face-to-face/floor time..

Signed By @ 23 Aug 2008 0938

[REDACTED]

Name/SSN: GOLDMAN, ANDREW THOMAS [REDACTED]

Sex: M

Sponsor/SSN: GOLDMAN, ANDREW THOMAS/416235670

FMP/SSN: [REDACTED]

Tel H: [REDACTED]

Rank: SERGEANT

DOB: [REDACTED]

Tel W:

Unit: WB0YAA (0003 OD HHD ORD BN EOD)

PCat: A11.2 USA ACTIVE DUTY  
ENLISTED

CS:

Outpt Rec. Rm: OKUBO AD HEALTH RECORDS

MC Status:

Status:

PCM:

Insurance: No

Tel. PCM:

## CHRONOLOGICAL RECORD OF MEDICAL CARE

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



## HEALTH RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

08 Sep 2008 1054

Facility: WRNMMC Clinic: Case Management CI WR

Provider: [REDACTED]

Reason for Visit

CCP

Initial Visit

Visit for: Transfer information

MEDEVAC for

- Outpatient care

Accepted to WTU

INITIAL RISK ASSESSMENT

- Green

WTU Case Manager Intake.

History of present illness

The Patient is a 24 year old male. Source of patient information was patient. Past medical history reviewed Denies. In the Army for 4 years, currently on active duty, and visit is deployment-related. No depression, not thinking about suicide, and not having a suicide plan.

Allergies

No allergies Reviewed allergy information.

Past medical/surgical historyReported History:

Physical trauma: No physical trauma from explosion of improvised explosive device. No trauma to the head  
N/A

Dietary: Unremarkable diet and a nutritious and satisfying diet 24 year old OIF/AC 11B Specialist was A/E from LPMC: downrange c/o denuded skin, headache, chest tightness, and exertional dyspnea s/p exposure to mustard agent 16 Aug 08. EOD team in MOPP 0 while handling and exposed to unknown chemical rounds which were under empty steel rounds which were detonated. After getting positive results for HD using M8 paper, the patient decontaminated his hands and assumed MOPP 4 to confirm the results. The SM developed blisters on his left buttocks, right thigh, and bilateral shins. The areas are still erythematous with denuded areas. He also complains of constant HA at the top of the head which began the day of the incident. Describes pain as sharp, ranging from 2-7/10. HA is exacerbated by sound and light when severe. Denies alleviating factors. Report nausea but denies visual disturbance, emesis. He complains of exertional dyspnea and chest tightness. Reports intermittent palpitations. There are no cardiac issues. Was sent to LPMC for further treatment Pulmonary functions tests were performed: "Supranormal lung volumes. Mild air trapping. No obstruction. The diffusion capacity is slightly diminished consistent with mild pneumonitis from inhalation injury. Recommend PFTs in 3-6 months. Dermatologist states burns is healing. Ambulatory in NAD, alert and oriented x 3. Denies nightmares and insomnia. Denies no other health problems.

Personal history

Behavioral history: A violent traumatic event Denies.

Activities: Functioning activity level

Ability to do tasks as instructed.

Functional status: Instrumental activities of daily living

- Will require 6 + months medical care.

Review of systems

Systemic symptoms: Not feeling tired (fatigue) and no recent weight gain.

Head symptoms: After asthma attack controlled with using inhalers Headache.

Neck symptoms: No neck symptoms and no neck stiffness.

Eye symptoms: No eye symptoms and no blurry vision.

Otolaryngeal symptoms: No otolaryngeal symptoms, no ear symptoms, and no nasal symptoms.

Cardiovascular symptoms: With asthma attack Palpitations.

Pulmonary symptoms: Dyspnea, cough, and wheezing controlled with inhalers.

Gastrointestinal symptoms: No gastrointestinal symptoms.

Physical findingsMusculoskeletal system:

Functional Exam:

General/bilateral: • Self-care capability was assessed No deficit with mobility but experience SOB with running, climbing stairs and increased physical.

TestsGeneral:

Tests Pulmonary function test

Labs

Therapy

Name/SSN: GOLDMAN, ANDREW THOMAS [REDACTED]

Sex: M

Sponsor/SSN: GOLDMAN, ANDREW THOMAS [REDACTED]

FMP/SSN: [REDACTED]

Tel H: [REDACTED]

Rank: SERGEANT

DOB: [REDACTED]

Tel W:

Unit: WB0YAA (0003 OD HHD ORD BN EOD)

PCat: A11.2 USA ACTIVE DUTY  
ENLISTED

CS:

Outpt Rec. Rm: OKUBO AD HEALTH RECORDS

MC Status:

Status:

PCM:

Insurance: No

Tel. PCM:

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



## HEALTH RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

Patient: GOLDMAN, ANDREW  
Facility: 64 BSB (WJAXC0)

Date: 31 Aug 2008 1431 GST  
Clinic: CHCSII-T Clinic

Appt Type: ROUTN  
Provider: [REDACTED]

AutoCites Refreshed by [REDACTED] @ 01 Sep 2008 1347 GST

**Problems**

No Problems Found.

**Active Medications**

No Active Medications Found.

**Allergies**

No Allergies Found.

Vitals Written by [REDACTED] @ 01 Sep 2008 1347 GST

BP: 116/68, HR: 69, RR: 16, T: 98 °F, O2: 99, Tobacco Use: Yes, Alcohol Use: No, Pain Scale: 2/10 Mild

A/P Written by [REDACTED] @ 01 Sep 2008 1351 GST

**1. POISONING BY MUSTARD GAS**

Comments: exposed to cracked mustard munition 16 days ago as part of EOD team. pt has about 3% 1st deg burns on right ant thigh, buttocks, and b/l shins with less than 1% blisters that have already unroofed. burns appear to be healing well and don't look infected. initial eye symptoms have resolved and cleared by optometry. here today bib 1SG who wanted a second opinion because this soldier and two others are still have sob, cough and doe. on exam no airway mucosa issues and lungs clear. CXR clear. CBC and ISTAT normal.

D/W BAMC Toc LTC (Dr Berry) who referred me to the email traffic and AF SOP concerning this mustard exposure. D/W CPT (Dr) Longmire who initially saw these soldiers and has arranged for pulmonary eval at LRMC for bronch to r/o delayed onset of respiratory disease.

no new issues at this time.

Disposition Written by [REDACTED] @ 01 Sep 2008 1352 GST

**Evacuation**

Follow up: with PCM.

Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding.

Injury & Illness: Not Work Related; Not Battle Related; Category: Injuries, Work/Training Cause: Non-Battle Illness

Appointment Class: Outpatient

E&M Code: 99215 - Estab Outpatient Comprehensive H&P - High Complex Decisions

40 minutes face-to-face/floor time. >50% of appointment time spent counseling and/or coordinating care.

Signed By [REDACTED] @ 01 Sep 2008 1352 GST

MAJ, MC

Emergency Med Physician

Name/SSN: GOLDMAN, ANDREW THOMAS [REDACTED]

Sex: M

Sponsor/SSN: GOLDMAN, ANDREW THOMAS [REDACTED]

FMP/SSN: [REDACTED]

Tel H: [REDACTED]

Rank: SERGEANT

DOB: [REDACTED]

Tel W:

Unit: WB0YAA (0003 OD HHD ORD BN EOD)

PCat: A11.2 USA ACTIVE DUTY  
ENLISTED

CS:

Outpt Rec. Rm: OKUBO AD HEALTH RECORDS

MC Status:

Status:

PCM:

Insurance: No

Tel. PCM:

## CHRONOLOGICAL RECORD OF MEDICAL CARE

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FIRM (41 CFR) 201-45.505

MADIGAN AMC, WA

Personal Data - Privacy Act of 1974 (PL 93-579)

RADIOLOGIC EXAMINATION REPORT

PAGE 3

RESULTED EXAMS ORDERED BY: [REDACTED]

-----  
GOLDMAN, ANDREW THOMA  
CT, CHEST (HIGH RESOLUTION) WO C

[REDACTED] EX09100075

08 May 2009@1346  
COMPLETE  
-----


NO BRIEF COMMENT

Mustard Gas exposure Aug '08, now with persistent dyspnea, please perform Hi Res CT scan for assessment of any abnormalities to include inspiratory/expiratory views

CHCS 09100075

History: Mustard gas exposure now with persistent dyspnea.

PROCEDURE: High-resolution chest CT protocol with high resolution images obtained at 1.25 mm slice thickness at 10 mm intervals acquired during inspiration, expiration, and prone imaging. No contrast material was administered. Images were processed using an edge enhancement algorithm.





21/2005 17:34 FAX

Evaluation dates: 19 &amp; 21 Jan 05

**Neuropsychological Assessment**  
**Walter Reed Army Medical Center**  
**Neuropsychology Services**  
6900 Georgia Avenue - Bldg 6, Room 3055  
Washington, D.C. 20307  
Tel: (202) 782-0065  
Fax: (202) 782-7165

**Reason for Referral:** SFC James Burns is a 34 year-old, Caucasian male who is approximately 8 months status post Sarin (GB) nerve agent exposure, while serving in OIF.

**History of Presenting Illness:** SFC Burns was exposed to Sarin in May 2004, when handling and transporting an IED in Iraq. Specifically, SFC Burns reports that he and his partner, both Explosive Ordnance Disposal specialists, were called to the scene of an IED explosion when it was believed that there was a risk for a secondary explosive in the spent device. He states that he picked up the device wearing gloves, unaware that it had contained Sarin. Once he and his partner determined there was no risk for a secondary explosion, they placed the device in their vehicle and transported it back to their site. During this approximately 15 minute drive he states that they both began experiencing symptoms suggestive of exposure, to include nausea, headaches, blurred vision, weakness, motor incoordination, decreased visual field, and confusion. Upon arrival at their unit they walked to the medical clinic to seek help and SFC Burns reports that it was during this time that his confusion increased significantly, and his memory of the events over the next two days is "fuzzy." He reports that he does not believe he received an atropine injection, but knows he received a shower, oxygen, and eye drops. Medical records note the use of atropine ophthalmic ointment. SFC Burns remained inpatient for two days and was placed on quarters for two weeks. He states that his eyesight returned to normal during this time, but that it took several weeks for his stamina and endurance to return. Available medical records note that twelve days after the incident his symptoms were resolved or resolving. However, this specifically referred to the fact that he had been headache free for two days, and that his vision had returned (although records note that after 30 minutes of reading he'd experience ocular pain). SFC Burns remained in Iraq until August 2004, when he returned to the states with his unit.

Currently SFC Burns reports the following persisting symptoms: brief headaches that occur daily and pass without intervention; decreased manual motor dexterity (he's apt to drop utensils, tools, pencils, etc.); imbalance (he has fallen when bending to tie his shoes, trips downstairs, and has bumped into the wall in a hallway when carrying his 5 year-old); and difficulty with "recalling things." Examples he provides for recall difficulties include forgetting to pick up his 5 year-old from the bus stop twice, the first time having left work (approximately 1 mile from home) with the specific intent to pick him up but having driven on to another task not remembering his intended task until 10-15 minutes later. SFC Burns also reports decreased ability to multi-task and a decreased "sense of direction" as evidenced by having recently become lost in a very familiar hunting/hiking location. SFC Burns reports that he believes these symptoms have generally remained stable since his acute recovery from the exposure. He states that when he dropped items during his remaining months in Iraq he simply assumed that it was due to his gloves and the high temperature there, however since the symptoms remained upon his return he has become increasingly concerned. He denies any change in emotional well being, personality, language functioning, and sensory functioning. He continues to work a full duty day at Pine Bluff Arsenal, however he is not permitted to work with explosives or handle a weapon.

Burns, James

USA

DOB: [REDACTED]

M

DEPARTMENT OF THE ARMY  
752nd Ordnance Company (Explosive Ordnance Disposal)  
79th Ordnance Battalion (Explosive Ordnance Disposal)  
Pine Bluff Arsenal, Arkansas 71602

AFOD-BE

1 Dec 04

MEMORANDUM FOR RECORD

SUBJECT: Current Medical Complications of SSG James F. Burns

1. Since returning from Operation Iraqi Freedom, 10 Aug 04, I have been dropping items such as tools, soda cans, cups of water, pens, and pencils. I will stumble or nearly fall while standing up from a chair or turning around to change directions. While speaking, I will stutter or stammer and lose my thought in mid-sentence. In addition to these, I tend to be very forgetful and have very little short term memory.
2. I will get headaches that do not last very long but are more intense after physical training, mainly running. I will also feel a tingling sensation in my legs and hands on occasion but will subside after a short while.
3. POC is the undersigned at DSN [REDACTED].

JAMES F. BURNS  
SSG, USA  
Team Leader



MEDICAL RECORD			NURSING NOTES (Sign all notes)	
DATE	HOUR		OBSERVATIONS Include medication and treatment when indicated	F. N
	A.M.	P.M.		
15 May 04	1005		Pt being admitted for possible chemical contamination @ IED explosion. Pt pupils still pin pointed, pt c/o having a headache & dizziness. Vitals: B/P - <sup>130</sup> / <sub>70</sub> ♀ - 74 Resp - 18 SPO <sub>2</sub> - 91 room air. Pt given O <sub>2</sub> , breath sounds equal, wheezing audible. SPO <sub>2</sub> 99 with supp. O <sub>2</sub> . O <sub>2</sub> 10 LPM.	
	1042		Vitals: B/P - <sup>112</sup> / <sub>64</sub> ♀ - 75 Resp - 16 SPO <sub>2</sub> 97 room air Temp - 97.6	
	1120		Vitals: B/P - <sup>110</sup> / <sub>74</sub> ♀ - 74 Resp - 16 SPO <sub>2</sub> 96 room air Pt still c/o H/A, pupils still pin pointed. ♀ chest pain Pt states he feels pretty crappy	
	1150		Vitals: BP - <sup>110</sup> / <sub>76</sub> ♀ - 68 Resp - 18 SPO <sub>2</sub> 94 ♀ tightness of chest ♀ chest pain, still has a H/A	
	1245		Pt given 650 mg of Tylenol PO	
	1620		Vitals: B/P - <sup>118</sup> / <sub>70</sub> ♀ - 69 Resp: 14 Temp: 97.4 SPO <sub>2</sub> - 96 Pt states HA ↓, but his head is still throbbing.	
	1520		Started eye irrigation IL OS, IL OD finished 1602 ♀ burning	
	1604		Vitals: B/P - <sup>124</sup> / <sub>68</sub> ♀ - 64 SPO <sub>2</sub> - 94 R: 18. Pt states head still throbbing off & on, ♀ burning ♀ watery eyes ♀ pin pointed, ♀ runny nose chest breath sounds equal bilat & clear ♀ audible. wheezing. Heart sounds audible. Pt A+O x3	
	1823		BP: <sup>115</sup> / <sub>61</sub> ♀ - 52 SPO <sub>2</sub> - 92 RR - 14 temp -	
	1904		Pt given 650 mg Tylenol PO. SPO <sub>2</sub> 98%	

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

PFC Yandell, Michael

75270 EOD

REGISTER NO.

WARD NO.

NURSING NOTES  
Medical Record



DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
27 May 04	Neuro(cont) Strength 5/5 (B) UE/LEs. DTR. 2+/
(Cont).	Sensation intact to ET. Toes ↓↓

(A/P) 19yo ♂ AD s/p chemical exposure (? Sarin) 12 days ago. Currently asymptomatic. AChE assay @ 31<sup>st</sup> CSHA 6 days ago revealed level to be below lower limit of normal range; although, baseline pre-exposure values were on a different assay and results are not readily compared.

Plan: I have initiated contact with SMEs @ Pine Bluff Arsenal. Will repeat AChE assay @ 31<sup>st</sup> CSHA tomorrow, and consult SMEs @ Chamberlain Chemical Casualty Center stateside for guidance regarding SM's ability to return to full duty.

-Continue Light Indoor Duty for now.



## JOINT THEATER TRAUMA NURSING RECORD

(All shaded areas mandatory for Joint Theater Trauma Registry data collection)

ARRIVAL STATUS	TRIAGE CATEGORY	WOUNDED BY	MODE OF ARRIVAL	PATIENT CATEGORY
Date: <u>17 Apr 01</u> Time of Injury: _____ Time of arrival: <u>1800</u> Transit time: _____ C-spine Immo: <u>Y</u> Functional IV: <u>Y</u> Intubated: <u>Y</u> Cric: <u>Y</u> Needle Decompr: <u>Y</u> T: <u>57</u> BP: <u>130/69</u> HR: <u>56</u> RR: <u>16</u> O <sub>2</sub> Sat: <u>100</u> PAIN: 0 1 2 3 4 5 6 7 8 9 10 Last Tetanus: _____ GCS: _____	<input type="checkbox"/> Immediate <input type="checkbox"/> Delayed <input type="checkbox"/> Minimal <input type="checkbox"/> Expectant	<input type="checkbox"/> Unknown <input type="checkbox"/> Enemy <input type="checkbox"/> Friendly <input type="checkbox"/> Civ (Host Nation) <input type="checkbox"/> Training <input type="checkbox"/> Self Accident <input type="checkbox"/> Self Inflicted <input type="checkbox"/> Sports Recreation <input type="checkbox"/> Other:	<input type="checkbox"/> Walked <input type="checkbox"/> Carried <input type="checkbox"/> USMC CASEVAC <input type="checkbox"/> Non-med Ground <input type="checkbox"/> Ground Ambulance <input type="checkbox"/> Non-med Air <input type="checkbox"/> Air Ambulance <input type="checkbox"/> Ship EVAC <input type="checkbox"/> Other:	Nation: <input checked="" type="checkbox"/> US <input type="checkbox"/> Host nation <input type="checkbox"/> Coalition: <input type="checkbox"/> Enemy: Service: <input checked="" type="checkbox"/> USA <input type="checkbox"/> USN <input type="checkbox"/> USMC <input type="checkbox"/> USAF <input type="checkbox"/> SOF <input type="checkbox"/> Civilian <input type="checkbox"/> Combatants <input type="checkbox"/> Contractor <input type="checkbox"/> Media <input type="checkbox"/> ING <input type="checkbox"/> IP <input type="checkbox"/> Non-gov't Org <input type="checkbox"/> Other: <input type="checkbox"/> ID WRIST BAND ON
TOURNIQUET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Time on: _____ off: _____ Type: CAT/ SOFTT/ Other: _____	CPR IN PROGRESS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Time started: _____ Time ended: _____	GENDER <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	PRE-HOSP. WARMING <input type="checkbox"/> Blanket <input type="checkbox"/> Space blanket <input type="checkbox"/> Body bag <input type="checkbox"/> Other:	
PRE HOSP. MEDS @ _____ (time) <input type="checkbox"/> Morphine _____ <input type="checkbox"/> RSI Meds _____ <input type="checkbox"/> Antibiotic _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Fentanyl _____ <input type="checkbox"/> Seizure Med _____ <input type="checkbox"/> Mannitol _____	HOSP. WARMING <input type="checkbox"/> Radiant Warmer <input type="checkbox"/> IV bag Warmer <input type="checkbox"/> Bair Hugger <input type="checkbox"/> Pre-arrival <input type="checkbox"/> Other:			
CHIEF COMPLAINT <u>Mustard exposure</u> <u>Chemical</u>	EVAC FROM (Check/circle all that apply) <input type="checkbox"/> Field <input type="checkbox"/> Coalition <input checked="" type="checkbox"/> USA <input type="checkbox"/> USN <input type="checkbox"/> USAF <input type="checkbox"/> USMC Init Resp/Fwd Resus Care/Theater Hosp			

## PRIMARY SURVEY

AIRWAY	BREATHING	Breath Sounds	CIRCULATION	DEFICIT/NEURO
<input type="checkbox"/> Patent <input type="checkbox"/> Stridor <input type="checkbox"/> Drooling <input type="checkbox"/> Obstructed <input type="checkbox"/> Oral/Nasal Airway <input type="checkbox"/> BVM <input type="checkbox"/> Combi Tube <input type="checkbox"/> Intubated <input type="checkbox"/> Other:	<input type="checkbox"/> Unlabored <input type="checkbox"/> Labored <input type="checkbox"/> Absent <input type="checkbox"/> Retraction <input type="checkbox"/> Flaring Trachea: <input checked="" type="checkbox"/> Midline <input type="checkbox"/> Deviated Chest Symmetry: (circle one) Left > <u>Equal</u> < Right	Right Left <input type="checkbox"/> Clear <input type="checkbox"/> <input type="checkbox"/> Rales <input type="checkbox"/> <input type="checkbox"/> Wheeze <input type="checkbox"/> <input type="checkbox"/> Absent <input type="checkbox"/>	Skin: <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Hot <input type="checkbox"/> Pink <input type="checkbox"/> Pale <input type="checkbox"/> Cyanotic <input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Diaph Heart Sounds: <input type="checkbox"/> Clear <input type="checkbox"/> Muffled Capillary Refill: <input type="checkbox"/> < 2 seconds (normal) <input type="checkbox"/> > 2 seconds (delayed)	<input type="checkbox"/> Alert <input type="checkbox"/> Responds to Verbal <input type="checkbox"/> Responds to Pain <input type="checkbox"/> Unresponsive GCS: <u>15</u> Eyes <u>4</u> / 4 Verbal <u>5</u> / 5 Motor <u>6</u> / 6 Total <u>15</u> Sphincter Tone: <input type="checkbox"/> WNL <input type="checkbox"/> Weak <input type="checkbox"/> None

## SECONDARY SURVEY

HEAD/NECK/EENT	HEART/THORACIC	ABDOMINAL/GU	EXTREMITIES
Drainage: Nose (color) _____ CSF: + / - Eyes: Equal R/L Fixed R/L Reactive R/L Dilated R/L Other: _____ C-Spine Tender: <input type="checkbox"/> Yes <input type="checkbox"/> No Dental Injury: <input type="checkbox"/> Yes <input type="checkbox"/> No Tympanic Membrane: Clear R L Blood R L	Rhythm: <input type="checkbox"/> NSR (tachy/brady) <input type="checkbox"/> V-fib/tach <input type="checkbox"/> PEA <input type="checkbox"/> Asystole <input type="checkbox"/> Other Pulses: S = Strong D = Doppler W = Weak A = Absent Carotid _____ R _____ L Femoral _____ R _____ L Brachial _____ R _____ L Radial _____ R _____ L Pedal _____ R _____ L JVD Distension: <input type="checkbox"/> Yes <input type="checkbox"/> No Flail _____ R _____ L	<input checked="" type="checkbox"/> Flat <input type="checkbox"/> Distended <input type="checkbox"/> Obese <input type="checkbox"/> Non-tender <input type="checkbox"/> Tender <input type="checkbox"/> Rigid <input type="checkbox"/> Guarding <input type="checkbox"/> Rebound Tenderness <input type="checkbox"/> Unable to Assess <input type="checkbox"/> Open Wound FAST DONE: POS / NEG / NA Last Meal @ _____	Pelvis Stable: <input type="checkbox"/> Yes <input type="checkbox"/> No Binder: <input type="checkbox"/> Yes <input type="checkbox"/> No Hemorrhage: <input type="checkbox"/> Yes <input type="checkbox"/> No Blood at Meatus/Vagina: <input type="checkbox"/> Yes <input type="checkbox"/> No Fracture/Dislocation: <input type="checkbox"/> RUE <input type="checkbox"/> RLE <input type="checkbox"/> LUE <input type="checkbox"/> LLE Motor Sens ROM RUE + / - + / - + / - LUE + / - + / - + / - RLE + / - + / - + / - LLE + / - + / - + / - LOG ROLL TIME: Back exam: <input type="checkbox"/> WNL <input type="checkbox"/> ABNL (describe)

## PATIENT IDENTIFICATION

DUKETT, PHILLIP

332 EMDG, AFTH, BALAD AB, Iraq

MTF Transferred from:

MTF:

## ALLERGIES

☒ Unknown  
☐ NKDA  
☐ PCN  
☐ Sulfa  
☐ Morphine  
☐ Codeine  
☐ ASA  
☐ Other:

## PAST MED HX

☐ Unknown  
☒ None  
☐ Respiratory hx  
☐ Seizure hx  
☐ Cardiac hx  
☐ HTN  
☐ DM  
☐ Ulcers  
☐ Other:

## CURRENT MEDICATIONS

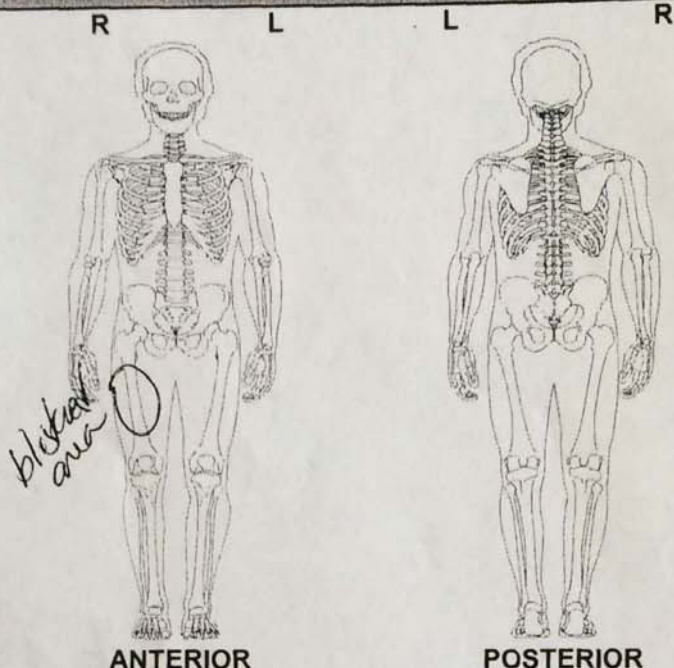
☐ Unknown  
☒ None  
☐ List Current Meds:



## JOINT THEATER TRAUMA NURSING RECORD

## SECONDARY SURVEY

(AB)rasion  
(AMP)utation  
(AV)ulsion  
(BL)eeding  
(B)urn  
(C)repitus  
(D)eformity  
(DG)Degloving  
(E)cchymosis  
(FX)Fracture  
(F)oreign Body  
(GSW)Gun Shot Wound  
(H)ematoma  
(LAC)eration  
(PW)Puncture Wound  
(P)ain  
(SS)Seatbelt Sign  
(SW)Stab Wound



ANTERIOR

POSTERIOR

## MECHANISM OF INJURY

☐ Assault/Fight ☐ Hot Obj/Liquid  
☐ Biological ☐ IED  
☐ Blast/Explosion ☐ Knife/Edge  
☐ Blunt Trauma ☐ Landmine  
☐ Bomb ☐ Machinery  
☐ Bldg Collapse ☐ Mortar  
☐ Burn ☐ Multi-frag  
☒ Chemical ☐ MVC  
☐ Crush ☐ Plane Crash  
☐ Drowning ☐ Rad/Nuclear  
☐ Fall ☐ Single Frag  
☐ Flying Debris ☐ UXO  
☐ Grenade  
☐ GSW/Bullet  
☐ Helo Crash  
☐ Other: *390*

Burn:

☐ 1st ☒ 2nd ☐ 3rd

%TBSA = Cause

## PRE-HOSPITAL HEMOSTATIC DEVICES:

☐ Unknown ☐ None ☐ Direct Pressure ☐ Field Dressing  
☐ Quick Clot ☐ Fibrin Bandage (Type: example: Chitosan) ☐ Other:

## PROTECTIVE GEAR

☐ Unknown

Worn

Not Worn

Struck

Penetrated

Helmet (Kevlar / ACH / MICH / CVC / AVN / USMC)

Flak Vest/IBA (circle XSM/S/M/L/XL/XXL/XXXL/XXXXL)

Ceramic Plate (circle XSM / S / M / L / XL)

Eyewear (SPECS/SG-1/BLPS/UVEX XC/ESS land/ESS NVG/SWDG)

Deltoid/Axilla Ext (left/ right)

Neck Protector (collar/ throat)

Groin/leg ext

TIME	PROCEDURE	SIZE/TYPE	SITE	BY	RESULTS	X-RAY	CT
	ET Intubation (Adnl changes in Notes)	Teeth	<input type="checkbox"/> oral <input type="checkbox"/> nasal		<input type="checkbox"/> ETCO <sub>2</sub> Change <input type="checkbox"/> BBS Post Int. <input type="checkbox"/> Verified Suction Y N	TIME TYPE	TIME TYPE
	Gastric Tube		<input type="checkbox"/> oral <input type="checkbox"/> nasal			<input checked="" type="checkbox"/> Chest	Head
	Urinary	Amt Color	<input type="checkbox"/> meatus <input type="checkbox"/> supra.		Heme Dip + / - Results cc	Abdom.	Chest
	Chest tube #1		L R		Air Blood	C-spine	Abdom.
	Chest tube #2		L R		Air Blood	Pelvis	Pelvis
	A-line		L R			Extrem.	
	Thoracotomy		L R				
	Tourniquet	Type:	Site:			O2 on: O2 off: Nasal cannula <input type="checkbox"/>	
						NRB Mask <input type="checkbox"/>	
						BVM <input type="checkbox"/>	

## LABS (others in Notes)

## Intravenous Access

Time	Test	Time	Test	Time	#	Gauge	IVF Type	Site	Amt Up	Amt In
	CBC		T & S	150	41	13	ELAC			
	ABG		T & C x							
	Chemistry		UA							
	PT/PTT		HCG							
	TEG		Other							

## PATIENT IDENTIFICATION

Name: (Last/First/Rank)

Patient ID./SSN:

DOB: (ddmmyy)

Deployed Unit

Age

Total:



## PATIENT MOVEMENT RECORD

DATA PROTECTED BY PRIVACY ACT OF 1974

PERMANENT MEDICAL RECORD

(S) - Information needed to submit patient movement record

## SECTION I

## PATIENT IDENTIFICATION

(s) NAME (Last, First, Middle Initial) <u>Dubett, Philip J</u>				(s) SSN <u>[REDACTED]</u>		DATE OF BIRTH <u>[REDACTED]</u>	
(s) AGE <u>24</u>	(s) SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	(s) STATUS <u>Active</u>	(s) SERVICE <u>Army</u>	(s) GRADE <u>E5</u>	(s) UNIT OF RECORD AND PHONE NUMBER <u>Schofield Barracks</u>		CITE NUMBER

## SECTION II

## VALIDATION INFORMATION

(s) Medical Treatment Facility Origination and Phone Number <u>LCMC</u>				(s) Ready Date (Julian Date)		APPOINTMENT DATE		NUMBER OF ATTENDANTS (s) MEDICAL <input checked="" type="checkbox"/> (s) NON-MED <input checked="" type="checkbox"/>		
(s) Medical Treatment Facility Destination and Phone Number <u>Home Station - Schofield Barracks</u>				(s) CLASSIFICATION 1A-5F <input checked="" type="checkbox"/> AMBULATORY <input type="checkbox"/> LITTER		(s) PRECEDENCE U <input type="checkbox"/> P <input type="checkbox"/> R <input checked="" type="checkbox"/>				
(s) Reason Regulated	Max # Stops	Max # RONS	Altitude Restriction	(s) CCATT Required yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Name, sex, weight, rank of attendants:					

## SECTION III

## OTHER INFORMATION

(s) Attending Physician name, Phone Number and e-mail <u>[REDACTED]</u>				(s) Accepting Physician name, Phone Number and e-mail <u>[REDACTED]</u>					
(s) Origination Transportation 24 Hour Phone Number				(s) Destination Transportation 24 Hour Phone Number					
(s) Insurance Company		Address		Phone #		Policy #		Relationship to policy holder	
(s) Waivers (med equip, etc)									

## SECTION IV

## CLINICAL INFORMATION

(s) Diagnosis <u>① thigh mustard gas exposure</u>		(s) Allergies <u>NKA</u>		LABS (Date and time drawn in Zulu)									
				WBC		HGB		HCT		Other Labs			
(s) WEIGHT: <u>126</u>		(S) Blood type: <u>O Pos</u>		Vital Signs (Date and time taken in Zulu)									
<input checked="" type="checkbox"/> battle casualty	<input type="checkbox"/> disease	Date	Time (Zulu)	B/P	Pulse	Resp	Pain Level	Last Pain Med	O <sub>2</sub> /LPM	Route			
<input type="checkbox"/> non-battle injury		<u>20 AUG 08</u>	<u>1154</u>	<u>131/66</u>	<u>64</u>	<u>16</u>	<u>4</u> /10						
CLINICAL ISSUES				Baseline O2 Sat If Applicable <u>99</u>				Temp <u>97.7</u>					
Infection Control Precautions:		LMP:		SPECIAL EQUIPMENT (Check all that apply)						OTHER:			
Date of last bowel movement:				Suction		Traction		Orthopedic devices		<u>None</u>			
High Risk for Skin Breakdown		yes <input type="checkbox"/> no <input type="checkbox"/>		NG Tube		Monitor		Restraints					
Initial appropriate boxes:				Foley		Trach		Chest Tubes					
Yes	No	Yes	No	Incubator		IV Pumps		IV Location:					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cast Location:		Bivalved:		yes <input type="checkbox"/> no <input type="checkbox"/>					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ventilator		Ventilator Settings:							
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DIET INFORMATION (Check all that apply)									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NPO		Soft		Full Lig		CI Liq <input checked="" type="checkbox"/> Reg			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Renal		Gm Protein		Gm Na		Meq K			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tube Feeding		Type		cc/hr		Discontinue for Flight			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cardiac		Diabetic		cal		Infant formula: Pediatric Age:			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TPN:									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other(specify):									
*Medication listed on physician's orders													

## SECTION V

## PERTINENT CLINICAL HISTORY (Transfer Summary)

24-y.o. male, AD Army. Exposed to mustard gas on 16 AUG while handling unexploded munitions. Decontaminated in Balad. Now with large painful coalescing blisters on anterior right thigh. Consult Derm, provided dressing supplies, sent TEE consult.

Physician's Signature

MD, Internal Medicine  
LRMC. [REDACTED]

Date/Time

20 AUG 08/1210

Signature of Clearing Flight Surgeon

Date/Time



# PATIENT MOVEMENT RECORD (continuation)

DATA PROTECTED BY PRIVACY ACT OF 1974

PERMANENT MEDICAL RECORD

PATIENT MOVEMENT PHYSICIAN ORDERS (for continued care in the AE system and at enroute stops)

## SECTION I. PATIENT IDENTIFICATION

1. NAME (Last, First, Middle Initial)

2. GRADE

3. SSN#

4. ALLERGIES

5. ORIGINATING MTF

6. DESTINATION MTF

## SECTION II. MEDICATION ORDERS (Drugs and IVs)

## SECTION III. OTHER ORDERS (Procedures, Treatment, V/S Frequency, ETC)

☒ yes ☐ no patient will self-medicate with the following medications:

Tylenol 650mg PO Q 6°  
pm pain

Pericort 5/325 - 1 + 2 tabs  
PO Q 6° pm pain

DWMMC Clinic

Diagnosis:

Cleared by provider for EVAC TBI SCREEN

Negative ☒

Positive ☐

May fly commercial ☐

With Symptoms ☐

Without Symptoms ☐

Mild ☐

Moderate ☐

Severe ☐

Mace Score:

Radiology Results:

*[Signature]*

*[Signature]*

CDR USN MSC

MPAS Emergency Medicine

DWMMC Clinic

A/B DWMMC

See Attached *[Redacted]* for A/B  
Nursing documentation  
one Bellane

NAME  
BUCKET



# PATIENT MOVEMENT RECORD

## PROGRESS NOTE

DATA PROTECTED BY PRIVACY ACT OF 1974

PERMANENT MEDICAL RECORD

NAME (Last,First,Middle Initial)  
DUNKETT, PHILIP J

DATE/TIME(ZULU)

NOTES

### History:

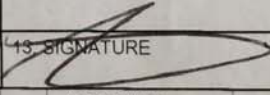

A/E DWMMC 233 2008 0920. TBI Screen: Negative. DOI:16AUG08. C/C: Pt exposed to Mustard Gas while handling unexploded munitions. Was Decon in Balad. Sustained large painful blisters to R thigh. Arrived LPMC on 19AUG08 to Internal Medicine /Dermatology Clinic. Evaluated: [REDACTED] Dx: R Thigh Mustard Gas Exposure. Plan to TCC CONUS for: >60 day medical management. Denies PMH:PSH:. Assessment: AOx3, NAD. Ambulates with minimal difficulty. Blisters now open, covered with cream and dressing. Dressings not saturated, changing daily. Can tolerate prolonged sitting. Pain is significantly decreased with ointment. 1:10 with meds, 3:10 without meds. Will have ample supply of meds and can self medicated as needed. No other physical limitations. No discomfort with flying. Has Mil ID for travel. No visible wounds or bruises. Can egress/digress AC without assistance. Can carry own bags and will use cart at airport. Use of standard and MRSA contact precautions for Acinotobacter as per AFI 41-307 ATCH 12. May fly commercial as per MD note / highly recommended by DWMMC AE. Safe Flight. CDR [REDACTED] NC USN. Pt preference is: [REDACTED]

DWMMC PROGRESS NOTES  
DO NOT REMOVE

( REVERSE )

**PHYSICAL PROFILE**

For use of this form, see AR 40-501; the proponent agency is the Office of the Surgeon General.

1. MEDICAL CONDITION: (Description in lay terminology) <input checked="" type="checkbox"/> INJURY? Or <input type="checkbox"/> ILLNESS/DISEASE? s/p kidney removal left		2. CODES (Table 7-2 AR 40-501)	3.	P	U	L	H	E	S
				3	1	1	1	1	1
				Temporary					
				Permanent					
4. PROFILE TYPE								YES	NO
a. TEMPORARY PROFILE (Expiration date YYYYMMDD) <u>2009/11/05</u> (Limited to 3 months duration)								<input checked="" type="checkbox"/>	
b. PERMANENT PROFILE (Reviewed and validated as a minimum with every periodic physical exam or after 5 years from the date of issue)									<input checked="" type="checkbox"/>
c. IF A PERMANENT PROFILE WITH A 3 OR 4 PULHES, DOES THE SOLDIER MEET RETENTION STANDARDS IAW CHAPTER 3 AR 40-501? (IF USAR/ARNG/ARNGUS SOLDIER NOT ON ACTIVE DUTY SEE PARA. 9-10 & 10-26, AR 40-501 IF SOLDIER DOES NOT MEET RETENTION STANDARDS.)									
5. FUNCTIONAL ACTIVITIES FOR PERMANENT AND TEMPORARY PROFILES (If any answer (a-f) is NO then the profile should be at least a 3)									
a. ABLE TO CARRY AND FIRE INDIVIDUAL ASSIGNED WEAPON								<input checked="" type="checkbox"/>	
b. ABLE TO MOVE WITH A FIGHTING LOAD AT LEAST 2 MILES (48 LBS. Includes helmet, boots, uniform, LBE, weapon, protective mask, pack, etc.)									<input checked="" type="checkbox"/>
c. ABLE TO WEAR PROTECTIVE MASK AND ALL CHEMICAL DEFENSE EQUIPMENT								<input checked="" type="checkbox"/>	
d. ABLE TO CONSTRUCT AN INDIVIDUAL FIGHTING POSITION (Dig, fill, & lift sand bags, etc.)									<input checked="" type="checkbox"/>
e. ABLE TO DO 3-5 SECOND RUSHES UNDER DIRECT AND INDIRECT FIRE								<input checked="" type="checkbox"/>	
f. IS SOLDIER HEALTHY WITHOUT ANY MEDICAL CONDITION THAT PREVENTS DEPLOYMENT?									<input checked="" type="checkbox"/>
6. APFT	YES	NO	ALTERNATE APFT (Fill out if unable to do APFT run otherwise N/A)				YES	NO	
2 MILE RUN		<input checked="" type="checkbox"/>	APFT WALK				N/A	<input checked="" type="checkbox"/>	
APFT SIT-UPS		<input checked="" type="checkbox"/>	APFT SWIM				N/A	<input checked="" type="checkbox"/>	
APFT PUSH UPS		<input checked="" type="checkbox"/>	APFT BIKE				N/A	<input checked="" type="checkbox"/>	
7. STANDARD OR MODIFIED AEROBIC CONDITIONING ACTIVITIES (Check all applicable boxes)									
UNLIMITED RUNNING			OR RUN AT OWN PACE & DISTANCE				<input checked="" type="checkbox"/>		
UNLIMITED WALKING			OR WALK AT OWN PACE & DISTANCE				<input checked="" type="checkbox"/>		
UNLIMITED BIKING			OR BIKE AT OWN PACE & DISTANCE				<input checked="" type="checkbox"/>		
UNLIMITED SWIMMING			OR SWIM AT OWN PACE & DISTANCE				<input checked="" type="checkbox"/>		
8. UPPER BODY WEIGHT TRAINING (See FM 21-20)	<input checked="" type="checkbox"/>		9. LOWER BODY WEIGHT TRAINING (See FM 21-20)				<input checked="" type="checkbox"/>		
10. OTHER: e.g. Functional limitations and capabilities and other comments: (May continue on page 2) PT to tolerance. Crunches ok. No sit-ups. No gear.					11. THESE PARAMETERS ARE OPTIONAL USE AS NEEDED Lifting or carrying max weight <u>45</u> or <u>tolerance</u> distance Running maximum distance <u>tolerance</u> Prolonged standing - maximum time per episode Marching with standard field gear except rucksack max distance Impact activities such as jumping max # reps in one day				
<input type="checkbox"/> This temporary profile is an extension of a temporary profile first issued on									
12. TYPE NAME & GRADE OF PROFILING OFFICER Amy E Hawkins, MPAS, PA-C CPT, SP					13. SIGNATURE 		14. DATE (YYYYMMDD) 2009/10/15		
15. ACTION BY APPROVING AUTHORITY					APPROVED		NOT APPROVED		
16. TYPE NAME & GRADE OF SENIOR PROFILING OFFICER OR APPROVING AUTHORITY					17. SIGNATURE		18. DATE (YYYYMMDD)		
19. ACTION BY UNIT COMMANDER (See para 7-12, AR 40-501) THIS PROFILE REQUIRES A CHANGE IN THIS SOLDIER'S MOS or DUTY ASSIGNMENT							YES		NO
20. COMMENT									
If this is a <b>permanent</b> profile with a PULHES serial of 3 or 4 refer to block 4c									
21. TYPED NAME & GRADE OF UNIT COMMANDER					22. SIGNATURE		23. DATE (YYYYMMDD)		
24. PATIENT'S IDENTIFICATION (For typed or written entries give: Name(last, first); grade; SSN; hospital or medical facility) Dukett, Philip James SGT SB TMC					25. UNIT WALUBO - 0014 IN BN 01 B CO				
					26. ISSUING CLINIC, PROVIDER E-MAIL & PHONE NUMBER 				
PROFILING OFFICER (Or Approving Authority if applicable) IS RESPONSIBLE FOR ENSURING THE PULHES & DATE OF PROFILE IS ENTERED INTO MEDPROS. ORIGINAL COPY POSTED IN MEDICAL RECORDS, 1 COPY TO UNIT COMMANDER, 1 COPY GIVEN TO SOLDIER, 1 COPY TO MILPO.									



## 2nd Brigade Combat Team Reintegration Checklist

All required items on this list must be complete prior to Soldier departing for block leave.

1. Name (Last, First, MI) <b>Dukett Philip J</b>		2. Unit <b>Aco 2-84ID</b>	3. SSN [REDACTED]
4. Plane Load # <b>15</b>	5. Date Returned to Ft. Hood <b>Nov. 7, 2006</b>	6. Requested Leave Dates <b>Dec</b>	7. Original Deployment Date <b>25 Nov 05</b>
8. Email Address (AKO) [REDACTED]			
9. Separation Date (From Unit)		10. Separation Date (From Army) <b>Nov. 22, 2007</b>	11. Orders In Hand (YES / NO)

## Garrison Tasks

	Complete	Initials	Date
Complete Installation Reintegration Training			
Complete Reverse SRP - Raider Gym			
Reset Common Access Card (CAC) PIN - Copeland Center Front Desk (as required)			
*Phantom Express Registration - MP Station on 58th St. (Must have readable CAC)			
*Attend ACAP Career Counseling (as required) - Copeland Center, 3rd Floor			
Sign for / Inventory Barracks Room (as required)			
Bldg #			
Room #			

## Unit (CDR / 1SG)

	Complete	Initials	Date
Update Alert Roster Information	<b>yes</b>	<b>SAB</b>	<b>17 Nov 06</b>
Update Personnel Data Sheet			
Assemble Leave Packet w/ BN (Rear) Signatures			

## S1

	Complete	Initials	Date
*Verify completion of Evaluation Report (OER or NCOER as required)			
*Verify completion of Deployment Award(s) (as required)			
Verify PERSTEMPO			
Sign for Meal Card (as required)	<b>N/A</b>	<b>IRC</b>	
Complete Change of Address card (DA Form 3955) (as required)	<b>X</b>	<b>JM</b>	<b>17 NOV 06</b>
Turn in Medical Records with DD Form 2766 Insert upon completion of R-SRP			
Leave Packet (DA31, Counseling, POV Insp., Risk Assessment) Turned In			

## S2

	Complete	Initials	Date
Verify Status of Security Clearance (as required)			

## S3

	Complete	Initials	Date
Enroll in MOS required DA / Troop Schools (as required)			
Enroll in Fort Hood Specific Training (as required)			
TDY- Resolve outstanding vouchers (as required)			

## S4

	Complete	Initials	Date
*Schedule Household Goods Delivery (as required)	<b>YES</b>	<b>IRC</b>	<b>17 NOV 06</b>
*Retrieve stored POV (as required)	<b>JMA</b>	<b>IRC</b>	
*File claim for loss / damage to HHG or POV (as required)			

## S5

	Complete	Initials	Date
Turn in computer for DOIM Re-imaging and Updates (as required)			
*Complete Ft. Hood LAN Users Agreement (for Hood e-mail account holders)			
*Complete On-line DOIM Users training (for Hood e-mail account holders)			

## Safety

	Complete	Initials	Date
Receive Unit Safety Brief			
Receive Post-Deployment Suicide Prevention Brief			
Complete POV Inspection Checklist			
Reactivate Auto Insurance			
Update expired drivers license / vehicle registration / TX vehicle inspection			

## Verification - Completion of Reintegration Tasks

Accuracy Statement: I understand I am certified for reintegration and, to the best of my knowledge, all the information on this form is correct and accurate.

Signature	Title	Date
Battalion (Rear) CDR / 1SG Verification	CDR / 1SG Signature & Date	



E-5 Army

ICW Bd#37

## OCCUPATIONAL ILLNESS / INJURY REPORT

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - Use Blanket PAS - DD Form 2005)

I. PATIENT IDENTIFICATION				
1. NAME (Last, First, MI) Dukett, Phillip	2. SSAN [REDACTED]	3. GRADE <input checked="" type="checkbox"/> MIL <input type="checkbox"/> CIV	4. SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	5. AGE 24
6. WORK LOCATION JSS Roward, Iraq	7. DUTY PHONE [REDACTED]	8. ORGANIZATION AND SYMBOL B CI 114/2 BRIG 25	9. INSTALLATION JSS Roward, Iraq	
10. OCCUPATION (Job Title/AFSC) Infantry Troop		11. SUPERVISOR (Name and Duty Phone) [REDACTED]		

II. INCIDENT / ILLNESS DATA	
12. DATE AND TIME OF EXPOSURE: 16 Aug 08 @ 1830 ILLNESS: 17 Aug 08 @ 0900	13. STATUS AT TIME OF EXPOSURE <input checked="" type="checkbox"/> ON DUTY <input type="checkbox"/> OFF DUTY <input type="checkbox"/> LEAVE <input type="checkbox"/> TDY <input type="checkbox"/> OTHER
14. DURATION OF EXPOSURE Unknown	15. WITNESS (Name and Phone) Dukett, Phillip [REDACTED]
16. DESCRIPTION OF SYMPTOMS AT ONSET OF ILLNESS Noticed a small yellow puss filled blister on right thigh while showering, immediately sought medical attention.	

III. MEDICAL DATA			
17. DIAGNOSIS AND RELEVANT MEDICAL DATA (Indicate affected body parts)  DX: Chemical burns to right thigh from Blister agent (positive for H Compound Mustard Gas)	18. CLASSIFICATION <sup>2</sup>		OSHA CODE
	<input checked="" type="checkbox"/>	OCCUPATIONAL SKIN DISEASE	21
	<input type="checkbox"/>	DUST DISEASE OF LUNGS	22
	<input type="checkbox"/>	RESPIRATORY CONDITION DUE TO TOXIC AGENT	23
	<input type="checkbox"/>	SYSTEMATIC EFFECT OF TOXIC MATERIAL (poisoning)	24
	<input type="checkbox"/>	DISORDER DUE TO PHYSICAL AGENT (Other than toxic material)	25
	<input type="checkbox"/>	DISORDER DUE TO REPEATED TRAUMA (Exclude hearing loss)	26
<input type="checkbox"/>	OTHER OCCUPATIONAL DISEASE	29	
<input type="checkbox"/> FATALITY <input type="checkbox"/> RESULTED IN UNCONSCIOUSNESS			
19. DATE/TIME OF INITIAL TREATMENT/DIAGNOSIS 16 Aug @ 1900 Initial Decon/17 Aug @ 1500 See block 17		20. MEDICAL FACILITY 332 EMDG, Joint Base Balad, Iraq	
21. TREATMENT ADMINISTERED (Check One) <input type="checkbox"/> FIRST AID <sup>1</sup> <input checked="" type="checkbox"/> DEFINITIVE CARE (Specify in Remarks)			
22. DISPOSITION OF PATIENTS			
YES	NO	NO OF DAYS	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	UNK	ADMITTED TO HOSPITAL <sup>2</sup>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNK	PLACED ON QUARTERS <sup>2</sup>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	UNK	RETURN TO LIMITED DUTY <sup>2</sup>
23. NAME OF MEDICAL OFFICER Martin Ottolini, Col, USAF, MC			

24. REMARKS  
Member was rapid deconned on site by Platoon Medic, he was then transfered to his Company Medic where again he was Deconned. Upon arrival he was throughly deconned using initially soap and water then a dilulted bleach solution, all personnal effects were removed and member was given alternante clothing.

IV. ENVIRONMENTAL DATA	
25. DESCRIBE JOB TASKS THAT RESULTED IN EXPOSURE TO HAZARDOUS MATERIALS / AGENTS (Specify the material / agent) While helping out EOD with controlled detonations at an Old Cache, came across 32 old rusted 155 MM rounds. EOD asked member to help move the rounds so they could control detonate them, member then grabbed a round that was leaking a fluid (later testing positive for H compound Mustard Gas). Member states that he was unaware that the round was leaking, he used his leg to support the round while he was throwing it into the pit.	

V. CASE CLASSIFICATION			
26. OCCUPATIONAL INCIDENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	27. TYPE <input checked="" type="checkbox"/> INJURY <input type="checkbox"/> ILLNESS	28. WORKPLACE IDENTIFIER 0 0 0 0 0 0 0 0 0 0	30. DATE (YYYYMMDD) 20080817
29. REVIEWING OFFICER [REDACTED]			

1. One-time treatment of minor scratches, cuts, burns, and splinters which do not require professional care.  
2. See AFR 127-12.

AF IMT 190, 19811010, V1

PREVIOUS EDITION IS OBSOLETE.