

AF FORM
JAN 59 11

OFFICER MILITARY RECORD

PRESERVATION COPY

[illegible]

13. ASSIGNMENT PREFERENCE STATEMENT										LAST NAME • FIRST NAME • MI • AFSN														
(To include as applicable, career objective, training desired, overseas area preference, 1. Area preference, type unit desired, type duty desired, etc.)										JENKINS, WALTER W. AO 15 76 186 Col														
										14. COMBAT RECORD														
										Tunisia 1943 (BSS) WDGO 59/1945, Sicily 1943 (BSS) WDGO 91/1945, Rome-Arno 1944 (BSS) WDGO 99/1945														
15. AERONAUTICAL RATINGS, DESIGNATIONS AND FLYING STATUS										16. RESERVE DATA														
RATING • STATUS					AUTHORITY					EFF. DATE					TEMP MAIL ADDRESS: WHITE HOUSE, WASH. DC									
															CIV OCC: ASST TO PRESIDENT of U.S. (LYNDON B. JOHNSON) RESERVE STATUS: READY FF AGREEMENT EXP: 21 DEC 65 MEDICAL STATUS: G-15 W/W DATE LAST MED: 6 FEB 60 TRAINING () FLYING () ATCHMT: 7791 AA SQ, PHARMEDS HFB, Md.									
TARSD					TRSD					INT. SEC. FLY: YES () NO () SEL SV #:														
17. ANNUAL FLYING HOURS										18. REMARKS														
DATE	CURRENT AIRCRAFT			NON-CURRENT AIRCRAFT			OTHER	ANNUAL TOTAL	SOCIAL SECURITY NO. 578 54 8442 PREVIOUS SERVICE NOS. 38068915															
	JET	CONV	MISC	JET	CONV	MISC																		
AIRCRAFT QUALIFICATIONS																								
TOTAL FLYING HOURS																								
DATE	M-JET	S-JET	M-CONV	S-CONV	MISC	OTHER	TOTAL																	

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PORT OF MEDICAL EXAMINATION

2

1. LAST NAME—FIRST NAME—MIDDLE NAME JENKINS, Walter Wilson			2. GRADE AND COMPONENT OR POSITION COL USAFR		3. IDENTIFICATION NO. 0-1576186	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) 3704 Huntington, N.W., Wash., D.C.			5. PURPOSE OF EXAMINATION Periodic		6. DATE OF EXAMINATION 6 FEB 1964	
7. SEX Male	8. RACE Cau	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY 4 CIVILIAN 20		10. AGENCY HQ USAF	11. ORGANIZATION UNIT L & L	
12. DATE OF BIRTH 23 MAR 18		13. PLACE OF BIRTH Jolly, Texas		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN Marjorie Jenkins (Wife) Same as #4		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS The White House, Wash., D.C.				16. OTHER INFORMATION		
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

CLINICAL EVALUATION			NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)
NOR- MAL	(Check each item in appropriate column; enter "NE" if not evaluated)	ABNOR- MAL	
	18. HEAD, FACE, NECK, AND SCALP	X	18. Seborrheic dermatitis facial NCD 32. Scars from hemorrhoidectomy NCD 35. Rt. shoulder limited abduction 2° to bursitis NCI 40. Seborrheic dermatitis of chest NCD Neurodermatitis - right foot dorsum NCD Tinea Pedis NCD Palmar erythema NCD
X	19. NOSE		
X	20. SINUSES		
X	21. MOUTH AND THROAT		
X	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)		
X	23. DRUMS (Perforation)		
X	24. EYES—GENERAL (Visual acuity and refraction under items 59, 60 and 67)		
X	25. OPHTHALMOSCOPIC		
X	26. PUPILS (Equality and reaction)		
X	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)		
X	28. LUNGS AND CHEST (Include breasts)		
X	29. HEART (Thrust, size, rhythm, sounds)		
X	30. VASCULAR SYSTEM (Varicosities, etc.)		
X	31. ABDOMEN AND VISCERA (Include hernia)		
X	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	X	
X	33. ENDOCRINE SYSTEM		
X	34. G-U SYSTEM		
X	35. UPPER EXTREMITIES (Strength, range of motion)	X	
X	36. FEET		
X	37. LOWER EXTREMITIES (Excerpt feet) (Strength, range of motion)		
X	38. SPINE, OTHER MUSCULOSKELETAL		
X	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS		
X	40. SKIN, LYMPHATICS	X	
X	41. NEUROLOGIC (Equilibrium tests under item 72)		
X	42. PSYCHIATRIC (Specify any personality deviation)		
	43. PELVIC (Females only) (Check how done) ☐ VAGINAL ☐ RECTAL		

SURGEON GENERAL, USAF
WASHINGTON, D. C.

APR 22 1964

MEDICALLY ACCEPTABLE
AIR FORCE COMMISSION W/W
Charles Purinton Calver
Int. Medicine, Rheumatology
Texas

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)																REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES		
O—Restorable teeth /—Nonrestorable teeth X—Missing teeth XXX—Replaced by dentures (if N.S.)—Fixed bridge, brackets to include abutments																		
R I G H T	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L E F T	Type 3 Class I Qualified
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17		

45. URINALYSIS: A. SPECIFIC GRAVITY 1.015				46. CHEST X-RAY (Place, date, film number and result)			
1. ALBUMIN Neg.		D. MICROSCOPIC		2-6-64 #02716-64 Normal			
C. SUGAR Neg.		E. NEGATIVE		U.S. Nav Disp., Nav Dept., Wash., D.C.			
47. SEROLOGY (Specify test used and result) VDRL Neg.		48. EKG Within normal limits		49. BLOOD TYPE AND RH FACTOR		50. OTHER TESTS CBC & Sed Rate Normal	

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MEASUREMENTS AND OTHER FINDINGS																					
51. HEIGHT 71 3/4		52. WEIGHT 185		53. COLOR HAIR GreyBlack		54. COLOR EYES Brown		55. BUILD: ☐ SLENDER ☒ MEDIUM ☐ HEAVY ☐ OBESE			56. TEMPERATURE Normal										
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)															
A. SITTING SYS. 132 DIAS. 84		B. RECUMBENT SYS. DIAS. 		C. STANDING (3 min.) SYS. DIAS. 		A. SITTING 76		B. AFTER EXERCISE		C. 2 MIN. AFTER		D. RECUMBENT		E. AFTER STANDING 3 MIN.							
59. DISTANT VISION				60. REFRACTION				61. NEAR VISION J-1													
RIGHT 20/ 200		CORR. TO 20/ 20		BY Lens		S. OX		CORR. TO		BY											
LEFT 20/ 200		CORR. TO 20/ 20		BY Lens		S. OX		CORR. TO		BY											
62. HETEROPHORIA (Specify distance)																					
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV. CT		PC		PD							
63. ACCOMMODATION				64. COLOR VISION (Test used and result) Pseudo-Isochromatic Normal				65. DEPTH PERCEPTION (Test used and score)				UNCORRECTED									
RIGHT LEFT												CORRECTED									
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS TEST				69. INTRAOCULAR TENSION									
70. HEARING				71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)									
RIGHT WV 15 /15 SV 15		/15				250 250		500 512		1000 1024		2000 2048		3000 2896		4000 4096		6000 6144		8000 8192	
LEFT WV 15 /15 SV 15		/15		RIGHT																	
				LEFT																	

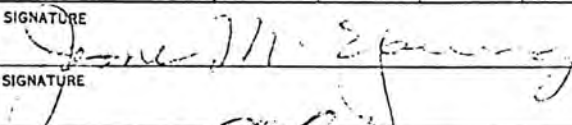
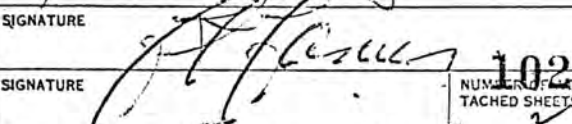
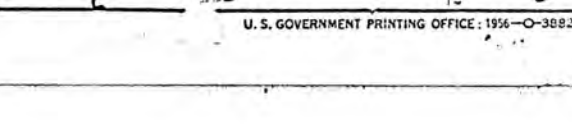
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

NO SIGNIFICANT ABNORMALITY
DISQUALIFYING OFFICER

(Use additional sheets if necessary)

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

No significant abnormality disqualifying officer.

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)						76. A. PHYSICAL PROFILE					
						P U L H E S					
77. EXAMINEE (Check)						B. PHYSICAL CATEGORY					
A. ☒ IS QUALIFIED FOR all duties of rank.											
B. ☐ IS NOT QUALIFIED FOR											
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER						A B C E					
79. TYPED OR PRINTED NAME OF PHYSICIAN James M. YOUNG, Captain MC USN						SIGNATURE 					
80. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE 					
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)						SIGNATURE 					
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY J. T. Janus, CDR DC USN						SIGNATURE 					
						NUMBER OF ATTACHED SHEETS 102					

U.S. GOVERNMENT PRINTING OFFICE: 1956-O-388206

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REPORT OF MEDICAL HISTORY

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

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1. LAST NAME—FIRST NAME—MIDDLE NAME JENKINS, WALTER WILSON				2. GRADE AND COMPONENT OR POSITION COL USAFR		3. IDENTIFICATION NO. 0-1576186	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) 3704 HUNTINGTON, N.W., WASHINGTON				5. PURPOSE OF EXAMINATION PERIODIC		6. DATE OF EXAMINATION 6 FEB 1964	
7. SEX M	8. RACE W	9. TOTAL YRS. GOVT. SERVICE MILITARY 4 CIVILIAN 20	10. DEPARTMENT, ARMY OR SERVICE AFHQ USAF		11. ORGANIZATION UNIT L+L		
12. DATE OF BIRTH 23 MAR 1918		13. PLACE OF BIRTH JOLLY, TEXAS		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN MRS. MARJORIE JENKINS—WIFE—SAME			
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS The White House Dispensary, Wash., D.C.				16. OTHER INFORMATION			

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

GENERALLY GOOD, SLIGHT BURSITIS PROBLEM, TENDENCY TO HIGH DIASTOLIC BLOOD PRESSURE, KIDNEY PROBLEM

18. FAMILY HISTORY					19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE			
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	(Check each item)	RELATION(S)
FATHER	96	DECEASED	STROKE	77		☒	HAD TUBERCULOSIS	
MOTHER	84	"	CANCER	71		☒	HAD SYPHILIS	
SPOUSE	42	GOOD			☒		HAD DIABETES	BROTHER
BROTHERS	65	DECEASED	HEART	51	☒		HAD CANCER	MOTHER
AND	60	DECEASED	BRIGHT'S DISEASE	33	☒		HAD KIDNEY TROUBLE	SISTER
SISTERS	57	GOOD			☒		HAD HEART TROUBLE	BROTHER
	54	FAIR				☒	HAD STOMACH TROUBLE	
CHILDREN	48	GOOD			☒		HAD RHEUMATISM (Arthritis)	FATHER
	17	"			☒		HAD ASTHMA, HAY FEVER, HIVES	SISTER
	15	"				☒	HAD EPILEPSY (Fits)	
	13	"				☒	COMMITTED SUICIDE	
	9	"				☒	BEEN INSANE	
	7	"				☒		

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)								
YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)
☒		SCARLET FEVER, ERYSIPELAS	☒		GOITER	☒		TUMOR, GROWTH, CYST, CANCER
☒		DIPHTHERIA	☒		TUBERCULOSIS	☒		RUPTURE
☒		RHEUMATIC FEVER	☒		SOAKING SWEATS (Night sweats)	☒		APPENDICITIS
☒		SWOLLEN OR PAINFUL JOINTS	☒		ASTHMA	☒		PILES OR RECTAL DISEASE
☒		MUMPS	☒		SHORTNESS OF BREATH	☒		FREQUENT OR PAINFUL URINATION
☒		WHOOPING COUGH	☒		PAIN OR PRESSURE IN CHEST	☒		KIDNEY STONE OR BLOOD IN URINE
☒		FREQUENT OR SEVERE HEADACHE	☒		CHRONIC COUGH	☒		SUGAR OR ALBUMIN IN URINE
☒		DIZZINESS OR FAINTING SPELLS	☒		PALPITATION OR POUNDING HEART	☒		BOILS
☒		EYE TROUBLE	☒		HIGH OR LOW BLOOD PRESSURE	☒		VENEREAL DISEASE
☒		EAR, NOSE OR THROAT TROUBLE	☒		CRAMPS IN YOUR LEGS	☒		RECENT GAIN OR LOSS OF WEIGHT
☒		RUNNING EARS	☒		FREQUENT INDIGESTION	☒		ARTHRITIS OR RHEUMATISM
☒		CHRONIC OR FREQUENT COLDS	☒		STOMACH, LIVER OR INTESTINAL TROUBLE	☒		BONE, JOINT, OR OTHER DEFORMITY
☒		SEVERE TOOTH OR GUM TROUBLE	☒		GALL BLADDER TROUBLE OR GALL STONES	☒		AMENESS
☒		SINUSITIS	☒		JAUNDICE	☒		LOSS OF ARM, LEG, FINGER, OR TOE
☒		HAY FEVER	☒		ANY REACTION TO SERUM, DRUG OR MEDICINE	☒		PAINFUL OR "TRICK" SHOULDER OR ELBOW

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

23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? 1	24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? MONTHS 24 YEARS	25. WHAT IS YOUR USUAL OCCUPATION? ADMINISTRATIVE ASST	26. ARE YOU (Check one) ☒ RIGHT HANDED 103
---	--	--	--

YES	NO	CHECK EACH	YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EX	ED IN BLANK SPACE ON RIGHT
	✓	27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF:		
	✓	A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.		
	✓	B. INABILITY TO PERFORM CERTAIN MOTIONS		
	✓	C. INABILITY TO ASSUME CERTAIN POSITIONS		
	✓	D. OTHER MEDICAL REASONS (If yes, give reasons)		
	✓	28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?		
	✓	29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)		
	✓	30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)		
	✓	31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)		
✓		32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)	HEMORRHOIDECTOMY - 42	
	✓	33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)		
	✓	34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)		
✓		35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)	DR. CHAS. W. THOMSON, WASHINGTON, DC.	
	✓	36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)		
	✓	37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)		
	✓	38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)		
	✓	39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)		

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

TYPED OR PRINTED NAME OF EXAMINEE

Walter W. JENKINS

SIGNATURE

Walter W. Jenkins

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

no significant problems at present. Past history indicated hypertension, now normal after weight loss, gout not treated and asymptomatic; abnormal B.S.P. returned to normal, and is allergic to sulfonamides. No stomach difficulty. He now B.S.P. returned to normal and repeated 2.7 Mon. 10. No further severe headaches for past 4 years.

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TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

James M. Young, CAPT

DATE

USN 6 FEB 64

SIGNATURE

James M. Young

NUMBER OF ATTACHED SHEETS

2

16-62289-1 U. S. GOVERNMENT PRINTING OFFICE: 1952-O-21344

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4

Ltr, Hq Comd (PRP-L), 6 March 1964, Medical Examination

5th Ind (AFMSPB)

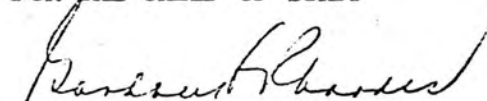
23 April 1964

Dept of the AF, Hq USAF, Bldg T-8, Wash DC 20333

TO: Hq Comd USAF (PRP-L), Bolling AFB DC 20332

The report of medical examination pertaining to Colonel Walter W. Jenkins, O-1576186, is returned certified as medically acceptable in accordance with Air Force Commission Standards, with waiver for chronic persistent calcific tendinitis, right supraspinatus tendon.

FOR THE CHIEF OF STAFF



GORDON H. RHOADES
Colonel, USAF, MC
Directorate of Professional Services
Office of the Surgeon General

1 Atch n/c

HEADQUARTERS
HEADQUARTERS COMMAND
UNITED STATES AIR FORCE
BOLLING AIR FORCE BASE DC. 20332



REPLY TO
ATTN OF: PRP-L

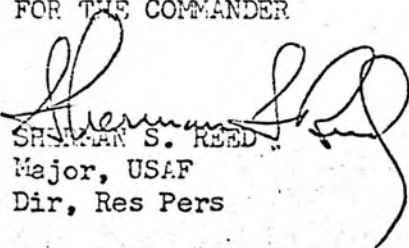
6 Mar 64

SUBJECT: Medical Examination

TO: Hq USAF (AFMSG)

Request the attached medical examination pertaining to Col Walter W. Jenkins, AFRes, who holds a mobilization position with Hq USAF (SAFLL), be reviewed for qualification for retention in the AFRes. Upon completion of review request this examination be returned to this office.

FOR THE COMMANDER


SHERMAN S. REED
Major, USAF
Dir, Res Pers

1 Atch
Med Exam

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Ltr, Hq Comd USAF (PRP-L), 6 Mar 64, Medical Examination

1st Ind (AFMSPB)

16 March 1964

Dept of the AF, Hq USAF, Bldg T-8, Wash DC 20333

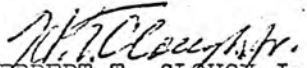
TO: Hq Comd USAF (PRP-L), Bolling AFB DC 20332

1. The report of medical examination pertaining to Colonel Walter W. Jenkins, O-1576186, is returned without action pending receipt of additional information as follows:

- a. Completion of items 60, 71, SF88.
- b. Orthopedic evaluation of right shoulder.
- c. Medical evaluation of history of severe headaches and stomach trouble, as reported on SF89, with necessary laboratory and x-ray studies performed if indicated.

2. The additional medical information, together with this correspondence and attachments should be forwarded to Headquarters USAF (AFMSPB), Wash DC 20333 for further review and necessary action.

FOR THE CHIEF OF STAFF


HERBERT T. CLOUGH Jr.
Colonel, USAF, MC
Directorate of Professional Services
Office of the Surgeon General

1 Atch n/c

Ltr, Hq Comd (PRP-L), 6 Mar 64, Medical Examination

2d Ind (PRP-L)

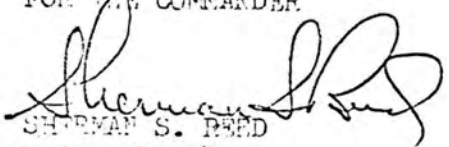
19 MAR 1964

Hq, Hq Comd, Bolling AFB, DC, 20032

TO: Capt James M. Young, MC, USN
The White House
Washington, DC, 20006

Returned for compliance with the first indorsement and return to this organization.

FOR THE COMMANDER


SHERMAN S. REED
Major, USAF
Director, Reserve Personnel

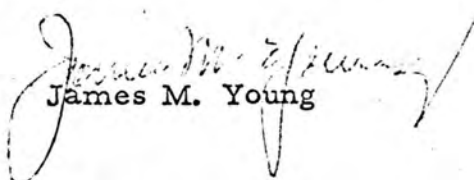
1 Atch
n/c

THIRD ENDORSEMENT

12 April 1964

From: Captain James M. Young, MC, USN
To: Director of Reserve Personnel
Subj: Physical examination; return of

1. Evaluations as listed have been completed and papers returned.


James M. Young

8
Ltr, Hq Comd (PRP-L), 6 Mar 64, Medical Examination

4th Ind (PRP-L)

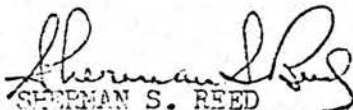
21 Apr 64

Hq Comd (USAF), Bolling AFB, DC, 20032

TO: Hq USAF (AFMSPB)

1st Ind complied with. Request completed examination be returned to this office upon completion of your review.

FOR THE COMMANDER


SHERMAN S. REED
Major, USAF
Dir, Res Pers

1 Atch
n/c

9
Ltr, Hq Comd (PRP-L), 6 March 1964, Medical Examination

5th Ind (AFMSPB)

23 April 1964

Dept of the AF, Hq USAF, Bldg T-8, Wash DC 20333

TO: Hq Comd USAF (PRP-L), Bolling AFB DC 20332

The report of medical examination pertaining to Colonel Walter W. Jenkins, O-1576186, is returned certified as medically acceptable in accordance with Air Force Commission Standards, with waiver for chronic persistent calcific tendinitis, right supraspinatus tendon.

FOR THE CHIEF OF STAFF

GORDON H. RHOADES
Colonel, USAF, MC
Directorate of Professional Services
Office of the Surgeon General

1 Atch n/c

REPORT OF MEDICAL EXAMINATION

28-104-02

10

1. LAST NAME—FIRST NAME—MIDDLE NAME JENKINS, Walter W.			2. GRADE AND COMPONENT OR POSITION Col, USAF		3. IDENTIFICATION NO. AO 1576106	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) 3704 Huntington, N. W., Wash., DC			5. PURPOSE OF EXAMINATION Quadrennial		6. DATE OF EXAMINATION 6 Dec 61	
7. SEX Male	8. RACE Cau	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY 1 1/2 CIVILIAN 18		10. AGENCY DAF	11. ORGANIZATION UNIT Hq USAF	
12. DATE OF BIRTH (43) 23 Mar 18		13. PLACE OF BIRTH Jolly, Texas		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN Marjorie W. Jenkins, wife, same as #1.		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS AMC, THE 2, JEAR HOBBS ANDREWS (PENTAGON) 25, DC				16. OTHER INFORMATION		
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total)		LAST SIX MONTHS

CLINICAL EVALUATION		NOTES (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)
NOR- MAL	(Check each item in appropriate column; enter "NE" if not evaluated.)	ABNOR- MAL
XX	18. HEAD, FACE, NECK, AND SCALP	
XX	19. NOSE	
XX	20. SINUSES	
XX	21. MOUTH AND THROAT	
XX	22. EARS—GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
XX	23. DRUMS (Perforation)	
XX	24. EYES—GENERAL (Visual acuity and refraction under items 69, 60 and 67)	
XX	25. OPHTHALMOSCOPIC	
XX	26. PUPILS (Equality and reaction)	
XX	27. OCULAR MOTILITY (Associated parallel movements, nystagmus)	
XX	28. LUNGS AND CHEST (Include breasts)	
XX	29. HEART (Thrust, size, rhythm, sounds)	
XX	30. VASCULAR SYSTEM (Varicosities, etc.)	
XX	31. ABDOMEN AND VISCERA (Include hernia)	
XX	32. ANUS AND RECTUM (Hemorrhoids, fistulas) (Prostate, if indicated)	32. Prostate normal in size, shape and consistency.
XX	33. ENDOCRINE SYSTEM	
XX	34. G-U SYSTEM	
XX	35. UPPER EXTREMITIES (Strength, range of motion)	
XX	36. FEET	
XX	37. LOWER EXTREMITIES (Excerpt feet) (Strength, range of motion)	
XX	38. SPINE, OTHER MUSCULOSKELETAL	
XX	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	39. 2.5 cm WHNS vertical, surgical scar, mid section of right posterior chest.
XX	40. SKIN, LYMPHATICS	40. Dermatomycosis between toes. 6 x 7 cm erythematous area, anterior mid-chest.
XX	41. NEUROLOGIC (Equilibrium tests under item 74)	
XX	42. PSYCHIATRIC (Specify any personality deviation)	
XX	43. PELVIC (Females only) (Check how done) ☐ VAGINAL ☐ RECTAL	

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)																	REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES		
O—Restorable teeth /—Nonrestorable teeth X—Missing teeth XXX—Replaced by dentures (6 X 8)—Fixed bridge, brackets to include abutments																	Type 3 Class II (Cleaning)		
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16			L
I	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17			E
G																	F		
H																	T		
T																			

LABORATORY FINDINGS			
45. URINALYSIS: A. SPECIFIC GRAVITY 1.023		46. CHEST X-RAY (Place, date, film number and result) Film #61-1096 - Normal Chest - 6 Dec 61 Aviation Medicine Clinic, The Pentagon	
D. ALBUMIN None		D. MICROSCOPIC Negative	
C. SUGAR None		49. BLOOD TYPE AND RH FACTOR A Pos.	
47. SEROLOGY (Specify test used and result) CM - Neg.		50. OTHER TESTS Lab Data: WBC 8400 with 60 neut., 36 lymph., 1 mon., 3 eos.; C.S.R. 3; hemat. 48; hemo. 14.9 gms. (Don't #73111)	

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MEASUREMENTS AND OTHER FINDINGS											
51. HEIGHT 71		52. WEIGHT 195		53. COLOR HAIR -		54. COLOR EYES -		55. BUILD: ☐ SLENDER ☒ MEDIUM ☐ HEAVY ☐ OBESE		56. TEMPERATURE 97.8	
57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)					
A. SITTING SYS. 136 DIAS. 88		B. RECUMBENT SYS. 130 DIAS. 88		C. STANDING (5 min.) SYS. 130 DIAS. 90		A. SITTING 64		B. AFTER EXERCISE 96		C. 2 MIN. AFTER 72	
D. RECUMBENT 68		E. AFTER STANDING 3 MIN. 66									
59. DISTANT VISION				60. REFRACTION				61. NEAR VISION			
RIGHT 20/ 100		CORR. TO 20/ 20		BY -2.75 S. +1.75		OX 180		20/50		CORR. TO 20/20	
LEFT 20/ 200		CORR. TO 20/ 20		BY -2.50 S. +1.50		OX 180		20/40		CORR. TO 20/20	
62. HETEROPHORIA (Specify distance)											
ES°		EX°		R. H.		L. H.		PRISM DIV.		PRISM CONV. CT	
-		-		-		-		-		-	
63. ACCOMMODATION				64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score)			
RIGHT		LEFT		VPC-IV Passes				UNCORRECTED			
-		-		-				CORRECTED			
66. FIELD OF VISION				67. NIGHT VISION (Test used and score)				68. RED LENS TEST			
Normal				-				-			
69. INTRAOCULAR TENSION				10.2 mmHg O.U.							
70. HEARING				71. AUDIOMETER							
				250 500 1000 2000 4000 6000 8000							
				dB HL							
RIGHT WV - /15 SV - /15				RIGHT -5 -5 -10 -10 -20 -15							
LEFT WV - /15 SV - /15				LEFT -5 -5 -10 -10 -20 -15							
72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)											
-											

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

The father died of coronary thrombosis at 78. The mother died of cancer of the esophagus at 76. One brother died at 57 of a coronary thrombosis. A sister died of Bright's disease at 34. Two brothers, 53 and 46, are in good health. One sister, at 50, is in fair health. The mother also had an unknown type of kidney disease. The father had rheumatism. A sister and brother had hay fever.

Scarlet fever at three years of age, no complications or sequela.

Humps and whooping cough in childhood, no complications or sequela.

In the past few years has had frequent neck and shoulder aching which is frequently associated with pain in the mid portion of the right upper arm. For the past several weeks this has been almost daily.

Has had no eye trouble except that he must wear glasses.

For the past 8-10 years has had (episodes of) intermittent cough. Is not bothered at the (Continued)

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

40. Dermatophytosis between toes.

44. Dental Class II.

59 & 61. Defective distant and near visual acuity, O.U., adequately corrected.

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)						76. A. PHYSICAL PROFILE					
						P U L H E S					
						- - - - -					
77. EXAMINEE (Check)						B. PHYSICAL CATEGORY					
A. ☒ IS QUALIFIED FOR B. ☐ IS NOT QUALIFIED FOR											
RETENTION IN AIR FORCE RESERVES											
78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER						A B C E					
						- - - - -					
79. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE					
LIEUTENANT A. COGS, COL, USAF MC SPS						[Signature]					
80. TYPED OR PRINTED NAME OF PHYSICIAN						SIGNATURE					
81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)						SIGNATURE					
82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY						SIGNATURE					
						NUMBER OF ATTACHED SHEETS					
						112					

CLINICAL RECORD

REPORT

Continuation of S. F. 83, dtd 6 Dec 61 (Page 2)
(Strike out one line) (Specify type of examination or date)

(Sign and date)

73. NOTES AND SIGNIFICANT OR INTERVAL HISTORY (Continued)

present time. Frequently the cough is productive of grey phlegm. Because of his excessive smoking of 1½-2 packages of cigarettes per day, the cough is probably the result of throat irritation due to excessive smoking.

History of hay fever when he is in Texas, but has very few symptoms while in the Washington, D. C. area.

While hospitalized in Jan 61 for hemorrhoidectomy, Dr. Charles W. Thompson, a G.P., completed other studies and found the patient to have a 25% retention of bromsulphalein while he was doing the liver function tests. He recommended that the patient abstain from all alcohol for six months, and to which the patient complied with, and had another BSP which was reported to be 7%. The patient again went back to his normal drinking habit of having a cocktail or two in the evening and the BSP was again elevated but the physician failed to tell him the percentage of retention of the BSP dye. However the physician recommended that he abstain from all alcohol thereafter. As far as the patient knows no other studies were done. The liver biopsy was not completed.

The only drug reaction that the patient knows about is hives after having taken sulfanilamide many years ago.

A cyst was excised from the mid portion of the posterior right chest in 1953.

Hemorrhoidectomy was performed 31 Dec 60. He has had no further trouble.

Has worn glasses since 1915.

Excision of cyst from the right posterior chest in 1953.

Hospitalized during the War in 1943 for sudden weight loss; etiology undetermined.

Treated by Dr. Charles Thompson at George Washington University Hospital, Washington, D.C., for an elevated BSP.

Denies all other disease, injuries or operations except for a history of migraine for many years through high school and college, but has not had migraine headaches for many years.

Habits: Drinks 2 cups of coffee per day; has had no alcohol for four months, prior to that, drank on the average of 1 oz. per day. Cigarettes - 1½-2 packages per day.

50. OTHER TESTS (Continued)

Lab Data (Continued): BUN 17 mg.%, glucose 66 mg.%, cholesterol 190 mg.%, serum bilirubin total 0.50 mg.% and free 0.25 mg.%, thymol turbidity 5.0 units, cephalin flocculation negative at 24 hours, alkaline phosphatase 8.4 K.A. units, uric acid 5.73 mg.%. BSP - 3.5% retention. Feces for occult blood, ova and parasites negative.

X-ray of Right Shoulder (6 Dec 61): There is calcification in the soft tissue adjacent to the greater tuberosity of the right humerus, indicating a calcareous tendinitis in this location. No bony abnormalities are noted in the examination of the right shoulder.

(Continued)

(Continue on reverse side)

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

JENKINS, Walter W., Col, USAF
Aviation Medicine Clinic, Rm 4A 750
The Pentagon, Washington 25, DC

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REPORT — CONTINUATION OF SF-83

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CLINICAL RECORD

~~CONTINUATION~~

or

Continuation of S. F. 88, dtd 6 Dec 61 (Page 3)
(Strike out one line) (Specify type of examination or data)

(Sign and date)

50. OTHER TESTS (Continued)

X-ray of Cervical Spine (6 Dec 61): There is slight straightening of the normal anterior curve in the lower cervical region and the intervertebral discs between C5 and C6 is narrowed with minimal spurring about the adjacent vertebral margins. Otherwise, the cervical portion of the spine has a normal appearance.

for FRANK A. GOSS
Colonel, USAF MC
Senior Flight Surgeon

(Continue on reverse side)

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

JENNINGS, Walter W., Col, USAF
Aviation Medicine Clinic, Rm 4A 750
The Pentagon, Washington 25, DC

REGISTER NO.

WARD NO.

~~CONTINUATION~~

CONTINUATION OF SF 88

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