1. LAST NAME - FIRST NAME - MI - AFSN - GRADE

JENKINS, WALTER W. A0 15 76 186 (AF Res) Col

3. PERSONAL DATA

DATE OF BIRTH	RELIGION	BIRTHPLACE
23 Mar 18	Catholic	Jolly, Texas

MARITAL AND DEPENDENCY STATUS	RACE	PERMANENT MAILING ADDRESS
M-7	CAU/M	3704 Huntington, N.W. Washington, D.C.

4. SERVICE DATA

SOURCE OF COMMISSION	DATE OF CURR. EAD.	CITY & STATE FROM WHICH ORDERED TO A.D.
OCS 42		

SERVICE DATES

TAFCSD 15 Jul 42	15 Jul 42	PSD Col	8 Sep 58
TAFMSD 54 10	30 Jun 64	PLSD	
TFCSD	15 Jul 42	DOS	
TMSD	26 Sep 41	UMT & SA OBLIG.	
TYSD	15 Jul 42	AD SV COMMITMENT	

5. GRADE DATA

TEMPORARY GRADE	PERMANENT GRADE	EFFECTIVE DATE	DATE OF RANK
2d Lt (P)	2d Lt	15 Jul 42	15 Jul 42
1st Lt		17 Jul 43	17 Jul 43
Capt		29 Jan 44	29 Jan 44
	Capt	29 Dec 45	
	Maj	20 Sep 46	
	Lt Col	16 Jul 53	
	Col	8 Sep 58	

CURRENT ACTIVE DUTY GRADE | DATE OF RANK

2. FOREIGN SERVICE

DATE DEPARTED	LOCATION	ACCOMPANIED OR UNACCOMPANIED	FSSD	REMOTE AREA
8 Feb 43	Africa	Unacc		Yes

FOREIGN SERVICE SUMMARY

DATE RETURNED ZI: 13 Mar 45

6. ASSIGNMENT LIMITATIONS

DEPARTED ON PCS. DISLOCATION ALLOWANCE

7. AIR FORCE SPECIALTIES

AFSC	DESIGNATED	SPECIALTY TITLE	DATE AWARDED
7016	P	Admin Staff Off	8 Sep 58

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AF FORM JAN 59 11 PREVIOUS EDITIONS OF THIS FORM MAY BE USED.

OFFICER MILITARY RECORD

LAST NAME - FIRST NAME - MI - AFSN

JENKINS, WALTER W. AO 15 76 186 Col

2

8. SERVICE SCHOOLS

SCHOOL - COURSE AND NUMBER	LENGTH	YEAR
OCS Qrtr Master, Ft Jackson, S.C.	13 Wks	Jul42

9. OTHER EDUCATION

NAME - LOCATION OF SCHOOL	DEGREE	YEAR COMPLETED
Univ of Texas, Austin, Texas	BBA(BusAdm)	1939

10. AWARDS

AWARD	AUTHORITY	PRESENTED
ADSM	AFR 900-10	Yes
WWIIVM	AFR 900-10	Yes
ACM	AFR 900-10	Yes
~~EAMEGM~~		
EAMECM	AFR 900-10	Yes
AFLSA	(25 Sep 45) AFR 900-10	Yes
~~AFRESM~~	~~AFR 900-10~~	~~Yes~~

11. SPECIAL QUALIFICATIONS

TYPE	BRIEF DESCRIPTION TO INCLUDE DATES
French	Read "P" Write "P" Understand "P"

12. PERSONNEL SECURITY CLEARANCE DATA

CLEARANCE	DATE GRANTED	TYPE, DATE AND LOCATION OF REPORT
TOP SECRET	5 Apr 56	BI, 19 Jan 56, Dist # 4, OSI, Bolling AFB, Wash 25, DC

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13. ASSIGNMENT PREFERENCE STATEMENT

(To include as applicable, career objective, training desired, overseas area preference, base preference, type unit desired, type duty desired, etc.)

LAST NAME - FIRST NAME - MI - AFSN

JENKINS, WALTER W. AO 15 76 186 Col

3

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

RATING - STATUS	AUTHORITY	EFF. DATE

TARSD | TRSD

16. RESERVE DATA

TEMP MAIL ADDRESS: White House, Wash. DC

CIV OCC: Asst To President of U.S. (Lyndon B. Johnson)

RESERVE STATUS: Ready FF AGREEMENT EXP: 31 Dec 65

MEDICAL STATUS: G/S w/w DATE LAST MED: 6 Feb 60

TRAINING ( ) FLYING ( ) ATCHMT: 99th AA Sq, Phillips AFB, Md.

WITHDRAWAL ELIGIBILITY: YES ( ) NO ( ) SEL SV #:

17. ANNUAL FLYING HOURS

DATE	CURRENT AIRCRAFT			NON-CURRENT AIRCRAFT			OTHER	ANNUAL TOTAL
	JET	CONV	MISC	JET	CONV	MISC		

AIRCRAFT QUALIFICATIONS

TOTAL FLYING HOURS

DATE	M-JET	S-JET	M-CONV	S-CONV	MISC	OTHER	TOTAL

18. REMARKS

SOCIAL SECURITY NO. 578 54 8442

PREVIOUS SERVICE NOS. 38068915

White House [illegible]

[illegible] X 7200

99

19. CHRONOLOGICAL LISTING OF SERVICE			LAST NAME - FIRST NAME - MI - AFSN	4
LODA	DAFSC	BRIEF DESCRIPTION OF DUTY - ORGANIZATION AND STATION	JENKINS, WALTER W. AO 15 76 186 Col	
26 Sep	41 - 14	Jul 42, Enl MG Pvt, Prin Dy, OCS (EAD)		
15 Jul	42 - 29	Dec 45, Comm, MG Capt, Prin Dy, Adjutant (EAD) 30 Dec 45 - 22 Jan 58, Comm,		
MG Lt Col, Prin Dy, Dpty Chief, Congressional Div, Hq USAF, SAFLL (RES) 1 - 14, 1- 15, 1- 16				
Day AD	tour			
23Jan58	701/Col	Dpty Chief, Leg Div, Hq USAF, SAFLL, Wash, DC (RES) 1 - 7 day, 1 - 15 day		
		AD tour		
1Nov60	7016/Col	Chief, Senate Liaison Off, Hq USAF, SAFLL, Wash, DC (RES)		
30Jun61	7016	Col - Chf Senate Liaison Off - 15 days AD		
30Jun62	7016	Col - Chf Senate Liaison Off - 15 days AD		
30Jun63	7016	Col - Chf Senate Liaison Off - 15 days AD		
30Jun64	7016	Col - Chf Senate Liaison Off - 0 days AD		

20. DATE LAST ER SUBMITTED	
DATE	TYPE
18Jul58	CRO
31Dec58	Annual
31Dec59	Annual
31Oct61	CRO
31Dec61	AD Tour
10Dec62	1085A

100

Standard Form 88
(Rev. June 1956)

[REP]ORT OF MEDICAL EXAMINATIO[N]

2

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
JENKINS, Walter Wilson	COL USAFR	0-1576186

4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)	5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
3704 Huntington, N.W., Wash., D.C.	Periodic	6 FEB 1964

7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE		10. AGENCY	11. ORGANIZATION UNIT
Male	Cau	MILITARY 4	CIVILIAN 20	HQ USAF	L & L

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
23 MAR 18	Jolly, Texas	Marjorie Jenkins (Wife) Same as #4

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
The White House, Wash., D.C.	

17. RATING OR SPECIALTY	TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS

CLINICAL EVALUATION

(Check each item in appropriate column; enter "NE" if not evaluated.)

NORMAL	ITEM	ABNORMAL
	18. HEAD, FACE, NECK, AND SCALP	X
X	19. NOSE	
X	20. SINUSES	
	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)	
	32. ANUS AND RECTUM (Hemorrhoids, fistulae) (Prostate, if indicated)	X
X	33. ENDOCRINE SYSTEM	
X	34. G-U SYSTEM	
	35. UPPER EXTREMITIES (Strength, range of motion)	X
X	36. FEET	
X	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
X	38. SPINE, OTHER MUSCULOSKELETAL	
X	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
	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	

NOTES. (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

18. Seborrheic dermatitis facial NCD
32. Scars from hemorrhoidectomy NCD
35. Rt. shoulder limited abduction 2° to bursitis NCD
40. Seborrheic dermatitis of chest NCD
Neurodermatitis - right foot dorsum NCD
Tinea Pedis NCD
Palmar erythema NCD

SURGEON GENERAL, USAF
WASHINGTON, D. C.
APR 22 1964
MEDICALLY ACCEPTABLE
AIR FORCE COMMISSION w/w
Chronic recurrent cal... ...titis, ...

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)
O—Restorable teeth; /—Nonrestorable teeth; X—Missing teeth; XXX—Replaced by dentures; (6 X 8)—Fixed bridge, brackets to include abutments

RIGHT																LEFT
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES: Type 3 Class I Qualified

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY 1.015
B. ALBUMIN Neg.
C. SUGAR Neg.
D. MICROSCOPIC Esc. Negative

46. CHEST X-RAY (Place, date, film number and result)
2-6-64 #02716-64 Normal
~~U.S. NavDisp., NavDept., 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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PRESERVATION COPY

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD:	56. TEMPERATURE
71 3/4	185	GreyBlack	Brown	☐ SLENDER ☒ MEDIUM ☐ HEAVY ☐ OBESE	Normal

57. BLOOD PRESSURE (*Arm at heart level*)

A. SITTING	SYS. 132 / DIAS. 84	B. RECUMBENT	SYS. / DIAS.	C. STANDING (*3 min.*)	SYS. / DIAS.

58. PULSE (*Arm at heart level*)

A. SITTING	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.
76				

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*)	65. DEPTH PERCEPTION (*Test used and score*)	UNCORRECTED
RIGHT	LEFT	Pseudo-Isochromatic Normal		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 *256*	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

(*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*)

A. ☒ IS QUALIFIED FOR all duties of rank.
B. ☐ IS NOT QUALIFIED FOR

B. PHYSICAL CATEGORY

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*): J. T. Janus, CDR DC USN — SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY — SIGNATURE

NUMBER OF ATTACHED SHEETS: 2

102

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

Standard Form 89
(Rev. Aug. 1950)
PROMULGATED BY
BUREAU OF THE BUDGET
CIRCULAR A-24

REPORT OF MEDICAL HISTORY

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

3

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
JENKINS, WALTER WILSON	COL USAFR	O-1576186

4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)	5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
3704 HUNTINGTON, N.W, WASHINGTON	PERIODIC	6 FEB 1964

7. SEX	8. RACE	9. TOTAL YRS. GOVT. SERVICE		10. DEPARTMENT, AGENCY OR SERVICE	11. ORGANIZATION UNIT
		MILITARY	CIVILIAN		
M	W	4	20	HQ USAF	L+L

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
23 MAR 1918	JOLLY, TEXAS	MRS. MARJORIE JENKINS - WIFE - SAME

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
The White House Dispensary, Wash., D.C	

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

RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH
FATHER	96	DECEASED	STROKE	77
MOTHER	84	"	CANCER	71
SPOUSE	42	GOOD		
BROTHERS AND SISTERS	65	DECEASED	HEART	51
	60	DECEASED	BRIGHT'S DISEASE	33
	57	GOOD		
	54	FAIR		
	48	GOOD		
CHILDREN	17	"		
	15	"		
	13	"		
	13	"		
	9	"		
	7	"		

19. HAS ANY BLOOD RELATION *(Parent, brother, sister, other)* OR HUSBAND OR WIFE

YES	NO	(Check each item)	RELATION(S)
	✓	HAD TUBERCULOSIS	
	✓	HAD SYPHILIS	
✓		HAD DIABETES	BROTHER
✓		HAD CANCER	MOTHER
✓		HAD KIDNEY TROUBLE	SISTER
✓		HAD HEART TROUBLE	BROTHER
	✓	HAD STOMACH TROUBLE	
✓		HAD RHEUMATISM *(Arthritis)*	FATHER
✓		HAD ASTHMA, HAY FEVER, HIVES	SISTER
	✓	HAD EPILEPSY *(Fits)*	
	✓	COMMITTED SUICIDE	
	✓	BEEN INSANE	

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

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

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

16—63229-1

OBSERVATION COPY

YES	NO	CHECK EACH YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED 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. THOMPSON, 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	SIGNATURE
Walter W. JENKINS	Walter W. Jenkins

40. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (*Physician shall comment on all positive answers in items 10 thru 39*)

No significant problems at present. Past history indicates hypertension, now-normal after discharge, gastrointestinal and appendectomies; abnormal B.S.P. returns, tonsils; and is allergic to sulfonilimide. No stomach difficulty. Abnormal B.S.P. returned to normal and repeated 2 times. All. No further sick bladder for past 4 years.

104

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS
James M. Young, CAPT USN	6FEB64	James M. Young	2

16—62289-1 U. S. GOVERNMENT PRINTING OFFICE: 1952—O-213814

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

5

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

5

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

6

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

H. T. Clough Jr.

HERBERT T. CLOUGH Jr. 1 Atch n/c
Colonel, USAF, MC
Directorate of Professional Services
Office of the Surgeon General

2

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

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

Standard Form 88
(Rev. June 1956)
Bureau of the Budget
Circular A-32 (Rev.)

REPORT OF MEDICAL EXAMINATION

10

88-104-02

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
JENKINS, Walter W.	Col, USAF	AO 1576186

4. HOME ADDRESS (Number, street or RFD, city or town, zone and State)	5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
3704 Huntington, N. W., Wash., DC	Quadrennial	6 Dec 61

7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE		10. AGENCY	11. ORGANIZATION UNIT
		MILITARY	CIVILIAN		
Male	Cau	14½	18	DAF	Hq USAF

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
(43) 23 Mar 18	Jolly, Texas	Marjorie W. Jenkins, wife, same as #4.

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
AMC, PER 2, USAF HOSP ANDREWS (PENTAGON) 25, DC	-

17. RATING OR SPECIALTY	TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS
-	-	-

NORMAL	CLINICAL EVALUATION (Check each item in appropriate column; enter "NE" if not evaluated.)	ABNORMAL
X	18. HEAD, FACE, NECK, AND SCALP	
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 60, 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	33. ENDOCRINE SYSTEM	
X	34. G-U SYSTEM	
X	35. UPPER EXTREMITIES (Strength, range of motion)	
X	36. FEET	
X	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
X	38. SPINE, OTHER MUSCULOSKELETAL	
	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)	
X	43. PELVIC (Females only) (Check how done) ☐ VAGINAL ☐ RECTAL	

NOTES (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

32. Prostate normal in size, shape and consistency.

39. 2.5 cm WHNS vertical, surgical scar, mid section of right posterior chest.

40. Dermatophytosis between toes.
6 x 7 cm erythematous area, anterior mid-chest.

(Continue in item 73)

44. DENTAL (Place appropriate symbols above or below number of upper and lower teeth, respectively.)

o—Restorable teeth
/—Nonrestorable teeth
X—Missing teeth
XXX—Replaced by dentures
(6 X 8)—Fixed bridge, brackets to include abutments

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

Type 3
Class II
(Cleaning)

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY	1.023	46. CHEST X-RAY (Place, date, film number and result)
B. ALBUMIN	Neg.	Film #61-1096 - Normal Chest - 6 Dec 61
C. SUGAR	Neg.	Aviation Medicine Clinic, The Pentagon
D. MICROSCOPIC	Negative	

47. SEROLOGY (Specify test used and result)	48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
CF - Neg.	Normal	A Pos.	Lab Data: WBC 8400 with 60 neut., 36 lymph., 1 mon., 3 eos.; C.S.R. 3; hemat. 48; hemo. 14.9 gms. (Cont'd #73111

PRESERVATION COPY

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD	56. TEMPERATURE
71	195	-	-	☐ SLENDER ☒ MEDIUM ☐ HEAVY ☐ OBESE	97.8

57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)				
A. SITTING	SYS. 136 DIAS. 82	B. RECUMBENT	SYS. 128 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 (Manifest)					61. NEAR VISION		
RIGHT 20/ 100	CORR. TO 20/ 20	BY -2.75	S. +1.75	OX 180			20/50 CORR. TO 20/20	BY +1.25	
LEFT 20/ 200	CORR. TO 20/ 20	BY -2.50	S. +1.50	OX 180			20/40 CORR. TO 20/20	BY +1.00	

62. HETEROPHORIA (Specify distance)

ES°	EX°	R. H.	L. H.	PRISM DIV.	PRISM CONV. CT	PC	PD
-	-	-	-	-		-	-

63. ACCOMMODATION		64. COLOR VISION (Test used and result)	65. DEPTH PERCEPTION (Test used and score)	UNCORRECTED
RIGHT -	LEFT -	WBE-IV Passes	-	CORRECTED -

66. FIELD OF VISION	67. NIGHT VISION (Test used and score)	68. RED LENS TEST	69. INTRAOCULAR TENSION
Normal	-	-	10.2 mmHg O.U.

70. HEARING	71. AUDIOMETER (Audiogram)								72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)
RIGHT WV - /15 SV - /15		250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192	-
LEFT WV - /15 SV - /15	RIGHT	-	-5	-5	-10	-10	20	15	-	
	LEFT	-	5	5	-10	0	0	5	-	

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.

Mumps 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) nasal current 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)

A. ☒ IS QUALIFIED FOR RETENTION IN AIR FORCE RESERVES
B. ☐ IS NOT QUALIFIED FOR

B. PHYSICAL CATEGORY

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

A	B	C	E
-	-	-	-

79. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
[redacted] A. COSS, COL, USAF MC SFS	[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

☆ U. S. GOVERNMENT PRINTING OFFICE: 1960-585792

Standard Form 507
(Revised August 1954)
Bureau of the Budget
Circular A-32

U.S. GOVERNMENT PRINTING OFFICE : 1960 O—541224

CLINICAL RECORD

REGISTRATION NO. [redacted]

Continuation of S. F. 88, dtd 6 Dec 61 (Page 2)
(Strike out one line) (Specify type of examination or data)

(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 thepatient 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 migrain for many years through high school and college, but has not had migrain 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 5.78 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

REGISTER NO.

WARD NO.

REGISTRAN [redacted] CONTINUATION OF SF 88

Standard Form 507
507-103

Standard Form 507
(Revised August 1954)
Bureau of the Budget
Circular A-32

U.S. GOVERNMENT PRINTING OFFICE : 1960 O—541224

CLINICAL RECORD

~~CONSULTATION~~

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

REGISTER NO.

WARD NO.

~~CONSULTATION~~ x CONTINUATION OF SF 88

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