PRISONER IN-PROCESSING MEDICAL SCREEN

NAM (b)(6)-4
DATE: 5 Mayo4 COMPOUND:
HISTORY BY TRANSLATOR: (YES) NO DOB: 1974 ISN: (b)(6)-4
NAME OF TRANSLATOR: (b)(6)-4 AGE: 30

1) DO YOU HAVE ANY NEW MEDICAL PROBLEMS OR INJURIES NOW?
Severe lacerations secondary to cuffs (on both wrists) was hit on the head [redacted] repeatedly from pistol
2) HAVE YOU HAD TUBERCULOSIS? IF YES, WHEN AND HOW WERE YOU TREATED? (See pt abuse form)
No

A) HAVE YOU HAD A COUGH FOR MORE THAN 2 WEEKS? YES (NO)
B) HAVE YOU BEEN COUGHING UP BLOOD? YES (NO)
C) HAVE YOU BEEN LOSING WEIGHT? YES (NO)

3) CHRONIC MEDICAL PROBLEMS (DIABETES, HYPERTENSION, HEART DISEASE):
none

4) MEDICATIONS:
none

5) ARE YOU ABLE TO WALK UNASSISTED? (YES) NO
6) ARE YOU ABLE TO FEED YOURSELF? (YES) NO
7) ALLERGIES? none

8) PULSE: 100 BLOOD PRESSURE: 100/88 RESPIRATORY RATE: 16

WEIGHT: 176 lbs HEIGHT: 5'7"

SIGNATURE (b)(6)-2

A YES TO QUESTIONS 1-4 REQUIRES REFERRAL TO MD OR PA, UNLESS MINOR PROBLEM FOR QUESTION 1. A NO TO QUESTION 6 OR 7 ALSO REQUIRES MD/PA EVALUATION.

MD/PA FOLLOW UP NOTE

DATE: 5 MAY 04

ASSESMENT:

Refer to SF 600

Dated 5 MAY 04

RECCOMENDATIONS:

SIGNATURE: (b)(6)-2

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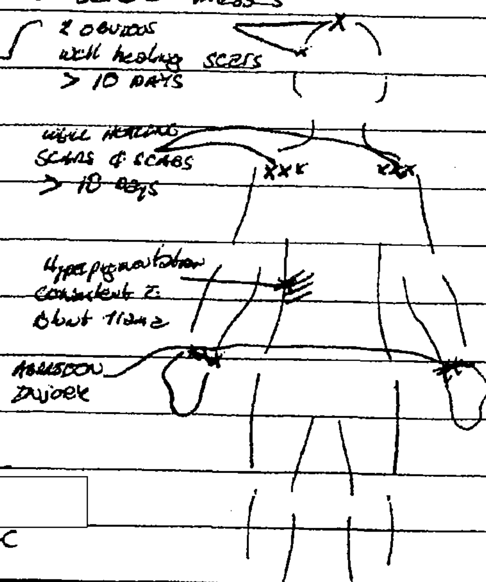
EXHIBIT 4

0147-04-CID259-80210

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
5 MAY 04	S) 30 y/o ♂ referred by medic for evaluation. Pt reports
BP 118/76	he was hit on the head repeatedly and hit on (R) side and
P - 78	(B) shoulders. He reports this happened approx 3 wks ago.
T - 98.3	Otherwise history was obtained through interpreter.
R - 16	O) WNWD ♂ NAD VS STABLE/AFEBRILE GAIT - NL
	NEURO · CN II - XII, C4 - T1 "MOTOR" + L1 - S2 MOTOR GROSSLY INTACT, DTRS 2+(B) (b)(6)-2
	HEENT - (L) EAR (+) ERYTHEMA + SCAB WHAT APPEARS TO BE DRIED BLOOD
	OTHERWISE NL
PMH -	NECK · supple s̄ adenopathy LUNGS · CTA (b)(6)-2
PSH -	HEART · RRR s̄ murmurs, clicks or gallops
FH - single	CHEST/BACK/EXT ABD - (+) BS 4 QUAD NEG HSM NEG GUARDING NEG REBOUND
SH - 12 pk/yr smoker	Genitals - NL MALE ↓ TESTICLES s̄ scrotal masses
MED - ϕ	integumentary —
Allergies - NKDA	
	A) 1. Multiple well healing wounds/
	scars - consistent c̄ H/O
	possible blunt trauma to HEAD + EXTREMITIES
	2. Otherwise NL PE
	P) 1. F/U PRN on sick call
	2. Case and plan discussed c̄ Pt
	(b)(6)-2
	(b)(6)-2 PA-C
	(b)(6)-2



HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)*

REGISTER NO. | WARD NO.

ISN # (b)(6)-4

COMPOUND #

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1
USAPA V2.00

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EXHIBIT 4

~~ACLU-RDI 1061 p.2~~