

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE SYMPTOMS, DIAGNOSIS, TREATING ORGANIZATION (Sign each entry)

7/28/04

PRE-TRANSFER MEDICAL ASSESSMENT

**LIST ANY YES RESPONSES IN REMARKS SECTION ON REVERSE SIDE OF FORM

AGE: 27

- | | |
|---|---|
| (Y) (N) | (Y) (N) |
| () <input checked="" type="checkbox"/> Allergies | <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Recent illness/injury <i>left thigh GSW</i> |
| <input checked="" type="checkbox"/> () Dental Problems <i>pain</i> | () <input checked="" type="checkbox"/> History of psychological problems (Date) |
| () <input checked="" type="checkbox"/> HIV positive | () <input checked="" type="checkbox"/> Chronic health problems or infectious diseases |
| () <input checked="" type="checkbox"/> Previous Suicide Attempts (Date) | () () Females only; Are you pregnant? |
| () <input checked="" type="checkbox"/> History of alcohol abuse/treatment (Date) | () <input checked="" type="checkbox"/> Current medications |
| () () Current physical complaint(s) | 1. |
| <input checked="" type="checkbox"/> 1. Cough/Sputum Production | 2. |
| <input checked="" type="checkbox"/> 2. Rash | 3. |
| <input checked="" type="checkbox"/> 3. Diarrhea/Vomiting | |
| <input checked="" type="checkbox"/> 4. Night sweats | |
| <input checked="" type="checkbox"/> 5. Pain <i>fever</i> | |
| <input checked="" type="checkbox"/> 6. Exposure to TB | |
| <input checked="" type="checkbox"/> 7. Lice/Other infestation | |
| <input checked="" type="checkbox"/> 8. Contagious disease in the past 12 months? | |
| <input checked="" type="checkbox"/> 9. Other: | |

***** FOR MEDICAL PERSONNEL USE ONLY DETAINEE'S INITIALS ()

HIV/TUBERCULOSIS QUESTIONNAIRE

Do you have a history or, or do you presently have any of the following symptoms or conditions:

- | | |
|--|--|
| (Y) (N) | (Y) (N) |
| () <input checked="" type="checkbox"/> Persistent cough/shortness of breath | () <input checked="" type="checkbox"/> Cough with blood and/or dry cough |
| () <input checked="" type="checkbox"/> Unexplained weight loss/diarrhea X 2 weeks | () <input checked="" type="checkbox"/> Unexplained persistent fever |
| () <input checked="" type="checkbox"/> Night Sweats | () <input checked="" type="checkbox"/> Swollen glands/lymph nodes |
| () <input checked="" type="checkbox"/> Prolonged fatigue or run-down feeling | () <input checked="" type="checkbox"/> Loss of appetite and or white patches in mouth |
| () <input checked="" type="checkbox"/> Recent exposure to someone with TB | () <input checked="" type="checkbox"/> Past abnormal X-Ray (Date) |
| () <input checked="" type="checkbox"/> Hepatitis B series completed / | () <input checked="" type="checkbox"/> Previous TB infection or treatment |
| () <input checked="" type="checkbox"/> Stomach surgery, Kidney failure, Blood disorders | |
| () <input checked="" type="checkbox"/> Scars, birthmarks, tattoos: | |

*States he was forced to
be ground by an MP
about 5 days ago which
did not sit down for the
week - at TCN - Almeron
to B elbow and R shoulder*

PATIENT'S IDENTIFICATION (Use this space for Mechanical imprint)

RECORDS MAINTAINED AT: > CAMP BUCCA

(b)(6)-4

(b)(6)-4 SEX M

RELATIONSHIP TO SPONSOR STATUS DETAINEE RANK/GRADE 6

FOR OFFICIAL USE ONLY Law Enforcement Sensitive

MEDCOM - 780

ORGANIZATION

-----BELOW PORTION TO BE COMPLETED BY MEDICAL STAFF-----

0099-04-CID514

PHYSICAL APPEARANCE

0204-04-CID289-80242

Clean, well groomed	(Y) (N)	Tremors, sweating	(Y) (N)
Rashes, needle marks	(Y) (N)	Exposure to tuberculosis	(Y) (N)
Body deformities	(Y) (N)	Infestations	(Y) (N)
Cuts, bruises, lesions	(Y) (N)	Confinement Phys. Date: _____	

VITAL SIGNS: Weight: Height: Temp: 97.5 B/P: 120/78 Pulse: 70 Resp:

PPD given: HIV drawn: RPR drawn:

Physical Exam: Within normal limits (Y) (N) See remarks for any (N) answers

Head (X) ()

Lungs/Chest (X) () LAB (If available)

Back (X) () CBC:

Heart (X) () U/A:

Extremities (X) () Chest X-Ray:

Sk. @ Abgaram R elbow area 4cm & R shoulder 3x1cm

MENTAL STATUS

(Y) (N)

() () Alert, well oriented

() () Long and short term memory intact

() () Experiencing hallucinations, delusions, or feelings of paranoia

() () Calm, cooperative

DISPOSITION

(Y) (N)

Prescriptions:

() () Cleared for basic transfer procedures

() () Cleared for litter transfer procedures

() () NOT medically cleared for transfer _____ (days/weeks)

Recommended type of confinement () Normal () Solitary () Other -explain:

I do not have any SUICIDAL and or HOMICIDAL feelings at this time. If I develop any such ideas or plans, I will notify a staff member before acting on such feelings or ideas. (SIG.)

(b)(6)-2

Date/Time information transmitted to component surgeon's office

Infection Control recommendations

() Standard Precautions

() Contact/Droplet Precautions

() Airborne Precautions

SCREENER

MEDICAL STAFF SIGNATURE

(b)(6)-2

SCREENER

MEDICAL STAFF SIGNATURE

(b)(6)-2

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Exhibit 13

0000-01-01-00-0000

	(b)(6)-4	28	B	Sore throat	cepcol
B4		23	B	H/A	tylenol
H		21	B	diarrhea	Loperamide
		25	B	cough	cepcol
		19	B	H/A	tylenol
		65	B	H/A / swollen tear duct	tylenol
		21	B	sinus	Sudafed
		18	B	sinus / cough	sudafed
		58	B	H/A	tylenol
		51	B	B/P / ^{12h} / ₃₀ / sinus	sudafed
		45	B	sinus	sudafed
		34	B	sinus	Sudafed
		42	B	Ⓟ leg wound	cleaned + Dressor
		31	B	sinus	sudafed
	(b)(6)-4	30	B	H/A	tylenol
		30	B	H/A	tylenol
		43	B	cough	cepcol
	(b)(6)-4	50	B	Sore throat	cepcol
		45	B	cough	cepcol
		64	D	Back pain	IBU
		28	B	Sore throat	cepcol
		30	B	Body pain	IBU
		23	B	H/A / Sore throat	tylenol / cepacol
		26	B	Heartburn	tylenol
		22	B	Ⓟ Ankle dressing A	Δ
		60	B	Back pain + sinus	IBU / sudafed
		55	D	Back pain	IBU
		26	D	Ⓟ KNEE wound	cleaned + Dressor

EXHIBIT 94

0005-04-C10140-98190

(M)	(R)	3B 170	Dental	Tylenol (R)
		3B 170	Dental	Tylenol (R)
		3B 170	Sore throat / pain	Motrin / aspirin
		3B 170	Ear infection	Z-pak (M)
		3B 169	Ear pain	Motrin
		3B 169	Joint pain	Motrin
		3B 169	Dental	Aspirin (R)
		3B 169	"	" (R)
		3B 169	Sore throat / dry lips	Cepacol
		3B 169	Sore throat	Cepacol
		3B 169	Joint pain	Motrin
		3B 169	Rash	Hydro. c. e.
		3B 168	Rash	Allegra
		3B 168	Congestion	Sudafed
		3B 167	wound @ knee	Proxiprin
		3B 167	Dental	Aspirin (R)
		3B 167	bleg bites	Proxiprin
		3B 167	itchy eyes	eye drops
		3B 167	H/A	Motrin
		3B 167	Kidney pain	Motrin
		3B 176	back pain	Motrin
		1A14	Constipation/wounds	bandage

(R)

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7 Oct 03

HT 5' 6"

WT 167

Condition * GSW (L) upper leg. Bullet still in (L) upper leg (medial side)

Meds - gave Motrin 600mg + P.O. Q 4-6 hrs PRN

* changed drsg (L) upper thigh.
 H₂O₂ solution used to irrigate wound.
 Betadine swabs x 3 to clean.
 DSD, Kerlex and tape. Told prisoner we will check daily AT Compound P His release from Medical Hold E-Compound.

* * SEND TO E-Compound Medical Hold

100 18