For Official Use Only
Law Enforcement Sensitive

0222-04-CID259-80256
0080-04-CID789

HEALTH RECORD

DETAINEE PRE-INTEROGATION EVALUATION

DATE: 20 June 04

PATIENT COMPLAINT / CONCERNS: S: 24 yo male c/o h/o anxiety d/o, B h/o suicidal gestures. Pt s c/o today.

ALLERGIES: NKDA

MEDS: ∅

Soc Hx: Tob:
ETOH: ∅

PSHx:

BP: 118/62

P: 78

R:

WEIGHT: 94kg

SaO2 96%

O:

GENERAL:	(Normal) Abnormal	
HEENT:	(Normal) Abnormal	∅ ecchymosis scalp, ∅ TTP cranium
NECK:	(Normal) Abnormal	
LUNGS:	(Normal) Abnormal	
CARDIAC:	(Normal) Abnormal	(+) healing abrasions (B) wrists
ABDOMEN:	(Normal) Abnormal	(+) TTP (R) distal radius, (L) distal
EXTREMETIES:	Normal (Abnormal)	radius & prox 1st, 2nd MC
		(+) edema, ecchymosis, (+) TTP
		(L) mid anterior tibia

PMHX:
HTN: Y (N)
DM: Y (N)
TB: Y (N)
CAD: Y (N)

MA
anxiety d/o
treated c Valium prn.

A/P:

Hep A, Hep B, MMR, Td: (Given) / **Patient Refused**

(1) Pain (L) LE & (B) wrists
- Xrays ordered to r/o fx. Abrasions healing well.
- Motrin 400 mg q 4-6° prn pain

(2) Anxiety d/o
- Ativan 1 mg po BID prn anxiety

(b)(6)-2 (b)(6)-2

CAPT, USAF, MC
Family Practice Physician

ISN: (b)(6)-4

SEX:

CAMP:

DOB: Y1/1980

STANDARD FORM 600 BACK (REV. 5-84)

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MEDCOM - 818

ACLU-RDI 1077 p.1

DOD 003881

...ing exam, physical finding on ... leg noted. PA states had not made previous report of injuries, statement taken ... day.

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0222-04-CID259-8025

NSN 7540-00-634-4176

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0080-04-CID789

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*

20 June 04

Order

(1) Ativan 1 mg po BID prn anxiety

(2) X ray (L) LE, (L) wrist + hand, (R) wrist to rule out fracture.

(3) Motrin 400 mg po q 4-6 hrs prn pain

(b)(6)-2 (b)(6)-2

CPT (b)(6)-2, MD

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

RECORDS MAINTAINED AT:

NAME (Last, First, Middle initial): (b)(6)-4

SEX: M

RELATIONSHIP TO SPONSOR | STATUS | RANK/GRADE

SPONSOR'S NAME | ORGANIZATION: 10

DEPARTMENT/SERVICE | SSN/IDENTIFICATION NO. | DATE OF BIRTH: 4/1/1980

CHRONOLOGICAL RECORD OF MEDICAL CARE STANDARD FORM 600 (REV. 5-84) Prescribed by GSA and ICMR FIRMR (41 CFR) 201-45.505 (EF-V1) (PerFORM PRO)

For Official Use Only

MEDCOM - 820

0080-04-CID789

AUTHORIZED FOR LOCAL REPRODUCTION

0222-04-CID259-80256

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
19 Jun 04	DETAINEE IN-PROCESSING MEDICAL SCREEN
	SUBJECTIVE: AGE (M) / F DOB:
	ANY NEW MEDICAL ILLNESS OR INJURY? NO
	ANY HISTORY OF TB? YES / (NO) IF YES, WHEN AND HOW WERE YOU TREATED?
	COUGH > 2 WEEKS? YES / (NO)
	COUGHING UP BLOOD: YES / (NO)
	ANY WEIGHT LOSS? (YES) / NO IF YES, HOW MUCH AND IN WHAT TIME FRAME? 3 Kilo, 6
	ANY HISTORY OF HTN? YES / (NO)
	ANY HISTORY OF CAD? YES / (NO) IF YES, ANY HISTORY OF MI? YES / NO WHEN?
	ANY HISTORY OF DM? YES / (NO) IF YES, HOW LONG?
	ANY CHRONIC MEDICAL CONDITIONS NOT MENTIONED ABOVE? YES / (NO)
	CURRENT MEDICATIONS: NO
	MEDICATION ALLERGIES: NKA
	ABLE TO WALK UNASSISTED? (YES) NO ABLE TO FEED YOURSELF? (YES) / NO
	ANY MISTREATMENT SINCE BEING DETAINED? YES / (NO)
	HISTORY OBTAINED THROUGH TRANLATOR? (YES) / NO NAME: (b)(6)-7

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.)*

(b)(6)-4

REGISTER NO.	WARD NO.

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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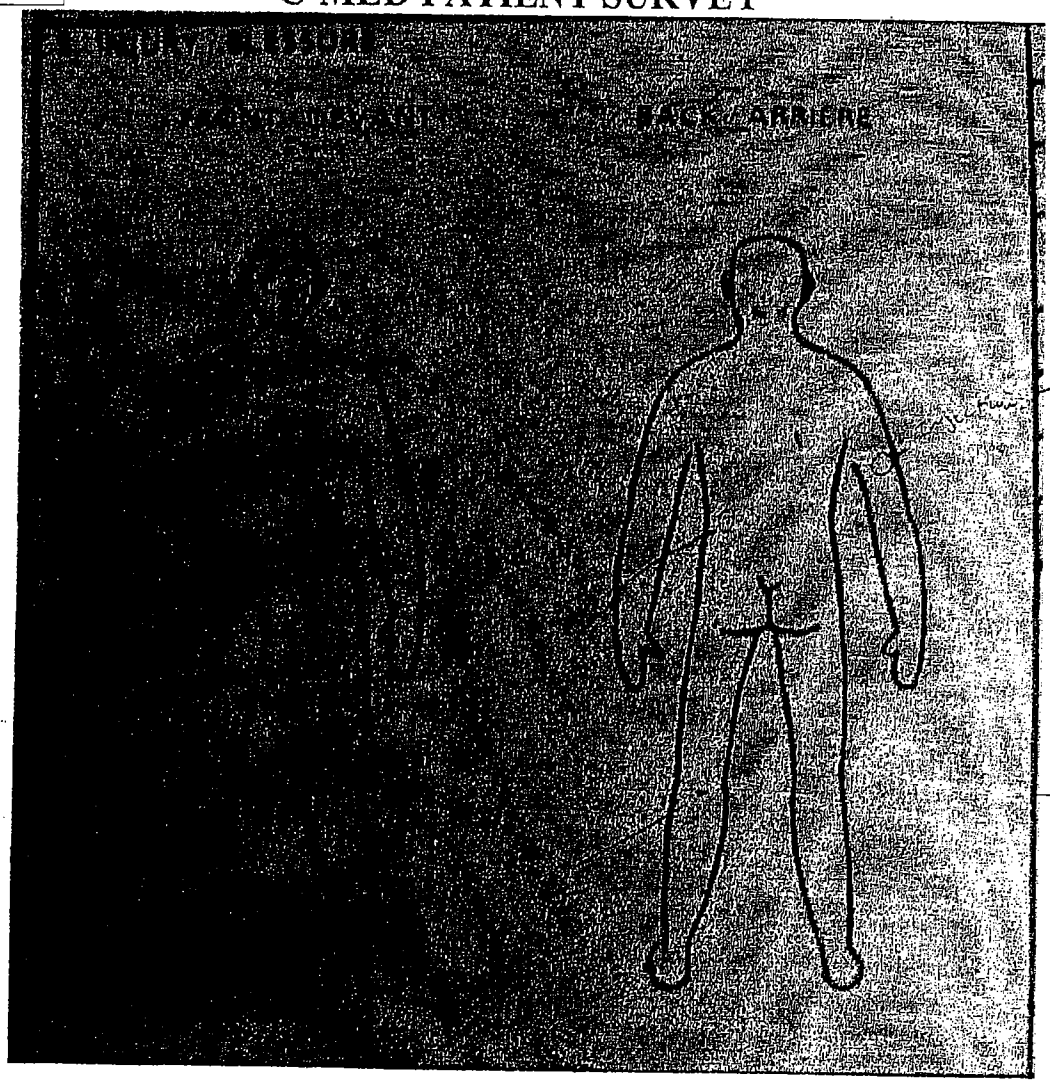
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
	OBJECTIVE:
	HEIGHT: 66" WEIGHT: 178
	BP: 130/80 PULSE: 80 RESP: 18 O2%: TEMP:
	MEDICS SIGNATURE: (b)(6)-2 HMC (b)(6)-2 HMC
	REFER TO PA OR MD IMMEDIATELY IF:
	CURRENTLY HAVING CHEST PAIN, ABNORMAL MENTAL STATUS OR ANY OTHER CONCERNS
	MD/PA REVIEW NOTE: 5 Reviewed 19 JUN 04 (b)(6)-2

(b)(6)-4

C-MED PATIENT SURVEY



Description:

(1) is on vertical scar on forehead just superior to (2) eye

(2) old injection given on patient (R) arm. 1" horizontal scar on (R) scapula

3 old scar, circular on (L) posterior thoracic region

4 old scar (circular)

5 ~~Abrasion~~ Recent scar (straight)

6 Bug Bite

#7 old scar (circular)

#8 Abrasion from handcuffs

SGT (b)(6)-2

Medic

CPT (b)(6)-2 MD

MD/PA

Date/Time 15 June 04 1415Z

(b)(6)-2 M.D.

CPT, MC

#9 Abrasion from handcuff

SPC (b)(6)-2

Plan:

Provider Signature: Printed Name / Stamp:

Routine Exam Form

Name: Date:

ISN: DOB: AGE:

Chief Complaint:

HPI:

PMH:

MEDS:

Allergies:

Physical Exam:

VS:	BP	P	R	SaO_2	Weight

HEENT:	Normal / Abnormal
CV:	Normal / Abnormal
PULM:	Normal / Abnormal
GI:	Normal / Abnormal
GU:	Normal / Abnormal
OB/GYN:	Normal / Abnormal / NA
MS:	Normal / Abnormal
NEURO:	Normal / Abnormal
DERM:	Normal / Abnormal
ENDO:	Normal / Abnormal
PSYCH:	Normal / Abnormal

Comments / Findings:

Impression:

Disposition:

EXHIBIT: 7

History and Physical Exam Form

Name: (b)(6)-4

Date: 15 June 04

ISN: 1

DOB: 7-27-80 AGE: 23

Gender: Male / Female

VS: BP: 125/72
Pulse: 84
Resp: 18
Temp:
Height: 66"
Weight: 160 lbs

Complaint: Acute:

Chronic: Asthma / stomach acid

PMH: DM HTN STD TB
Hosp:
Surg: Adds

Medications: Atrovent Albuterol Stomach acid pills

Allergies: None

SocHx: Tobacco Y (N)
_____PPDx_____yrs

EtOH NO

ROS: HEENT: Perrla EOMI
CV: RRR
PULM: CTA (3)
GI:
GU: SOH NTTP
OB/GYN: NA
MS: FROM
NEURO: Intact
DERM: Dry
ENDO:
PSYCH:

CXR: Normal / Abnormal
Findings:

PPD: Date placed: / /
Date read: / /
_____mm

Immunizations: (given at this time)

MMR Td Typhoid Polio

Influenza *Meningococcal*

Physical Exam:

HEENT:	~~Normal~~ / Abnormal
CV:	~~Normal~~ / Abnormal
PULM:	~~Normal~~ / Abnormal
GI:	~~Normal~~ / Abnormal
GU:	~~Normal~~ / Abnormal
OB/GYN:	Normal / Abnormal /
MS:	~~Normal~~ / Abnormal
NEURO:	~~Normal~~ / Abnormal
DERM:	~~Normal~~ / Abnormal
ENDO:	~~Normal~~ / Abnormal
PSYCH:	~~Normal~~ / Abnormal

Photograph

NA

Comments / Findings:

Impression: Healthy male - SBT

(b)(6)-2

CPT

(b)(6)-2

M.D.

CPT, MC

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3

EXHIBIT: 7

USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS FORM.

STATEMENT OF (b)(6)-4 TAKEN AT Abu Ghraib DATED 20 June 04

9. STATEMENT *(Continued)*

PX states he was captured by American soldiers 6 days ago in Baghdad, hands & feet were tied then he was hit on head with rifle butt & kicked in leg with someone's boot. No loss of consciousness, X-ray had been made yet

(b)(6)-2 (b)(6)-2 (b)(6)-2 CPT MI

INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF 1 PAGES

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PAGE 2, DA FORM 2823, DEC 1998

USAPA V1.00

EXHIBIT: 7

D214

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATING ORGANIZATION (Sign each entry)
15 JUNE	**PRE-TRANSFER MEDICAL ASSESSMENT**
	**LIST ANY YES RESPONSES IN RAMARKS SECTION ON REVERSE SIDE OF FORM
	AGE: 23

(Y) (N)		(Y) (N)	
( ) (X)	Allergies	( ) (N)	Recent illness/injury
( ) ( )	Dental Problems	(N) ( )	History of psychological problems (Date)
( ) (N)	HIV positive	(N) ( )	Chronic health problems or infectious diseases ATLS mm2
( ) (N)	Previous Suicide Attempts (Date)	( ) ( )	Females only; Are you pregnant? N/A
( ) (N)	History of alcohol abuse/treatment (Date)	(N) ( )	Current medications
( ) (N)	Current physical complaint(s)	1. ATENOLOL PROLOFT	
	1. Cough/Sputum Production	2. SERTRALINE ACID INHIBITOR	
	2. Rash	3.	
	3. Diarrhea/Vomiting		
	4. Night sweats		
	5. Pain		
	6. Exposure to TB		
	7. Lice/Other infestation		
	8. Contagious disease in the past 12 months?		
	8. Other:		

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

HIV/TUBERCULOSIS QUESTIONAIRE

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

(Y) (N)		(Y) (N)	
(N) ( )	Persistent cough/shortness of breath	(N) ( )	Cough with blood and/or dry cough
( ) (N)	Unexplained weight loss/diarrhea X 2 weeks	(N) ( )	Unexplained persistent fever
( ) (N)	Night Sweats	( ) (N)	Swollen glands/lymph nodes
(N) (N)	Prolonged fatigue or run -down feeling	( ) (N)	Loss of appetite and or white patches in mouth
( ) (N)	Recent exposure to someone with TB	( ) (N)	Past abnormal X -Ray (Date)
( ) ( )	Hepatitis B series completed	( ) (N)	Previous TB infection or treatment
( ) (N)	Stomach surgery, Kidney failure, Blood disorders		
( ) ( )	Scars, birthmarks, tattoos: SEE DIAGRAM FOR DETAILS		
	1. SEE LIST	4.	
	2.	5.	
	3.	6.	

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

RECORDS MAINTAINED > AT:

(b)(6)-4 | SEX M

RELATIONSHIP TO SPONSOR: ---------- | STATUS: DETAINEE | RANK/GRADE:

SPONSOR'S NAME: ---------- | ORGANIZATION: SHIA

DEPART/SERVICE | SSN/IDENTIFICATION NO. | DOB

(1) PT STILL C/O SHORTNESS OF BREATH

(2) PT C/O OF BRUISE ON HEAD (L) SIDE WHEN HE WAS DETAINED (DID NOT HAPPEN HERE)

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EXHIBIT: 7

DATE	SYMPTOMS, DIAGNOSIS, TREATING ORGANIZATION (Sign each entry)			
	----------BELOW PORTION TO BE COMPLETED BY MEDICAL STAFF----------			
	PHYSICAL APPEARANCE			
	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: 15 Sept 04	
	VITAL SIGNS: Weight: 175 Height: 65" Temp:		B/P: 125/72 Pulse: 64 Resp: 18	
	PPD given: N/A	HIV drawn: N/A	RPR drawn: N/A	
	Physical Exam: Within normal limits	(Y) (N)	See remarks for any (N) answers	
	Head	(✓) ( )		
	Lungs/Chest	(✓) ( )	LAB (If available) N/A	
	Back	(✓) ( )	CBC:	
	Heart	(✓) ( )	U/A:	
	Extremities	(✓) ( )	Chest X-Ray:	
	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.)			
	Date/Time information transmitted to component surgeon's office			
	Infection Control recommendations	(1) Pt still c/o shortness breath		
	(✓) Standard Precautions	(2) Pt still c/o bruise on head (see diagram for details)		
	( ) Contact/Droplet Precautions			
	( ) Airborne Precautions			
		(b)(6)-2		
	SCREENER		4/m 16 Jun 04 0950	
	MEDICAL STAFF SIGNATURE	(b)(6)-2	PAC, SP	
			15 Jun 04	
	SCREENER			
	MEDICAL STAFF SIGNATURE			

EXHIBIT: 7

MEDICAL RECORD — CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
19 Jan 04	DETAINEE IN-PROCESSING MEDICAL SCREEN
	SUBJECTIVE: AGE (M) / F DOB:
	ANY NEW MEDICAL ILLNESS OR INJURY? NO
	ANY HISTORY OF TB? YES / (NO) IF YES, WHEN AND HOW WERE YOU TREATED?
	COUGH > 2 WEEKS? YES / (NO)
	COUGHING UP BLOOD: YES / (NO)
	ANY WEIGHT LOSS? (YES) / NO IF YES, HOW MUCH AND IN WHAT TIME FRAME? 3 kilos/6 lbs
	ANY HISTORY OF HTN? YES / (NO)
	ANY HISTORY OF CAD? YES / (NO) IF YES, ANY HISTORY OF MI? YES / NO WHEN?
	ANY HISTORY OF DM? YES / (NO) IF YES, HOW LONG?
	ANY CHRONIC MEDICAL CONDITIONS NOT MENTIONED ABOVE? YES / (NO)
	CURRENT MEDICATIONS: NO
	MEDICATION ALLERGIES: NKA
	ABLE TO WALK UNASSISTED? (YES) NO ABLE TO FEED YOURSELF? (YES) / NO
	ANY MISTREATMENT SINCE BEING DETAINED? YES / (NO)
	HISTORY OBTAINED THROUGH TRANLATOR? (YES) / NO NAME: ACI

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.)

(b)(6)-4

REGISTER NO. | WARD NO.

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: 13

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
	OBJECTIVE:
	HEIGHT: 66" WEIGHT: 178
	BP: 120/80 PULSE: 80 RESP: 18 O2%: TEMP:
	MEDICS SIGNATURE: (b)(6)-2 HM2 (b)(6)-4 HM2
	REFER TO PA OR MD IMMEDIATELY IF:
	CURRENTLY HAVING CHEST PAIN, ABNORMAL MENTAL STATUS OR ANY OTHER CONCERNS
	MD/PA REVIEW NOTE: Reviewed 19 JAN 04 PA [redacted]

EXHIBIT: 14

DATE	SYMPTOMS, DIAGNOSIS, TREATING ORGANIZATION (Sign each entry)
	----------BELOW PORTION TO BE COMPLETED BY MEDICAL STAFF----------
	PHYSICAL APPEARANCE
	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: 15 Sept 04
	VITAL SIGNS: Weight: 175 Height: 6'5" Temp: B/P: 128/72 Pulse: 64 Resp: 18
	PPD given: N/A HIV drawn: N/A RPR drawn: N/A
	Physical Exam: Within normal limits (Y) (N) — See remarks for any (N) answers
	Head (Y) ( )
	Lungs/Chest (Y) ( ) — LAB (If available) N/A
	Back (Y) ( ) — CBC:
	Heart (Y) ( ) — U/A:
	Extremities (Y) ( ) — Chest X-Ray:
	MENTAL STATUS
	(Y) (N)
	(Y) ( ) Alert, well oriented
	(Y) ( ) Long and short term memory intact
	( ) (Y) Experiencing hallucinations, delusions, or feelings of paranoia
	(Y) ( ) Calm, cooperative
	DISPOSITION
	(Y) (N) — Prescriptions:
	(Y) ( ) 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)
	Date/Time information transmitted to component surgeon's office
	Infection Control recommendations
	(Y) Standard Precautions — (1) Pt still c/o shortness of breath (2) Pt still c/o knee on back (See Progress Note)
	( ) Contact/Droplet Precautions
	( ) Airborne Precautions
	SCREENER (b)(6)-2
	MEDICAL STAFF SIGNATURE (b)(6)-2
	SCREENER
	MEDICAL STAFF SIGNATURE

EXHIBIT:

15

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

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

5 May

PRE-TRANSFER MEDICAL ASSESSMENT

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

AGE: ~3

(Y)	(N)		(Y)	(N)
( )	(X)	Allergies	( )	(X) Recent illness/injury
( )	( )	Dental Problems	(X)	( ) History of psychological problems (Date)
( )	(X)	HIV positive	(X)	( ) Chronic health problems or infectious diseases
( )	(X)	Previous Suicide Attempts (Date)	( )	( ) Females only, Are you pregnant? N/A
( )	(X)	History of alcohol abuse/treatment (Date)	(X)	( ) Current medications
( )	(X)	Current physical complaint(s)		

1. Cough/Sputum Production — 1. Atrovent inhalant
2. Rash — 2. Salbutamol Acetate inhaler
3. Diarrhea/Vomiting — 3
4. Night sweats — 4
5. Pain — 5
6. Exposure to TB — 6
7. Lice/Other infestation — 7
8. Contagious disease in the past 12 months? — 8
9. Other. — 9

FOR MEDICAL PERSONNEL USE ONLY — DETAINEE'S INITIALS (_____)

HIV/TUBERCULOSIS QUESTIONAIRE

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

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

1. Big "I" on L arm — 4.
2 — 5
3 — 6.

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

RECORDS MAINTAINED AT

(b)(6)-2

SEX: M

SPONSOR | STATUS: DETAINEE | RANK/GRADE

SPONSOR'S NAME | ORGANIZATION: Shiite

DEPART/SERVICE | SSN/IDENTIFICATION NO | DOB

(1) Pt still c/o SHORTNESS of BREATH

(2) Pt c/o of having an head C Side when he was detained (did not happen here)

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Law Enforcement Sensitive

EXHIBIT:

16

History and Physical Exam Form

Name: (b)(6)-4

Date: 15 June 04

ISN:

VS: BP: 125/72
Pulse: 57
Resp: 18
Temp:
Height: 6'0"
Weight: 180 lbs

DOB: 7-27-80 AGE: 23

Gender: Male / Female

Complaint: Acute:

Chronic: Asthma / Stomach acid

PMH: DM HTN STD TB
Hosp:
Surg: Adenoids

Medications: Asthma meds
Stomach acid meds

Allergies: NKDA

SocHx: Tobacco Y (N)
_____PPDx_____yrs
EtOH NO

ROS: HEENT: Poor hearing
CV: RRR
PULM: CTA
GI:
GU: Hernia
OB/GYN: NA
MS: FROM
NEURO: Intact
DERM: Clear
ENDO:
PSYCH:

CXR: Normal / Abnormal
Findings:

PPD: Date placed: / /
Date read: / /
_____mm

Immunizations: (given at this time)

MMR Td Typhoid Polio

Influenza Meningococcal

Physical Exam:

HEENT:	Normal / Abnormal
CV:	Normal / Abnormal
PULM:	Normal / Abnormal
GI:	Normal / Abnormal
GU:	Normal / Abnormal
OB/GYN:	Normal / Abnormal / NA
MS:	Normal / Abnormal
NEURO:	Normal / Abnormal
DERM:	Normal / Abnormal
ENDO:	Normal / Abnormal
PSYCH:	Normal / Abnormal

Photograph

Comments / Findings:

Impression: Healthy male - SIT [redacted]

CPT (b)(6)-2

(b)(6)-2 M.D.
CPT, MC

3

EXHIBIT:

17

Plan:

Provider Signature: Printed Name / Stamp:

Routine Exam Form

Name: Date:

ISN: DOB: AGE:

Chief Complaint:

HPI:

PMH:

MEDS:

Allergies:

Physical Exam:

VS: BP P R SaO_2 Weight

HEENT: Normal / Abnormal
CV: Normal / Abnormal
PULM: Normal / Abnormal
GI: Normal / Abnormal
GU: Normal / Abnormal
OB/GYN: Normal / Abnormal / NA
MS: Normal / Abnormal
NEURO: Normal / Abnormal
DERM: Normal / Abnormal
ENDO: Normal / Abnormal
PSYCH: Normal / Abnormal

Comments / Findings:

Impression:

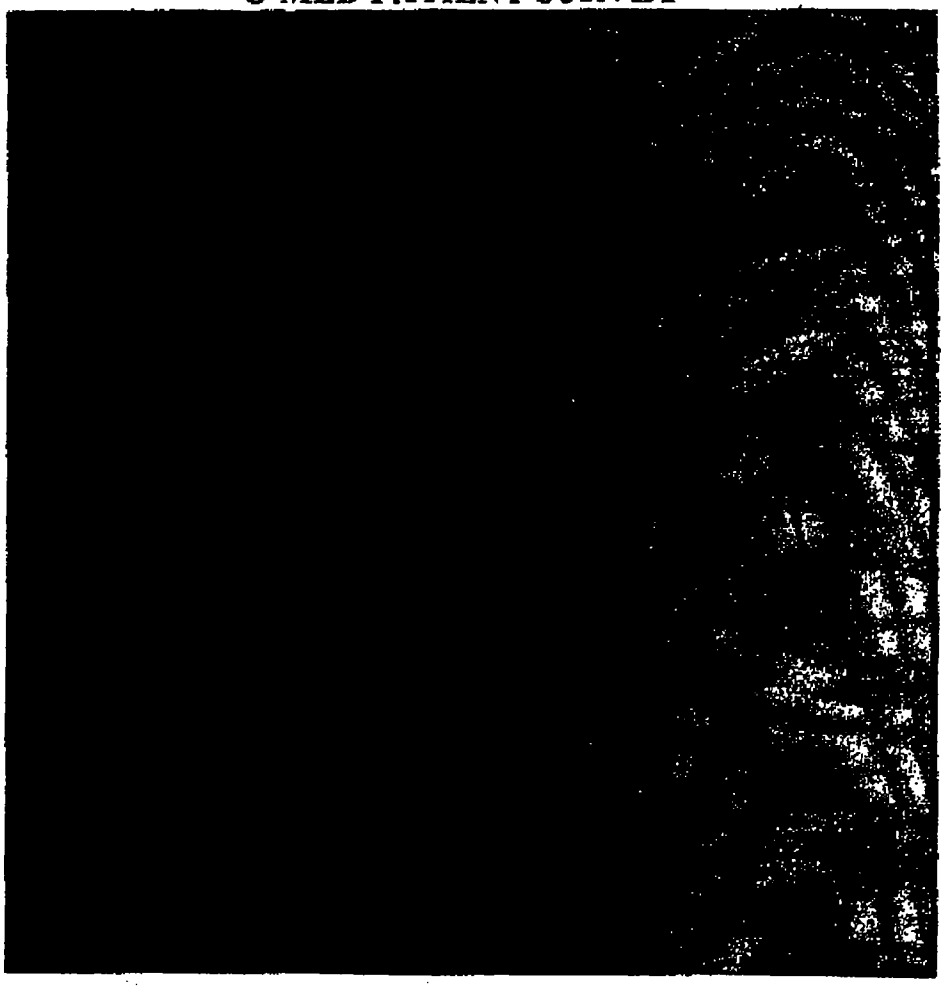
Disposition:

EXHIBIT:

18

5214

C-MED PATIENT SURVEY



Description:

(1) [illegible] (2) old [illegible] (3) [illegible] (4) old scar (Circular)
(5) [illegible] (6) [illegible] (7) old scar (Circular)
(8) Abrasion [illegible]

564 (b)(6)-2
Medic

CPT (b)(6)-2
MD/PA

Date/Time 15 June 04 1400

(b)(6)-2 M.D.
CPT, MC

(9) Abrasion [illegible]
S/C (b)(6)-2

EXHIBIT:

19

HEALTH RECORD | **DETAINEE PRE-INTEROGATION EVALUATION**

DATE: 20 June 04

PATIENT COMPLAINT / CONCERNS: S: 24 yo male c/o h/o anxiety d/o, B/L/O sei... gestures. Pt ... today.

ALLERGIES: NKDA

MEDS: Ø

Soc Hx: Tob: ETOH: Ø

PSHx:

BP: 118/60

P: 78

R:

WEIGHT: 94 kg

O:

GENERAL:	(Normal)	Abnormal	
HEENT:	(Normal)	Abnormal	Ø ecchymosis scalp, Ø ...
NECK:	(Normal)	Abnormal	
LUNGS:	(Normal)	Abnormal	
CARDIAC:	(Normal)	Abnormal	(R) healing abrasion (B) wrists
ABDOMEN:	(Normal)	Abnormal	... (R) distal radius, (L) distal radius & prox 1st, 2nd MC
EXTREMETIES:	Normal	(Abnormal)	(L) elbow, ecchymosis, ... (L) mid anterior tibia

PMHX:
HTN: Y (N)
DM: Y (N)
TB: Y (N)
CAD: Y (N)

A/P:

Hep A, Hep B, MMR, Td: (Given) / **Patient Refused**

NKA anxiety d/o ... tx ... Valium ...

(1) Pain (L) LE & (B) wrists
- X-rays ordered to r/o fx. ... healing well.
- ... 400 mg q 4-6° prn pain

(2) Anxiety d/o
- ... 1 mg po BID prn anxiety

(b)(3)-1

(b)(6)-2 CAPT, USAF, MC

Family Practice Physician

ISN: (b)(6)-4 SEX:

CAMP: DOB: ...

STANDARD FORM 600 BACK (REV. 5-84)

For Official Use Only
Law Enforcement Sensitive

Encl 2

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ny exam, prepared [illegible] in [illegible] @ leg [illegible]. PA states had not made previous report of injuries, statement taken [illegible].

Enc 2

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NSN 7540-00-634-4126

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

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

to Surgeon

Order

(1) Ativan 1 mg po BID prn anxiety

(2) X-ray (L) LE, (L) wrist & hand, (R) wrist to rule out fracture

(3) Motrin 400 mg po q 4-6 hrs prn pain

(b)(6)-2 (b)(6)-2 (b)(6)-2 MD

PATIENT'S IDENTIFICATION (Use reverse for Mechanical Imprint)

RECORDS MAINTAINED AT:

(b)(6)-4 (Last, First, Middle initial) | SEX: M

RELATIONSHIP TO SPONSOR | STATUS | RANK/GRADE

SPONSOR'S NAME | ORGANIZATION

SOCIAL SECURITY NO. | SERVICE IDENTIFICATION NO. | DATE OF BIRTH: Y1/1980

CHRONOLOGICAL RECORD OF MEDICAL CARE | STANDARD FORM 600 (REV. 5-84) (SEE VII) Prescribed by GSA and ICMR FIRMR (41 CFR) 201-45.506 | PerFORM PRO

Encl 2

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