

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

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

16 JAN 23
2000

MD Note

(b)(6)

(b)(6)

HOSPITAL OR MEDICAL FAC

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.

(b)(2), (b)(6)

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ACMR

FFMRR (41 CFR) 201.9-202-3

AR 15-6 GTMO Investigation
Exhibit 65 of 76 Exhibits

~~SECRET~~

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT- TREATING ORGANIZATION (Sign each entry)
16 JAN 03 2000	<u>Assessment:</u> Normal physical exam. No injuries or trauma.
	<u>Plan:</u> Follow-up with medical prv.
	(b)(6),(b)(3) 10 USC §130b

~~SECRET~~