

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

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

15 June 04

REPORT OF DETAINEE MEDICAL SCREENING:

1023 hrs.

History of Past Medical Conditions: (circle) High Blood Pressure, Diabetes, Heart Failure, Kidney Failure, Seizures, Stroke, Bleeding Ulcers, Chronic Bowel problems, Thyroid Dz

Neck PN x 6 yrs

Medication Allergies: (NO) (YES) List -

Current Medications: (Name/Dose/Frequency/Last Taken) (NONE) PN meds

Recent Injuries: (NO) (YES) Describe - of unknown type

Exam Findings: BP: 151/80 Pulse: 103 Resp: 12 T: 98.3 (T)

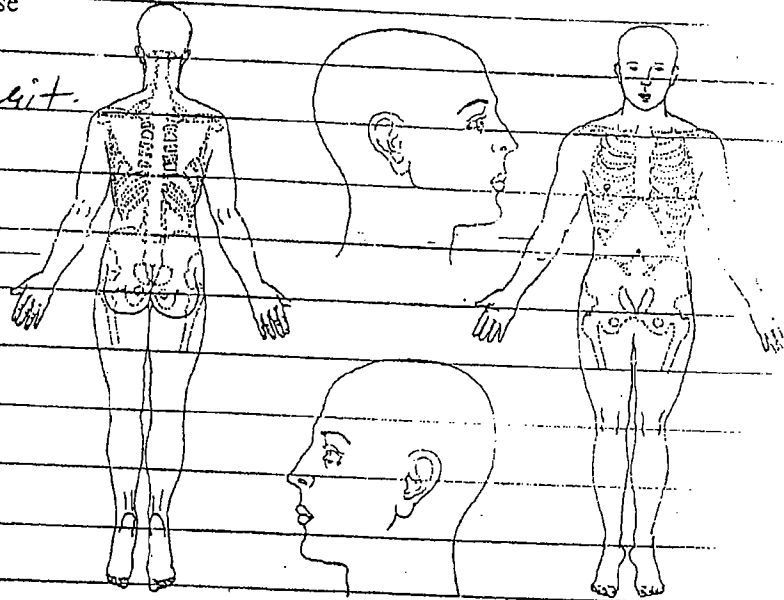
Utilize Diagram and Space Below to Indicate Examination Findings. If additional space required, continue on reverse

Gen: WNL, NAD, NR gait.

Lungs: CTAB

EXT: WNL

HEENT: WNL



(FIT) (UNFIT) For Confinement

(Does) (Does Not) Require Further Eval

(b)(6)-2 [Redacted] CPT, SP, PA-C

NAME OF SCREENER (b)(3)-1

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.

Detainee Information: Name: Last, First Middle Control Number: (b)(6)-4

Date/Time of Detention:

CHRONOLOGICAL RECORD OF MEDICAL CARE Medical Record STANDARD FORM 600 (REV. 6-97) Prescribed by GSA/ICMR FIRM (41 CFR) 201-9.202-1 USAFA V...

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EXHIBIT 7-1

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
12 June 04	DETAINEE IN-PROCESSING MEDICAL SCREEN
	SUBJECTIVE: AGE 27 (M) F DOB: 1977
	ANY NEW MEDICAL ILLNESS OR INJURY? <i>pain in back of neck</i>
	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?
	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 <i>none</i>
	CURRENT MEDICATIONS: (b)(6)-2 <i>Aspirin diox</i>
	MEDICATION ALLERGIES: <i>none</i>
	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)-4

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.

(b)(6)-4
(b)(6)-4

CHRONOLOGICAL RECORD OF MEDICAL CARE
 Medical Record
 STANDARD FORM 600 (REV. 6-97)
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EXHIBIT 7-2

OBJECTIVE:

HEIGHT: 5'4" WEIGHT: ~~247~~ 243 (b)(6)-2

BP: 121/79 PULSE: 97 RESP: 20 O2%: TEMP:

MEDICS SIGNATURE: (b)(6)-2

REFER TO PA OR MD IMMEDIATELY IF:

CURRENTLY HAVING CHEST PAIN, ABNORMAL MENTAL STATUS OR ANY OTHER CONCERNS

MD/PA REVIEW NOTE:

S) 27 y/o ♂ detainee presents for impounding. Pt reports he was punched in the stomach 4 days ago by coalition forces. He denies any current bruising or scars from incident.

O) USWB ♂ NAO vs S GTR-UL
interrogatory - no note of Echinosis or scars

a) Medical Abuse

P) 1. Refer to CPTD

2. case and plan discussed @ length of pt through interpreter.

(b)(6)-2

1U, SP USA

PH-C

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MEDCOM - 734

STANDARD FORM 600 (REV. 8-66) Exhibit BACK
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Exhibit 7-3

19