

**MEDICAL RECORD**

**CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
17 May 04	SECURITY DETAINEE
1635	S: Called to tier 1-A to see a detainee in
C. starts 9500	cell #9. MI <sup>1</sup> stated to me that they heard
P 58	A loud noise from cell #9. When they checked
R 18	they found detainee (b)(6)-4 lying on his stomach
	and the @ side of his face. I called out
	to the detainee and saw his eyes blink. When
	I entered the cell he refused to speak to
	me. One ammonia inhalant used to wake some
	detainee was not unconscious. He then got up
	and sat on the edge of his bed. Upon examination
	A dark red hematoma was noted on his @
	cheek that was not present during morning
	sick call. Detainee had been refusing to eat
	x 5 days. When asked why he stated that
	he could not breathe while eating. Detainee
	was allowed to go outside his cell to
	get more air. While there he was offered the
	cell directly across from #9. He got up and
	stated to walk to the new cell. He was
	then told that he could go in there for
	the night if he would eat first. Detainee

HOSPITAL OR MEDICAL FACILITY 152nd AID STATION FOB BCCF	STATUS	DEPART/SERVICE	RECORDS MAINTAINED AT
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SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR
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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.
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VIGILANT  
 ISN# (b)(6)-4  
 COMPOUND 1-A cell #9

**CHRONOLOGICAL RECORD OF MEDICAL CARE**  
 Medical Record  
**STANDARD FORM 600** (REV. 6-97) JUN 15  
 Prescribed by GSA/ICMR  
 FIRM (41 CFR) 201-9.202-1 USAPA V2.00

SECURITY DETAINEE  
 For Official Use Only  
 Law Enforcement Sensitive  
 Exhibit

**MEDICAL RECORD** **CHRONOLOGICAL RECORD OF MEDICAL CARE**

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

17 July 04 SECURITY DETAINEE

S: then sat back down and started to eat. At 1700 when I left the area he was eating and laughing & other detainees close to him. Lt. (b)(6)-2 was notified of the situation. Advised that weight be taken and documentation started. No weight was taken since detainee was now eating and in a better mood. (b)(6)-2

9430  
9430

HOSPITAL OR MEDICAL FACILITY 152nd AID STATION FOB BCCF	STATUS	DEPART/SERVICE	RECORDS MAINTAINED AT
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SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR
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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.
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VIGILANT (b)(6)-4 cell #5

ISN#

COMPOUND 1-1A

**CHRONOLOGICAL RECORD OF MEDICAL CARE**  
Medical Record  
**STANDARD FORM 600** (REV. 6-97) JUN 16 2006  
Prescribed by GSA/ICMR  
FIRM (41 CFR) 201-9.202-1 USAPA V2 00

SECURITY DETAINEE

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Exhibit 4

**PRISONER IN PROCESSING MEDICAL SCREEN**

NAME: (b)(6)-4  
DATE: 15 APR 04  
HISTORY BY TRANSLATOR: YES  
NAME OF TRANSLATOR: (b)(6)-2  
COMPOUND: DOB DATE: 1968  
NO

ISN: (b)(6)-4  
AGE: 36

1) DO YOU HAVE ANY NEW MEDICAL PROBLEMS OR INJURIES NOW?

None

2) HAVE YOU HAD TUBERCULOSIS? IF YES, WHEN & HOW WERE YOU TREATED? No

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

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

4) MEDICATION: none

- 5) ARE YOU ABLE TO WALK UNASSISTED?  YES NO
- 6) ARE YOU ABLE TO FEED YOURSELF?  YES NO

8) PULSE: 65 BLOOD PRESSURE: 116/78 RESPIRATORY RATE: 18

WEIGHT: 218 lbs HEIGHT: 6'0"

ALLERGIES? none

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

**MD/PA FOLLOW UP NOTE** DATE:

ASSESSMENT:

RECOMMENDATIONS:

(b)(6)-4

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Exhibit 4  
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**MEDICAL RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

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

17/May 04 | SECURITY DETAINEE

1635 | S: Called to tier 1-A to see A detainee in  
 Co stn 95% cell #9. MI? started to me that they heard  
 P 58 | A loud noise from cell #9. When they checked  
 R 18 | they found detainee (b)(6)-4 lying on his stomach  
 and the @ side of his face. I called out  
 to the detainee and saw his eyes blink. When  
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 and sat on the edge of his bed. Upon examination  
 A dark red hematoma was noted on his @  
 cheek that was not present during morning  
 sick call. Detainee had been refusing to eat  
 x 5 days. When asked why he stated that  
 he could not breathe while eating. Detainee  
 was allowed to get outside his cell to  
 get more air. While there he was offered the  
 cell directly across from #9. He got up and  
 started to walk to the new cell. He was  
 then told that he could go in there for  
 the night if he would eat first. Detainee

HOSPITAL OR MEDICAL FACILITY 152nd AID STATION FOB BCCF	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.	

VIGILANT  
 ISN# (b)(6)-4  
 COMPOUND 1-A cell #9

CHRONOLOGICAL RECORD OF MEDICAL CARE  
 Medical Record  
 STANDARD FORM 600 (REV. 6-87)  
 Prescribed by GSA/ICMR  
 FIRM (41 CFR) 201-9.202-1 USAPA V2 00

SECURITY DETAINEE

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ENC Exhibit

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7/20 0930

00219-04-0102591085  
AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
17/10/04	SECURITY DETAINEE
	<p>S: Threw self back down and started to eat. At 1700 when I left the area he was eating and laughing to other detainees close to him. Lt. (b)(6)-2 was notified of the situation. Advised that weight be taken and documentation started. No weight was taken since detainee was now eating and in a better mood. (b)(6)-2</p> <p style="text-align: right;">DHW30 AW30</p>

HOSPITAL OR MEDICAL FACILITY 152nd AID STATION FOB BCCF	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
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SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR
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VIGILANT  
ISN# (b)(6)-4 cell 115  
COMPOUND 1-A

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

SECURITY DETAINEE

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Exhibit

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**PRISONER IN PROCESSING MEDICAL SCREEN**

NAME: (b)(6)-4  
DATE: 15 APR 04  
HISTORY BY TRANSLATOR: YES  
NAME OF TRANSLATOR: (b)(6)-4  
COMPOUND: NO  
DATE: 1968  
ISN: (b)(6)-4  
AGE: 36

1) DO YOU HAVE ANY NEW MEDICAL PROBLEMS OR INJURIES NOW?

None

2) HAVE YOU HAD TUBERCULOSIS? IF YES, WHEN & HOW WERE YOU TREATED?

No

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

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

4) MEDICATION: none

5) ARE YOU ABLE TO WALK UNASSISTED?  YES NO  
6) ARE YOU ABLE TO FEED YOURSELF?  YES NO

8) PULSE: 65 BLOOD PRESSURE: 116/78 RESPIRATORY RATE: 18

WEIGHT: 218lbs HEIGHT: 60"

ALLERGIES? none

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

**MD/PA FOLLOW UP NOTE** DATE:

ASSESSMENT:

RECCOMENDATIONS:

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Exhibit \_\_\_\_\_  
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