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THE GENERAL BOARD

United States Forces, European Theater

MEDICAL REPORTS IN THE  
EUROPEAN THEATER OF OPERATIONS

MISSION: Prepare Report and Recommendations on the Procedures  
Used in Reporting Medical Statistical Data in the  
European Theater of Operations.

The General Board was established by General Orders 125, Headquarters European Theater of Operations, US Army, dated 17 June 1945, as amended by General Orders 182, dated 7 August 1945 and General Orders 312, dated 20 November 1945, Headquarters United States Forces, European Theater, to prepare a factual analysis of the strategy, tactics, and administration employed by the United States forces in the European Theater.

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THE GENERAL BOARD  
UNITED STATES FORCES, EUROPEAN THEATER  
APO. 408.

MEDICAL REPORTS IN THE  
EUROPEAN THEATER OF OPERATIONS

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THE GENERAL BOARD  
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MEDICAL REPORTS IN THE EUROPEAN THEATER OF OPERATIONS

CHAPTER 1

INTRODUCTION, MISSION AND SCOPE OF STUDY

1. Definition of Mission and Scope of Study As Presented. The detailed consideration of the adequacy of the various forms employed throughout the European Theater of Operations for reporting, collecting and compiling medical statistical data is the primary aim of this study. No attempt has been made to limit the investigation to those forms which are required solely by War Department directives. Instead, since it is recognized that a considerable number of additional reports were gainfully employed, all reports of major interest, whether they originated through War Department or European Theater of Operations directives, are herein considered.

2. Resume of Activities in Process of Study. By the process of personal contact, key personnel throughout various units and commands of the European Theater of Operations were interviewed for the express purpose of obtaining all possible information relevant to medical reports. Supported by conferences and discussion groups it was possible to construct a cross section of both majority and minority opinions on every phase of medical reporting throughout the European Theater of Operations. In order to insure complete coverage, material and opinions were obtained not only from individual units but from larger groups all along the channels through which medical reports were customarily received, consolidated and forwarded.

This study, then, may be said to represent the consensus of those whose experience with medical reports throughout the European Theater of Operations has been greatest, and, as presented, is the summation of all material thus obtained.

3. Method of Presentation of Study.

a. Reports which are purely statistical in nature are first discussed. Each report is individually treated and the principal findings are presented in each case.

b. The third chapter is devoted to a study of the non-statistical reports. The major findings are individually considered, and the conclusions are presented.

CHAPTER 2

STATISTICAL REPORTS REQUIRED OF HOSPITALS AND UNITS

SECTION 1

WEEKLY STATISTICAL REPORT, LD MD FORM 86ab

4. It is the opinion of most individuals interviewed that the weekly statistical report was more generally criticized than any

other single medical report form in the European Theater of Operations. At the same time, it is agreed that statistical data may best be gathered by a report of this nature, with certain modifications to improve vastly the present form. Higher headquarters reported that the form was frequently inaccurate, not only in the diagnoses reported but in the number of cases reported as well.<sup>1</sup> In addition it was found that duplicate case reporting was frequent, particularly in the case of transfers.<sup>2</sup> Further, the report has been criticized as being too infrequently rendered to be of maximum value. This coupled with unavoidable delays in transmission, resulted in a marked lag in theater statistical consolidations and, occasionally, prevented early recognition of disease trends.<sup>1</sup> Smaller units frequently experienced difficulty in proper preparation of the form particularly in the matter of interpreting "hospital" or "quarters" cases and "transfers". This was widespread in spite of concerted action on the part of higher commands to clarify the methods of preparation.<sup>3</sup> As a consequence, duplication was inevitable and many man-hours were consumed in preparing the correspondence necessary to correct erroneous reports.

5. Conclusions and Recommendations. The "Weekly Statistical Report" is fundamentally sound but needs considerable revamping not only to increase its reliability but also to reduce the time lag between unit reporting and arrival of the report at theater headquarters. Methods of preparing the report were either not clearly understood or the form itself is not sufficiently simplified. Duplicate reports of hospital admission occurred frequently through the use of the "Weekly Statistical Report" in conjunction with the "Hospital Statistical Report," ETCUSA MD Form 310. The use, therefore, of two or more similar reports has been clearly demonstrated to be statistically unsound and should be avoided.

## SECTION 2

### HOSPITAL STATISTICAL REPORT, ETCUSA MD FORM 310

6. The "Hospital Statistical Report" (see Appendix No. 1) was required of all hospitals in operation in the European Theater of Operations as a weekly statistical report on the status of the detachment of patients within the hospital. In makeup it was similar to, and supplied much the same information as the "Weekly Statistical Report", WD MD Form 86ab which nevertheless was also required of hospitals. The "Hospital Statistical Report" was considerably more complex and, as a consequence, required many more man-hours to accomplish. So general was this feeling, that near the end of hostilities it was proposed by the Office of the Chief Surgeon, European Theater of Operations, United States Army, to eliminate the report entirely and substitute a simplified one which combined the best features of the "Weekly Statistical Report", WD MD Form 86ab, the "Combat Medical Statistical Report", ETCUSA MD Form 323, and the "Hospital Statistical Report", ETCUSA MD Form 310. The latter was not discarded during operations, however, because the situation at the close moved too rapidly for machine records units to keep abreast, and it was deemed inadvisable to change methods of reporting for that reason.<sup>4</sup> It was further agreed that had all units as well as hospitals used a single standardized statistical report form, the frequent duplication of previous reports of direct admissions to hospitals would have been avoided.

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7. Conclusions and Recommendations. The use of the "Hospital Statistical Report", ETOUSA MD Form 310, as an additional statistical report created an increased burden on hospital clerical staffs; was frequently the source of duplications of reports of previous admissions; and did not accomplish anything more than might have been accomplished through the use of a single, standardized statistical report required of all units and hospitals alike. That it was proposed to eliminate the report entirely toward the end of hostilities is further proof that it was unnecessary.

### SECTION 3

#### COMBAT MEDICAL STATISTICAL REPORT, ETOUSA MD FORM 323

8. The "Combat Medical Statistical Report" (See Appendix No. 2) was required daily of all operating hospitals and all clearing stations during combat. This report, though designed to provide statistical information similar to that of the "Weekly Statistical Report" and the "Hospital Statistical Report", was far less complex and, consequently, less time consuming to prepare. The use of this report, however, brought the number of statistical reports required of hospitals to three and, when taken together, necessitated far more effort than would have been required with a single, modified form. The findings in the use of the "Hospital Statistical Report", ETOUSA MD Form 310, apply equally to the "Combat Medical Statistical Report", and, as previously discussed, indicate that this report, too, was to be discontinued and replaced by one which combined the best features of the three statistical reports.

9. Conclusions and Recommendations. Though it had several good features, the "Combat Medical Statistical Report" was not sufficiently well designed to serve as the one major medical statistical report. Employed along with the "Hospital Statistical Report" and the "Weekly Statistical Report", it did provide much worth while information but did not justify the additional labor occasioned by the use of three separate statistical reports. It would have been more expeditious, as was planned but not effected, to combine these three reports ("Weekly Statistical Report", "Hospital Statistical Report", and "Combat Medical Statistical Report") into a single improved statistical report. It is estimated that the work load would have been reduced 60% and the chance for error markedly decreased, had this action been taken.

### SECTION 4

#### MEDICAL STATISTICAL REPORTS IN GENERAL

10. Conclusions and Recommendations. The WD MD Form 86ab, "Weekly Statistical Report", the ETOUSA MD Form 310, "Hospital Statistical Report", and the ETOUSA MD Form 323, "Combat Medical Statistical Report" are further discussed under the single arbitrary heading "Medical Statistical Reports in General". Although, in a strict sense, they do not represent the entire bulk of statistical reports employed in the European Theater of Operations, the manner in which they were employed and the subject matter each presented lends itself to recommendations which apply equally to all three. The principal medical statistical report must, above all else, be standardized. No three, or even two, reports should be allowed to exist which are so similar as to provide increased opportunities for error of duplication. No three or two reports should be employed which, by consolidation, could accomplish the

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same purpose with a single report. No report which treats of the sick and injured should be required of one type of unit when a markedly different report is employed for the same purpose in another type of unit. The most desirable report, to be substituted for the three under consideration here, must be sufficiently complete as to give a maximum of facts, but at the same time must be so constructed as to require a minimum of preparation. A single report, combining the best features of the aforementioned three statistical reports, submitted daily by all units in combat and weekly in all other situations, is the one report which, in the opinion of the majority of persons interviewed, most closely approximates the criteria herein presented.

### SECTION 5

#### SICK AND WOUNDED REPORT, WD MD FORM 51, 52c AND 52d

11. In general, the "Sick and Wounded Report" adequately served its intended purpose within the European Theater of Operations. The "Report Sheet", WD MD Form 51, was found to be adequate and at the same time was quickly and easily prepared. No instances were reported where recurrent difficulty was experienced in the preparation or interpretation of this report. The "Field Medical Card" and "Jacket", WD MD Forms 52c and 52d, however, were subject to the common errors which have always characterized records originating under unfavorable conditions. As with the "Emergency Medical Tag", WD MD Form 52b, many records were returned to lower units for the usual errors, particularly those of omission. Many units accomplished all entries on the "Field Medical Card" through the use of typewriters thereby adding considerably to the legibility and accuracy of the reports. Other units lacking sufficient clerks and typewriters were unable to do so. The "Field Medical Jacket", WD MD Form 52d served as a satisfactory container for all other patient records and called for a minimum of preparation.

12. Conclusions and Recommendations. Recommendations to be made pursuant to Field Medical records are here, again, presented under a single heading not only because their use in operations is closely interwoven but because recommendations affecting one affect all others accordingly. The "Report of Sick and Wounded", WD MD Form 51, the "Emergency Medical Tag", WD MD Form 52b, and the "Field Medical Card" and "Jacket", WD MD Forms 52c and 52d are almost universally approved for use in a theater of operations. This may appear paradoxical in view of the fact that these records required the greatest number of man-hours in preparation and processing and were the most frequently returned for correction, but when it is recalled that every casualty called for the conscientious preparation of one and often more of these reports, results prove that they, indeed, stood the test of time. It is the unqualified recommendation of this committee that these forms be retained in their present state, but that responsible individuals be given more extensive instruction in their preparation.

### SECTION 6

#### PERSONNEL REPORT, WD MD FORM 86c

13. Considerable controversy exists over the relative value of the "Personnel Report", WD MD Form 86c. As it was ultimately employed in the European Theater of Operations it came to be little

more than a roster of Medical Department personnel, and, while this made for ease of preparation, many are of the opinion that it was duplication of effort. Many headquarters called upon their machine records units to furnish regular monthly rosters, and requisition of personnel was accomplished on this basis.<sup>5</sup> Reference to the "Personnel Report" in these instances was not necessary except to provide a system of doublechecks, generally considered to achieve no useful purpose. On the other hand, the Office of the Chief Surgeon, Headquarters, European Theater of Operations, United States Army, relied quite heavily on the information contained in the "Personnel Report".<sup>5</sup> It was found in this instance that consolidations prepared by the Chief Surgeon's Office, Headquarters, European Theater of Operations, United States Army, were much more up-to-date than the machine records strength reports as compiled by the Adjutant General Reinforcement and Classification Division. This, it has been pointed out, was attributed to the unavoidable lag which characterized the machine records reporting during the extremely fluid period of operations. Other headquarters, particularly armies and corps, were able, however, to rely completely on machine records rosters in all personnel matters.<sup>3,5</sup>

14. Conclusions and Recommendations. In view of the variance of thought on the merits of the "Personnel Report", it is agreed that no general recommendation can be made which reflects a majority opinion in this matter. It can be said, however, that such a report is necessary only if machine records units fail to keep abreast of a rapidly changing situation. In the same vein, it cannot be argued that a monthly personnel report will be appreciably more reliable, for it has been demonstrated that no report will reflect the true picture during a fluid phase of operations unless it is rendered more frequently than monthly. It is therefore recommended that the "Personnel Report" as employed during active operations in the European Theater of Operations be discontinued. This recommendation is based upon the opinion that machine records operations will continue to improve and will be totally capable of providing all necessary personnel data in the future.

## SECTION 7

### MONTHLY VENEREAL DISEASE REPORT

15. The "Monthly Venereal Disease Report" was prepared according to Army Regulations by all units and commands. Except for the fact that it is a command report, all are of the opinion that it serves no useful purpose. This observation is based upon the fact that the report duplicates certain information relative to venereal disease which is reported at more frequent intervals by means of the "Weekly Statistical Report", WD MD Form 86ab. It has long been felt that commanding officers may be kept informed on the venereal disease picture within their command by unit surgeons by the simple process of computing rates from the more frequently submitted "Weekly Statistical Report". Army Regulations No. 40-210, dated 25 April 1945, directs that the report no longer be forwarded to higher headquarters, a further indication that the information contained therein is of local value only and further supports the argument for its elimination as a routine report.

16. Conclusions and Recommendations. The "Monthly Venereal Disease Report" presented no particular problem insofar as preparation and reliability were concerned. However, it necessitated considerable duplication of effort, in that information supplied

thereby was more frequently, and just as accurately, presented in the Venereal Disease Section of the "Weekly Statistical Report", WD MD Form 86ab. Rates might easily have been figured from the latter report, and such rates might well have been incorporated in the body of the "Weekly Statistical Report". Unit surgeons could readily inform commanding officers of the venereal disease situation on this basis alone without having to prepare an additional report devoted entirely to the subject. In summarizing, there is little to warrant the continued use of the "Monthly Venereal Disease Report". It necessitates duplication of effort and provides information which is readily available to unit surgeons and commanding officers from other more frequently prepared sources. This, coupled with the directive that it need no longer be submitted to higher headquarters is justifiable ground for the recommendation that its use be discontinued. It is further recommended that unit surgeons inform commanding officers at more frequent intervals by providing him with venereal disease figures obtained from the weekly statistical reports.

### SECTION 8

#### REPORT OF DENTAL SERVICE, WD MD FORM 57

17. The "Report of Dental Service", WD MD Form 57, was not used per se in the European Theater of Operations. A variation of this form, titled "Report of Dental Service", ETOUSA MD Form 57, (see Appendix No. 3) was required of all reporting units, and, whereas the War Department form consisted of two pages, the ETOUSA form consisted of four. It was generally felt that the ETOUSA form has little, if any, advantage over the War Department form and, at the same time, was twice as bulky. A single argument in favor of the ETOUSA form stresses the fact that Sections 6 and 7 present an alphabetical listing of all case diagnoses and therefore require no preparation other than the insertion of the actual number of cases treated. Most units, however, felt this to be of little advantage and one that did not warrant the doubly increased bulk.

18. Conclusions and Recommendations. The use of the ETOUSA MD Form 57 in preference to the WD MD Form 57 was generally recognized as the substitution of an older, more lengthy report for a newer, briefer form. The advantages gained thereby have not been justifiable in the opinion of most, simply on the grounds of the resultant twofold increase in bulk. While there is essentially no significant difference otherwise, it is recommended that the War Department form be retained.

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#### CHAPTER 2

1. Interview with Captain Edna M. Cree, ANC, Epidemiological Branch, Preventive Medicine Division, Office of the Theater Chief Surgeon, Theater Service Forces, European Theater.

2. Interview with Captain Stephen Tucker, MAC, Chief of Medical Records Division, Office of the Chief Surgeon, Headquarters European Theater of Operations, United States Army.

3. Interview with First Lieutenant H. F. Sorenson, MAC, Chief of Medical Records Division, Office of the Surgeon, Seventh United States Army.

4. Interview with Captain Lee Jarvis, MAC, Medical Records Division, Office of the Theater Chief Surgeon, Theater Service Forces, European Theater.

5. Interview with First Lieutenant Arthur R. Hedlund, MAC, Chief of Medical Records Division, Office of the Surgeon, Third United States Army.

6. Letter, Office of the Theater Chief Surgeon, Headquarters, Theater Service Forces, European Theater, dated 17 October 1945, subject: "Material for Theater General Board".

CHAPTER 3

NON-STATISTICAL REPORTS REQUIRED OF HOSPITALS AND UNITS

SECTION 1

ADMISSION AND DISPOSITION REPORT

19. The "Admission and Disposition Report" as employed in the European Theater of Operations was more frequently revised than any other single Medical Department report. The first to be used was an unnumbered, locally prepared form which, as directed in paragraph 25, Circular Letter No. 20, Office of the Chief Surgeon, European Theater of Operations, United States Army, subject: "Medical Department Reports and Records", dated 2 February 1944, (see Appendix No. 4) was concerned only with a listing of admissions and dispositions over a twenty-four hour period. Recognizing this as totally inadequate, ETOUSA MD Form 324a (see Appendix No. 5) was introduced in the European Theater of Operations in December 1944, and provided a standardized, printed form for reporting hospital admissions and dispositions. Finally, on 2 March 1945, MD AGO Form R-5013, as revised by Headquarters, European Theater of Operations, United States Army, (see Appendix No. 6) replaced the then existing ETOUSA MD Form 324a. This was a far more complete type of report than any previously employed and had the obvious advantage of a third section devoted to changes of diagnoses. Although the end of hostilities found it in use for only two months it was by far the most reliable type of admission and disposition report to be used in the European Theater of Operations. Adjutant General sections and machine records units found it to be particularly effective in preparing casualty reports. In addition, the Preventive Medicine Division, Office of the Chief Surgeon, European Theater of Operations, found it to be more reliable than the "Weekly Statistical Report" in indicating disease trends and case finding.<sup>7</sup>

20. Conclusions and Recommendations. The "Admission and Disposition Report", after considerable revision, subsequently came to be a highly reliable means of reporting hospitalizations and dispositions within the European Theater of Operations. It was particularly effective from an epidemiological view point in that it provided early information on disease trends and further assisted in case finding operations. The result of considerable trial and error, this form provides a maximum of patient information arranged in logical sequence and, as such, needs no further

revision. That it has the approval of various machine records units and Adjutant General sections is further indication that it will continue to serve in an adequate manner and should be adopted as a War Department form.

## SECTION 2

### INDIVIDUAL REPORT OF VENEREAL DISEASE, ETIOUSA MD FORM 302

21. The "Individual Report of Venereal Disease" (see Appendix No. 7) was extensively used throughout the European Theater of Operations, but no other single form was the subject of as much local variation as this. As originally designed, the report consisted of a single half-sheet which provided spaces for entering brief data relevant to the patient and his contacts. It was for this brevity that the report was most generally criticized and subsequently led to each major command designing and employing locally produced forms which approached the subject in a much more thorough manner. (See Appendix No. 8 for a characteristic modification.) In spite of these vastly improved forms many reports were submitted that were incomplete to such an extent as to be totally worthless and indicated a lack of conscientiousness on the part of the reporting surgeons. To correct this, some units employed specially trained personnel in questioning the infected patient and the results thereby obtained were vastly improved.<sup>8</sup> With the entry of the United States forces into Germany it was noted that the effectiveness of the report again fell off. It was not until the decision was made that information obtained thereby was confidential and could not be used as evidence in trials by courts martial for fraternization that favorable results were again obtained.

22. Conclusions and Recommendations. The "Individual Report of Venereal Disease" was essential, but required considerable augmentation to provide a maximum of information on which to base a venereal disease control program. Such vital information as locations where prostitution flourishes, where prophylaxis stations are most needed, and data relevant to types of women most frequently involved can best be obtained by a report of this nature. The best results in case findings in the European Theater of Operations were obtained not only through the conscientious efforts of interviewing officers but by using a report which exhausted every possible source of information. The ideal form must be constructed with this in mind. A recommended type of Individual Report of Venereal Disease is attached. (See Appendix No. 9).

## SECTION 3

### CLINICAL RECORDS

23. In addition to the MD MD Form 52c, "Field Medical Card", all hospitals in the European Theater of Operations were permitted to use a series of brief clinical forms, the ETIOUSA MD 55 Series, (see Appendix No. 10) in all cases where additional information was deemed advisable in the treatment of the case.<sup>11</sup> Since this authority was delegated to any medical officer attending the case, the matter was purely optional and was, therefore, conspicuously lacking in uniformity. It was the universal practice in the European Theater of Operations to employ not only various individual forms of the 55 series, but, in addition, it was recognized

that some additional forms should be maintained by the hospital as a permanent record on all patients admitted. The latter practice evolves from the advisability of preserving a local history of the patient after all clinical forms and the "Field Medical Record" had been forwarded as required by Medical Department directives. With no established policy in this respect, the resultant methods of maintaining permanent files in various hospitals permitted every possible variation, and the results obtained were frequently criticized as being too diversified to provide for a maximum of reliability. Methods employed varied all the way from a simple card index which showed only names of patients, diagnoses and discharge dates to records which presented complete clinical histories, physical findings and progress reports prepared during the patients' stays in the hospital. Opinion is divided as to how much information should be retained by hospitals as permanent records of patients treated, but most are in favor of something more than a mere card index.<sup>9,10,12</sup> It has been variously observed that subsequent tracers and inquiries failed to divulge desired information where units maintained no more than a "Register Card." The majority of persons interviewed agreed that a single standardized sheet must be maintained which, in addition to the patient's name, serial number, and organization, should include admission diagnosis, brief physical findings, summary of medical or surgical treatment, laboratory findings, progress notes and final disposition. There is some disagreement as to the best method of maintaining the form but a majority believe that it should be kept at the patient's bed side and that it should be the responsibility of the ward officer and nurse for proper preparation. Information desired by the registrar's section would, in turn, be made readily available from this report. The "Field Medical Card", WD MD Form 52c, could, as always, continue to be utilized as a brief consecutive record of the patient, not a clinical history, and forwarded according to present directives upon disposing of the patient.

24. Conclusions and Recommendations. Hospitals recognized the need for a clinical history of all patients treated which would remain on permanent file as the property of the hospital concerned. The use of the existing WD MD Form 52c was adequate for evacuation purposes, but, once forwarded, left no record of the patient other than the fact that he had been admitted at one time. Where the "Field Medical Cards" were lost or destroyed in transmission, no information of value remained on which to base future decisions, and tracers from concerned organizations were frequently unsuccessful. It is concluded that a standardized "Clinical Record" of suitable size and composition, to be retained as a permanent hospital record, would have been most desirable and would have obviated the necessity for hospitals to prepare local forms which were inadequate or haphazardly maintained due to lack of centralized directives. A suggested form is attached. (See Appendix No. 11.)

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## CHAPTER 3

7. Interview with Captain Edna M. Cree, ANCO, Epidemiological Branch, Preventive Medicine Division, Office of the Theater Chief Surgeon, Theater Service Forces, European Theater

8. Letter, Office of Theater Chief Surgeon, Headquarters Theater Service Forces, European Theater, dated 17 October 1945, subject: "Material for Theater General Board".

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9. Interview with Colonel K. A. Brewer, MC, Commanding Officer, 34th Evacuation Hospital.

10. Interview with Colonel Abner Zehm, MC, Commanding Officer, 45th Evacuation Hospital.

11. Circular Letter Number 20, Office of the Chief Surgeon, European Theater of Operations, United States Army, dated 2 February 1944, subject: "Medical Department Reports and Records".

12. Interview with Colonel Clifford W. Gray, MC, Commanding Officer, 124th General Hospital.

HOSPITAL STATISTICAL REPORT

AUTH BY \_\_\_\_\_  
 INITIALS \_\_\_\_\_  
 DATE \_\_\_\_\_

(A) Hospital \_\_\_\_\_

(B) Mean Strength \_\_\_\_\_ (C) for the week ending \_\_\_\_\_ 194

	A R M Y				W A C		OTHER ARMY PERSONNEL	CIVILIAN
	OFFICERS	ENLISTED MEN	WARRANT OFFICERS	NURSES	OFFICERS	MEMBERS		
Hospital Detachment								
Patient Detachment								
TOTAL								

ADMISSIONS AND DISPOSITIONS - U.S. ARMY AND W.A.C.

DATE OF LAST REPORT		A R M Y				W. A. C.			
		(1) DISEASE	(2) INJURY	(3) BATTLE CASUALTY	(4) TOTAL	(5) DISEASE	(6) INJURY	(7) BATTLE CASUALTY	(8) TOTAL
194									
(D) REMAINING FROM LAST REPORT									
(E) ADMISSIONS	From Units								
	From other US Hospitals in this theater								
	From British Hospitals in this theater								
	From other theaters								
(I)	By change of status								
(J) TOTAL TREATED									
(K) DISPOSITIONS	Duty								
	Transferred to other hospitals								
	Transferred to Zone of Interior								
	Died								
(P)	Otherwise								
(Q) REMAINING									

(R) PATIENTS FIT FOR EVACUATION TO ZONE OF INTERIOR \_\_\_\_\_

ARMY NEUROPSYCHIATRIC CASES

DIAGNOSIS	Remaining From Last Report	ADMISSIONS		DISPOSED OF		REMAINING ON LAST DAY OF PERIOD		
		Direct & Change of Diagnosis	Transfer	Duty	Other	Open Wards	Locked Wards	Total
Psychiatric								
Organic Neurological Diseases								

PATIENTS: Occupying Beds (On Last Day of Period)

DAYS OF TREATMENT - U.S. Army & W.A.C.

	HOSPITAL			CONVALESCENT FACILITIES			Disease	HOSPITAL	CONV.	TOTAL
	Officers	EM	Total	Officers	EM	Total				
AIS (excl. WAC, AAF)										
AAF										
Nurses										
W.A.C.										
Other US Forces										
Allied & Neutral Forces										
PW										
Civilians										
TOTAL										

DAYS LOST BY ARMY PATIENTS DUE TO VENEREAL DISEASE

Army W.A.C. TOTAL

(2) Causes of deaths on line (0)

B E D S T A T U S

Classification	FIXED HOSPITALS			NON-FIXED HOSPITALS		CONVALESCENT FACILITIES	TOTAL
	Buildings	Tentage	TOTAL	T/O	In Excess of T/O		
Normal							
Expansion							
TOTAL							
Beds Occupied							

Number of beds in locked wards: \_\_\_\_\_ Number of beds for PW: \_\_\_\_\_ Fixed hospitals \_\_\_\_\_ Stockade \_\_\_\_\_  
 Bed credits in other than Army hospitals: \_\_\_\_\_ Number \_\_\_\_\_ Location \_\_\_\_\_

REMARKS:

SECRET

DIAGNOSES	CASES REMAINING FROM LAST REPORT (1)	CASES ADDED SINCE LAST REPORT			CASES DISPOSED OF SINCE LAST REPORT (5)	CASES REMAINING UNDER TREATMENT (6)	DEATHS FROM COMMUNICABLE DISEASES (7)
		(3) By Direct Adm., Informal Tfr. & Ch of Diagnosis #		By Formal Tfr., if Diag. on Tfr. card is concurred in (4)			
		TOTAL (2)	no-validated (3)				
43 *Common respiratory diseases							
44 *Diphtheria							
45 *Influenza							
46 *Measles							
47 Measles, German							
48 *Meningitis, meningococcic							
49 *Mumps							
50 *Pneumonia primary, (not atypical)							
51 *Pneumonia, primary atypical							
52 *Pneumonia, secondary							
53 *Scarlet fever							
54 *Septic sore throat							
55 *Tuberculosis, all forms							
56 Vincent's angina							
57 Bacterial food poisoning							
58 *Common diarrheas							
59 *Dysentery, bacillary							
60 *Dysentery, amebic							
61 *Dysentery, unclassified							
62 *Paratyphoid fever							
63 *Typhoid fever							
64 *Dengue							
65 *Filariasis							
66 *Malaria acquired in U.S.							
67 *Malaria acquired outside U.S.							
68 *Relapsing fever							
69 *Typhus fever							
70 *Sandfly fever							
71 *Hepatitis, infectious							
72 *Keratoconjunctivitis, infectious							
73 Mycotic dermatoses							
74 *Pollomyelitis, acute anterior							
75 Rheumatic fever							
76 Scabies							
77 *Tetanus							
78 Fever of undetermined origin							
79 Gonorrhea							
80 Syphilis							
81 Other venereal							
82							
83							
84 *SPECIAL							
85							
86 NOT LISTED							
87							
88							
TOTAL	89						

X "NEW" CASES OF VENEREAL DISEASES ADMITTED

DIAGNOSIS	ARMY	W.A.C.	TOTAL ARMY
90 Gonorrhea			
91 Syphilis			
92 Other Venereal			

# Include only cases received by informal transfer; do not include cases disposed of by informal transfer.

Signature \_\_\_\_\_  
Name, typed \_\_\_\_\_  
Grade \_\_\_\_\_ Date \_\_\_\_\_

ETCUSA MD Form 323  
16 December 1943

## COMBAT MEDICAL STATISTICAL REPORT

UNIT DESIGNATION \_\_\_\_\_ DATE \_\_\_\_\_

LOCATION \_\_\_\_\_ HOURS - FROM \_\_\_\_\_ TO \_\_\_\_\_

## I. PATIENTS

## A. ADMISSIONS AND DISPOSITIONS

	US ARMY						US NAVY	AL- LIES	EN- EMY	CI- VIL- IAN	GRAND TOTAL	
	DISEASE		IN- JURY	WOUNDED		CAS- SED						ARMY TOTAL
	MP	Other		Lt	Ser- ious							
1. Remaining												
2. Direct Adm												
3. Adm by Trf												
4. TOT TREATED												
5. Ret to Duty												
6. Transferred												
7. Evacuated												
8. Died												
9. Other Disp												
10. TOTAL DISPOSITION												
11. Remaining												

NOTE: Direct Admissions (2) are cases received without FMF (Forms 52c and 52d); Adm by transfer (3) are cases received with FMF; Transferred (6) means cases transferred to installations within Army area; Evacuated (7) means cases evacuated to C.Z.; other Disp (9) includes AWOL, PW to MP, etc.

B. CAS CASUALTIES: Number Adm \_\_\_\_\_ Type Chem Lgt \_\_\_\_\_

Place and Hour of Occurrence of Attacks \_\_\_\_\_

## C. PATIENTS EVACUATED:

Ltr	Road	Foot	Rail	TOTAL

## D. CLASSIFICATION OF PATIENTS REMAINING:

1. Bed patients, non-transportable . . . . . \_\_\_\_\_
2. Bed patients, transportable . . . . . \_\_\_\_\_
3. Ambulatory patients . . . . . \_\_\_\_\_
4. Approx number to be evacuated  
the following day: Litter \_\_\_\_\_  
(beginning 24 hours after  
date and hour of this report) Walking \_\_\_\_\_



R E S T R I C T E D

Form 57  
 MD ETCUSA  
 (Rev 15 Sep 42)

REPORT OF  
 DENTAL SERVICE  
 (See AR 40-1010)

Military Strength.....

1. .... Code Location.....  
 (Station of Command) Army Post Office.....

2. Calendar Month of.....19....  
 (Give beginning and end, if less than calendar month)

3. GENERAL SUMMARY OF DENTAL SERVICE.

	US Mil	* UN Mil	Civ	Pris
Admissions, routine.....				
Admissions, emergency.....				
Sittings given.....				

4. CLASSIFICATION OF MILITARY PERSONNEL.

(See AR 40-510)

Class I	Class II	Class III	Class IV

Obtain figures from survey of command and modify in subsequent months by estimating changes from cases treated.

5. DUTY PERSONNEL.

A. Officer Personnel		B. Other Personnel--(1) Enlisted	
Summary	No.	Grades	No.
Total dental officers on dy. ....		Total enlisted on duty.....	
Total days of duty.....		Master sergeants.....	
Total days leave.....		Technical sergeants.....	
Total days sick.....		Staff sergeants.....	
No. of officers RA.....		Sergeants.....	
No. of officers NG.....		Corporals.....	
No. of officers Res.....		Technicians, 3d Grade.....	
No. of officers AUC.....		Technicians, 4th Grade.....	
No. on detached service.....		Technicians, 5th Grade.....	
No. on temporary duty.....		Privates, 1st Class.....	
No. of casual officers.....		Privates.....	
.....		(2) Civilians	
.....		Dental Mechanics.....	
.....		Hygienists.....	

\* All uniformed personnel of United Nations Forces.

R E S T R I C T E D  
 CASES DIAGNOSED AND OPERATIONS PERFORMED

6. CASES DIAGNOSED:					7. OPERATIONS PERFORMED:				
Diagnoses	Patients				Nature of Operations	Patients			
	US Mil	UN Mil	Civ	Pris		US Mil	UN Mil	Civ	Pris
Abscess, parietal.	...	...	...	...	RESTORATION				
Abscess, periapical.	...	...	...	...	Amalgam.				
Abrasion.	...	...	...	...	Inlay.				
Bridge, defective.	...	...	...	...	Inlay recemented.				
Bridge, loose.	...	...	...	...	Oxyphosphate				
Calculus.	...	...	...	...	Oxyphos. and Amalgam.				
Caries.	...	...	...	...	Root canal.				
Cellulitis	...	...	...	...	Silicate.				
Mild.	...	...	...	...					
Severe.	...	...	...	...	PROSTHESIS				
Crown, defective.	...	...	...	...	Bridges (all types).				
Crown, loose.	...	...	...	...	Bridge, recemented.				
Cyst.	...	...	...	...	Bridge, reconstructed.				
Denture, defective	...	...	...	...	Bridge, repaired.				
irritating.	...	...	...	...	Crown (all types).				
Devitalized, pulp.	...	...	...	...	Crown, recemented.				
Erosion.	...	...	...	...	Crown, repaired.				
Facing, defective.	...	...	...	...	Denture, adjusted.				
Filling, defective	...	...	...	...	" , full.				
Fracture of mandible.	...	...	...	...	" , partial.				
Fracture of maxillae.	...	...	...	...	" , pr. with gold				
Fracture of tooth.	...	...	...	...	" , rebased.				
Gingivitis.	...	...	...	...	" , reconstructed				
Hemorrhage, primary.	...	...	...	...	" , repaired.				
Hemorrhage, secondary.	...	...	...	...	Facing, recemented				
Hypersensitive, dentine.	...	...	...	...	Facing, replaced.				
Inlay, loose.	...	...	...	...	Facial, prosthesis constructed.				
Malocclusion.	...	...	...	...	Splints constructed.				
Mandible, edentulous.	...	...	...	...	OTHER OPERATIONS				
Maxillae, edentulous.	...	...	...	...	Abscess, incision of.				
Neuralgia, facial.	...	...	...	...	Alveolectomy.				
Osteitis.	...	...	...	...	Anesthesia, general.				
Osteomyelitis.	...	...	...	...	Anesthesia, local.				
Pericoronitis.	...	...	...	...	Apicoectomy.				
Periodontoclasia.	...	...	...	...	Calculus, removal of.				
Pulp, devitalization of.	...	...	...	...	Examinations.				
Pulpitis.	...	...	...	...	Impressions (all types).				
Root residual.	...	...	...	...	Irrigations.				
Sequestrum.	...	...	...	...	Fracture, reduction of.				
Sinusitis.	...	...	...	...	Intramaxillary wiring.				
					Splints.				



8. GENERAL REMARKS.

A. Equipment

Item	No. on Hand	No. Auth	Remarks
Kit, Dental Officer's.....	.....	.....	.....
Kit, Dental Private's.....	.....	.....	.....
Kit, Facio-Maxillary.....	.....	.....	.....
Chest, MD 60.....	.....	.....	.....
Chest, MD 61.....	.....	.....	.....
Chest, MD 62.....	.....	.....	.....
British Field Equipment in use..	.....	.....	.....
British Base Equipment in use...	.....	.....	.....

B. Pertinent Dental Information, Problems and Recommendations.

.....  
 .....  
 .....

(Attach extra sheet if necessary)

C. Personnel--Officer and Enlisted

(Attach extra sheet if necessary)

Rank	Name	ASN	Comp	Organization	Duties--Dental and others. See AF 330-40

I certify the foregoing report is correct.....

.....DC; US Army

R E S T R I C T E D

HEADQUARTERS  
EUROPEAN THEATER OF OPERATIONS  
UNITED STATES ARMY  
Office of the Chief Surgeon  
APO 861

2 February 1944

CIRCULAR LETTER NO. 20

E X T R A C T

\* \* \* \* \*

25. ADMISSION AND DISPOSITIONS REPORT

RENDERED BY. U.S. Army Hospitals and general dispensaries (not required of unit dispensaries).

FREQUENCY. Daily, for 24 hour period ending at 2359 hours.

WILL CONTAIN. Name and other information listed for every admission and discharge.

Admissions:

NAME SERIAL NUMBER GRADE ORGANIZATION ADMISSION DIAGNOSIS

Dispositions:

NAME SERIAL NUMBER GRADE ORGANIZATION DISPOSITION  
FINAL DIAGNOSIS

SPECIAL INSTRUCTIONS. Battle casualties will be shown by symbol (BC) following the name--if from North Africa (NA) both symbols will be used when appropriate. U.S. Forces, other than Army: allied forces, civilians, U.S. Merchant Marine, Prisoners of war, will be listed separately.

Whenever a patient is disposed of from the Detachment of Patients the organization shown on the Disposition Report will be his former unit, not the Detachment of Patients.

The date of the report will be that of the day for which the report is rendered.

TIME OF SUBMISSION. Within 24 hours of date.

CLASSIFICATION. Wherever the List includes the number and branch of four or more organizations, except companies of the same regiment, this report will be classified as CONFIDENTIAL--otherwise it may be classified as RESTRICTED.

COPIES AND CHANNELS. 2 Copies by Courier to Chief Surgeon, Attention: Medical Records, APO 871.

\* \* \* \* \*



ADMISSION AND DISPOSITION REPORT  
SECTION I - ADMISSIONS

Designation of Hospital \_\_\_\_\_ Location or APO \_\_\_\_\_  
Date \_\_\_\_\_

R NO. WARD RELIG	NAME ORGANIZATION	ASN	A/S GRADE	RACE	TYPE CASE	DIAGNOSIS	LEAVE DATE
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)



ADMISSION AND DISPOSITION REPORT  
SECTION III - CHANGES OF DIAGNOSIS

Designation of Hospital \_\_\_\_\_ Location or APC \_\_\_\_\_  
Date \_\_\_\_\_

NAME	ASN	RACE	PREVIOUS DIAGNOSES	CHANGES OF DIAGNOSES	LEAVE ELIAB
(1)	(2)	(2a)	(3)	(4)	(5)

Authentication \_\_\_\_\_ Name, Grade and Arm of Service (type) \_\_\_\_\_ Position (type) \_\_\_\_\_  
Signature \_\_\_\_\_



INDIVIDUAL REPORT OF CASE OF VENEREAL DISEASE  
(Ninth Army Modification)

NAME \_\_\_\_\_ ASH \_\_\_\_\_ RACE \_\_\_\_\_

GRADE \_\_\_\_\_ ORGANIZATION \_\_\_\_\_  
Co/Btry Bn/Sq Regt/Gp Arm/Service

BASE SECTION \_\_\_\_\_ IF AVN. AAF STA. \_\_\_\_\_

DIAGNOSIS \_\_\_\_\_ ("NEW") ("OLD") \*

DATE \_\_\_\_\_ L.O.D.: NO. AR 35-1440 (DOES) (DOES NOT)\* APPLY.

WAS A CONDOM WORN? \* (YES) (NO)

PROPHYLAXIS \* (NONE) (STATION PROPHYLAXIS) (INDIVIDUAL PROPHYLAXIS)  
(\_\_\_\_ HRS. AFTER EXPOS.) (\_\_\_\_ HRS. AFTER EXPOS.)

## SEX CONTACT WITH:

(Use reverse, if necessary, for additional contacts)

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

IDENTIFYING DETAILS \_\_\_\_\_

PLACE EXPOSURE OCCURRED \_\_\_\_\_  
District City Country

NOTE: It is not necessary to fill out the rest of this report when information given above is complete and accurate enough to make certain the contact can be found. When name and address cannot be obtained the paragraphs below will be filled out in detail and the blank space on the reverse side be used as instructed.

1. IDENTIFICATION OF CONTACT: Nick name \_\_\_\_\_

Nationality? \_\_\_\_\_ What languages does she speak? \_\_\_\_\_

How and where employed? \_\_\_\_\_

Married? \_\_\_\_\_ Number of children? \_\_\_\_\_

Husband's or father's occupation? \_\_\_\_\_

Her usual "beat", cafe, brothel or hotel? \_\_\_\_\_

2. DESCRIPTION: Age \_\_\_\_\_ Height \_\_\_\_\_ Build \_\_\_\_\_

Color of hair? \_\_\_\_\_ Style of hair? \_\_\_\_\_

Type of features, complexion, teeth, eyes, glasses, etc? \_\_\_\_\_

Other characteristics: Scars, limp, pregnancy, moles, warts, does she have a dog, etc? \_\_\_\_\_

3. DRESS: Wearing hat, no hat, etc? \_\_\_\_\_

Color and kind of dress? \_\_\_\_\_

Coat and shoes? \_\_\_\_\_

Jewelry, rings, etc? \_\_\_\_\_

4. CIRCUMSTANCES: Date and time met? \_\_\_\_\_

Where? \_\_\_\_\_

Town? \*\* \_\_\_\_\_ Country? \_\_\_\_\_

Did you know her before? \_\_\_\_\_ If so, her reputation and history \_\_\_\_\_

Were you introduced to her? \_\_\_\_\_ If so, by whom (name, address, or description) \_\_\_\_\_

Have you had previous sexual contact with her? (details) \_\_\_\_\_

ETOUSA WD FORM No. 302 (Ninth Army Modification) (Continued)

Was she with a girl friend? \_\_\_\_\_ If so, name and address or description) \_\_\_\_\_

Did she accost you? (details) \_\_\_\_\_

Do any of your soldier friends know her? \_\_\_\_\_ If so, name(s) and organization(s)\*\*\* \_\_\_\_\_

Was she a prostitute, pickup or girl friend? \_\_\_\_\_

What was her fee? \_\_\_\_\_

Do you have her photograph or calling card? (Attach same to report) \_\_\_\_\_

5. PLACE OF CONTACT: Address or location? \_\_\_\_\_

Describe place of contact \_\_\_\_\_

Town\*\* \_\_\_\_\_ Country \_\_\_\_\_

Could the patient obtain additional information if taken to place of contact? \_\_\_\_\_

6. ADDITIONAL INFORMATION: Use the blank space below for the following: (a) DRAW A MAP WHICH SHOWS THE LOCATION OF HOTELS, HOUSES, CAFES, STREETS AND PLACES OF CONTACT. Label the map plainly. (b) Write a brief story of events prior to, while with, and after leaving the contact. In this story refer to the map. (c) Relate additional circumstantial information not given in the paragraphs on front of the sheet. (d) Give information obtained when soldier is taken to the scene of his contact. (This trip should be made if practicable) (e) Make note of information obtained on second or third interviews. (Repeated interrogations very often bring out important facts the soldier thinks he has forgotten.) (f) Elaborate on, or clarify information given on the front side. (g) In case the contact has already been found, give details. (h) Make any suggestions that might be of value to the venereal disease control program of this headquarters.

This report when filled out properly is invaluable to the program for venereal disease control. It is essential that the most complete and accurate information obtainable be supplied. Medical Officers must put forth every effort to obtain information needed for tracing Venereal Disease Contacts.

\_\_\_\_\_  
Name or number of hosp. or dispensary

Signed \_\_\_\_\_  
\_\_\_\_\_, MG  
Grade

- \* Delete inapplicable items.  
 \*\* The name of the town must be SPELLED CORRECTLY. Give name of country. If it is a small town give either its map coordinates or its location in reference to a nearby large town.  
 \*\*\* These soldiers should be questioned and the information obtained included with this report.

R E S T R I C T E D

APPENDIX NO. 9

The following clinical forms, ETOUSA MD 55L-3, "Serology", and ETOUSA MD 55L-15, "Miscellaneous" are representative both as to size and makeup of the entire ETOUSA MD 55 series. Others in the series are as follows:

ETOUSA MD Form No.	55b	Chief Complaint--Condition on Admission, etc.
" " " "	550-1	Physical Examination
" " " "	55E-1	Consultation Request
" " " "	55E-4	Report of Dental Survey
" " " "	55E-5	Dental Record
" " " "	55F	Progress Note
" " " "	55H-1a	T-P-I-Summary
" " " "	55H-1b	Treatment Record
" " " "	55H-2	Clinical Chart
" " " "	55K-2	X-Ray Report
" " " "	55L-1	Blood Examination
" " " "	55L-1a	Blood, Summary
" " " "	55L-2	Blood Chemistry
" " " "	55L-4	Spinal Fluid
" " " "	55L-5	Urinalysis
" " " "	55L-5a	Urinalysis Summary
" " " "	55L-7	Sputum
" " " "	55L-7a	Sputum, Summary
" " " "	55L-9	Feces
" " " "	550-1	Anesthetic Record
" " " "	550-2	Operations

SEROROLOGY

Name \_\_\_\_\_ Rank: \_\_\_\_\_ Ward \_\_\_\_\_

Hosp. \_\_\_\_\_ Lab. \_\_\_\_\_

Kahn \_\_\_\_\_

Quant. Kahn \_\_\_\_\_

Wassermann \_\_\_\_\_

Agglutination Tests

Widal \_\_\_\_\_

Para. A \_\_\_\_\_

Para. B \_\_\_\_\_

Tularemic \_\_\_\_\_

Undulant Fever \_\_\_\_\_

Additional Information:

Date \_\_\_\_\_ Name \_\_\_\_\_ Rank \_\_\_\_\_

Hq SOS /6220 ETOSAL 55L-3

MISCELLANEOUS

Name \_\_\_\_\_ Rank: \_\_\_\_\_ Ward \_\_\_\_\_

Hosp. \_\_\_\_\_ Lab. \_\_\_\_\_

Specimen \_\_\_\_\_ Source \_\_\_\_\_

Type of Exam. \_\_\_\_\_

Report:

Date \_\_\_\_\_ Name \_\_\_\_\_ Rank \_\_\_\_\_

Hq SOS 2-43/1000M/6227 ETOSAL 55L-15



6. ADDITIONAL INFORMATION: Use space below for the following:  
 (a) DRAW A MAP WHICH SHOWS THE LOCATION OF HOTELS, HOUSES, CITIES, STREETS AND PLACES OF CONTACT. Label the map plainly. (b) Write a brief story of events prior to, while with, and after leaving the contact. In this story refer to the map. (c) Relate additional circumstantial information not given in the paragraphs above. (d) Give information obtained when soldier is taken to the scene of his contact. (This trip should be made if practicable.) (e) In case the contact has already been found, give details.

\_\_\_\_\_  
 Name or number of hospital or dispensary

Signed \_\_\_\_\_  
 \_\_\_\_\_, MC  
 Grade

## INSTRUCTIONS:

- \* Delete inapplicable items.
- \*\* The name of the town must be SPELLED CORRECTLY. Give name of country. If it is a small town give either its map coordinates or its location in reference to a nearby large town.
- \*\*\* These soldiers should be questioned and the information obtained included with this report.



\*MEDICAL HISTORY:

\*SURGICAL HISTORY AND PHYSICAL EXAMINATION:

\*MEDICAL PHYSICAL EXAM. TENTATIVE DIAGNOSIS & PROGRESS NOTES:

\*SURGICAL OPERATION: ANESTHESIA \_\_\_\_\_ AMT. \_\_\_\_\_ DATE \_\_\_\_\_

FINAL DIAGNOSIS: (Use WIA for all battle injuries, state causative agent and anatomical diagnosis. Use only authorized abbreviations)

L.O.D. \_\_\_\_\_

INCURRED: How \_\_\_\_\_

When \_\_\_\_\_

Where \_\_\_\_\_

Entitled to Purple Heart Award \_\_\_\_\_ Date Awarded \_\_\_\_\_

(Yes or No)

DISPOSITION \_\_\_\_\_ Date \_\_\_\_\_

\*Delete line that does not apply.

\_\_\_\_\_  
(Signature Medical Officer)