The Honorable Peter J. Roskam

507 Cannon House Office Building
Washington, D.C. 20515
(202) 225-4561
(202) 225-1166 (Fax)

150 S. Bloomingdale Road, Suite 200
Bloomingdale, IL 60108
(630) 893-9670
(630) 893-9735 (Fax)

To: DONAVY/CONG AFFAIRS Fax: 703 614 7089

Date: 23NOV10 Phone: —

From:

(b) (6) [redacted]

Number of Pages (Including cover sheet): 15

COMMENTS:

PETER J. ROSKAM
6TH DISTRICT, ILLINOIS

DEPUTY WHIP

COMMITTEE ON WAYS AND MEANS

SUBCOMMITTEES:
OVERSIGHT
INCOME SECURITY AND FAMILY SUPPORT
SELECT REVENUE MEASURES

Congress of the United States
House of Representatives
Washington, DC 20515–1306

507 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225–4561
(202) 225–1166 FAX

150 S. BLOOMINGDALE ROAD
SUITE 200
BLOOMINGDALE, IL 60108
(630) 893–9670
(630) 893–9725 FAX

www.roskam.house.gov

November 23, 2010

Department of the Navy
Congressional Affairs
Fax: (703)614-7089

Dear Congressional Liaison,

My constituent, (b) (6) [redacted] has requested my office to make an inquiry regarding the status of their case.

I would greatly appreciate any information you are able to provide. If you have any further questions or need clarification please contact my staff member, (b) (6) [redacted] at 630-893-9670. Thank you for your time and attention.

Very truly yours,

Peter Roskam

Peter J. Roskam
Member of Congress

PJR/av

PRINTED ON RECYCLED PAPER

Your signature on this document is required for assistance

Privacy Release Form
Congressman Peter Roskam, 6th Congressional District, IL

Under the Privacy Act of 1974, Federal Agencies are prohibited from releasing any information regarding an individual without written consent. Therefore, I hereby give you and your staff permission to make inquiries into my records kept by the:

(List (b) (6) [redacted]

Name [redacted]

Street [redacted]

City [redacted]

Home [redacted]

Date [redacted]

Veterans Claim Number (if applies) N/A

Military Identification Number (if applies) N/A

Other numbers identifying my case N/A

Types of benefits I am seeking to investigate and appeal a denied medical waiver from the U.S. Navy

Date and Place claim was filed

Please write a brief description of the problem with which you are requesting assistance (attach copies of additional documentation):

I, (b) (6) [redacted] am requesting assistance from Congressman Peter Roskam and Congressional Assistant (b) (6) [redacted] to investigate and appeal a denied medical waiver from the United States Navy.

The following is attached: Handwritten statement of why I want enlist. My handwritten statement titled "Why do I want to become a member of the US Navy." Three letters of Recommendation, [redacted] ASVAB test scores, copy of MEPS Exam.

Signat (b) (6) [redacted] Date 11/16/10

Please return to :
Congressman Peter Roskam
150 South Bloomingdale Road, Suite 200
Bloomingdale, IL 60108

HANDWRITTEN STATEMENT

PRIVACY ACT STATEMENT

AUTHORITY AND PURPOSE: 5 U.S.C. 301, Departmental Regulations; and E.O. 9397 (SSN). Provided information is used to assist officials and employees of the Navy in the management, supervision and administration of Navy personnel (officer and enlisted) and the operations of related personnel affairs and functions.

ROUTINE USES: Information will be utilized by Department of the Navy officials in verifying qualifications and suitability for enlistment.

DISCLOSURE: Disclosure is voluntary; however, failure to provide the requested information as well as the social security number may result in denial of enlistment into theUnited StatesNavy.

NAVY

HONOR

COURAGE

COMMITMENT

Event of Offense, Charge if Cited	
City and State of Offense/Charge	City: State:
Names of Police Agency and Court	
Place of Residence at time of Offense/Charge	City: State:
Date of Offense/Charge & Age of Applicant at the Time	Age:
Outcome, Disposition if Charged and Final Status	

Description (BAC, MPH, etc...) nature of the offense, degree of participation, approximate dollar values for items of property and bond posted, sentence, fines and court costs, probation or community service ordered, or reason for por grades.

I, (Name) (b) (6) [redacted] do honestly declare that:

My name, I had gastric bypass surgery due to my weight. Five years then early obesity after child birth July 1999. My gastric bypass surgery was performed by Bariatric Surgeon (b) (6) [redacted] at Northwest Suburban Community Hospital. The surgery was successful with great results. Post surgery, the first two years, I attended monthly group supportive and educational meetings. I received support from other bariatric patients

(b) (6) [redacted] I affirm that the above statement is true in all respects.

Applicants Signature | Date | Witness' Signature

NAVCRUIT 1133/78 (Rev 3/2010) FOR OFFICIAL USE ONLY WHEN FILLED IN

HANDWRITTEN STATEMENT

PRIVACY ACT STATEMENT

AUTHORITY AND PURPOSE: 5 U.S.C. 301, Departmental Regulations; and E.O. 9397 (SSN). Provided information is used to assist officials and employees of the Navy in the management, supervision and administration of Navy personnel (officer and enlisted) and the operations of related personnel affairs and functions.

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NAVY
HONOR
COURAGE
COMMITMENT

Event of Offense, Charge If Cited	
City and State of Offense/Charge	City: State:
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Place of Residence at time of Offense/Charge	City: State:
Date of Offense/Charge & Age of Applicant at the Time	Age:
Outcome, Disposition if Charged and Final Status	

Description (BAC, MPH, etc...) nature of the offense, degree of participation, approximate dollar values for items of property and bond posted, sentence, fines and court costs, probation or community service ordered, or reason for por grades.

I, (Name) (b) (6) [redacted] do honestly declare that:

and guidance from (b) (6) [redacted] the Nutrition Manager, who helped me meet my daily nutritional and physical needs to maintain and keep a healthy weight. I'm going on my seventh year and I have maintained my weight and remained in perfect health.

(b) (6) [redacted] ement is true in all respects.

Applicants Signature Date Witness' Signature

NAVCRUIT 1133/78 (Rev 3/2010) FOR OFFICIAL USE ONLY WHEN FILLED IN

HANDWRITTEN STATEMENT

Honor - Courage - Commitment

PRIVACY ACT STATEMENT

AUTHORITY AND PURPOSE: 5 U.S.C. 301, Departmental Regulations; and E.O. 9397 (SSN). Provided information is used to assist officials and employees of the Navy in the management, supervision and administration of Navy personnel (officer and enlisted) and the operations of related personnel affairs and functions.
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DISCLOSURE: Disclosure is voluntary; however, failure to provide the requested information as well as the social security number may result in denial of enlistment into the United States Navy.

Event of Offense | Charge if Cited | City | State

Name(s) of Police Agency(s) | In the Court of

Place of Residence at the Time of Offense | City | State

Date of the Offense/Charge | Age of Applicant at the Time of Offense/Charge

Outcome, Disposition if Charged and Final Status

Description : Who, What, Where, When, How

(b) (6) [redacted] do honestly declare that:

Why do I want to become a member of the U.S. Navy?

One of the results of successful Selfishness is the capacity contributing, serving and giving to others. Contributing is what's left to do when all your needs in life are fulfilled. People who are satisfied with life can share that satisfaction with others. Within the Navy, I can have the best of both worlds by serving my country and staying true to myself. I can meet the high standards and qualifications to

(b) (6) [redacted] ll respects.

2010/01/22

Applicants Signature | Date | Witness' Signature | Date

NAVCRUIT 1133/78 (Rev 2-09) FOR OFFICIAL USE ONLY WHEN FILLED IN

HANDWRITTEN STATEMENT

Honor - Courage - Commitment

PRIVACY ACT STATEMENT

AUTHORITY AND PURPOSE: 5 U.S.C. 301, Departmental Regulations; and E.O. 9397 (SSN). Provided information is used to assist officials and employees of the Navy in the management, supervision and administration of Navy personnel (officer and enlisted) and the operations of related personnel affairs and functions.
ROUTINE USES: Information will be utilized by Department of the Navy officials in verifying qualifications and suitability for enlistment.
DISCLOSURE: Disclosure is voluntary; however, failure to provide the requested information as well as the social security number may result in denial of enlistment into the United States Navy.

Event of Offense | Charge if Cited | City | State

Name(s) of Police Agency(s) | In the Court of

Place of Residence at the Time of Offense | City | State

Date of the Offense/Charge | Age of Applicant at the Time of Offense/Charge

Outcome, Disposition if Charged and Final Status

Description : Who, What, Where, When, How

I, (Name) (SSN) do honestly declare that:

become a member of the U.S. Navy

The U.S. Navy is a model for my life success, because the organization demonstrates many beneficial strategies and techniques to reach challenging and achievable goals. I promote and possess the U.S. Navy's core values: Honor, Courage and Commitment. I conduct myself in the highest ethical manner in all relationships. I demonstrate moral and mental strength to do what is right, even in the face of personal and professional adversity. I'm committed to positive change and constant improvement within myself. My strong sense of self-efficacy allows me to tackle problems with confidence, set long-term goals, and see difficult tasks as course challenges.

The U.S. Navy will be a guidance system revealing paths for a secure future for myself and family. The revealing path of my life is being a wife and

(b) (6) [redacted] true in all respects.

[redacted] 2010/11/22

Applicants Signature | Date | Witness' Signature | Date

NAVCRUIT 1133/78 (Rev 2-09) FOR OFFICIAL USE ONLY WHEN FILLED IN

HANDWRITTEN STATEMENT

Honor - Courage - Commitment

PRIVACY ACT STATEMENT

AUTHORITY AND PURPOSE: 5 U.S.C. 301, Departmental Regulations; and E.O. 9397 (SSN). Provided information is used to assist officials and employees of the Navy in the management, supervision and administration of Navy personnel (officer and enlisted) and the operations of related personnel affairs and functions.

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DISCLOSURE: Disclosure is voluntary; however, failure to provide the requested information as well as the social security number may result in denial of enlistment into the United States Navy.

Event of Offense | Charge if Cited | City | State

Name(s) of Police Agency(s) | In the Court of

Place of Residence at the Time of Offense | City | State

Date of the Offense/Charge | Age of Applicant at the Time of Offense/Charge

Outcome, Disposition if Charged and Final Status

Description : Who, What, Where, When, How

I, (Name) (SSN) do honestly declare that:

[illegible] to make my career with the U.S. Navy a joint mission that benefits everyone. My education and career advancement will improve our quality of living and influence my children to achieve greatness in life. Since day one, my husband maintained involvement with recruitment and transitioning to become a sailor. He supports all necessary actions presented to our family to have successful future.

Consider the possibility that you can create the life of your dreams, Barak Obama is an example of this reality. Our Commander in Chief said, "Change will not come if we wait for some other person or some other time. We are the ones we've been waiting for. We are the change we seek. Making your mark on the world is hard. If it were easy, everybody would do it. But it's not. It takes patience, it takes commitment, and it comes with plenty of failure along the way. The real [illegible] is not whether you avoid this failure, because you won't. It's whether you learn from it, whether you choose to persevere." Contributing as a member of the U.S. Navy is [illegible] about the journey than the [illegible]

(b) (6) [redacted] ue in all respects.

2011/01/22

Applicants Signature | Date | Witness' Signature | Date

NAVCRUIT 1133/78 (Rev 2-09) FOR OFFICIAL USE ONLY WHEN FILLED IN

April 15, 2010

(b) (6) [redacted]

Re: Ms. (b) (6) [redacted]

To Whom It May Concern:

I performed an open Roux – n – Y gastric bypass surgery on Ms. (b) (6) [redacted] in May of 2003 for the treatment of morbid obesity and its associated complications. She did very well following the procedure with no surgical, nutritional or metabolic complications noted at scheduled 2 week, 6 week, 3 month and one year follow ups. She attended annual follow ups with routine labs until 2006 when the surgical treatment center closed. She was noted to be well at each follow up and has maintained her weight reduction. The procedure performed was modified to avoid the significant nutritional and metabolic derangements at times associated with the gastric bypass procedure, and subsequently she has been able to maintain normal nutrition and activity since her procedure. I currently serve as Senior Flight Surgeon for the 126th MDG ILANG Scott AFB IL. Ms. (b) (6) [redacted] surgery will in no way negatively impact her ability to serve in the uniformed services. If you have any further questions please feel free to contact me.

Sincerely,

(b) (6) [redacted]

REPORT OF MEDICAL HISTORY

(This information is for official and medically confidential use only and will not be released to unauthorized persons.)

Form Approved
OMB No. 0704-0413
Expires Oct 31, 2006

The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate of Information Operations and Reports (0704-0413), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no persons shall be subject to any penalty for failing to comply with a collection of information if it does not display a current valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ADDRESS. RETURN COMPLETED FORM AS INDICATED ON PAGE 2.

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397.
PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members for the Armed Forces.
ROUTINE USE(S): None.
DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.

WARNING: The information you have given constitutes an official statement. Federal law provides severe penalties (up to 5 years confinement or a $10,000 fine or both), to anyone making a false statement. If you are selected for enlistment, commission, or entrance into a commissioning program based on a false statement, you can be tried by military courts-martial or meet an administrative board for discharge and could receive a less than honorable discharge that would affect your future.

1. LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)	2. SOCIAL SECURITY NUMBER	3. TODAY'S DATE (YYYYMMDD)
(b) (6) [redacted]		20100401

4. HOME ADDRESS (Number, Street, City, State, ZIP Code)	5. EXAMINING LOCATION AND ADDRESS (Include ZIP Code)
(b) (6) [redacted]	Chicago Meps 1700 South Wolf Road Des Plaines, IL 60018-1960
6. HOME TELEPHONE (Include Area Code) (b) (6) [redacted]	

X ALL APPLICABLE BOXES:

8.a. SERVICE	b. COMPONENT	c. PURPOSE OF EXAMINATION		
[ ] Army [ ] Coast Guard	[X] Active Duty	[X] Enlistment	[ ] Medical Board	[ ] Other (Specify)
[X] Navy	[ ] Reserve	[ ] Commission	[ ] Retirement	
[ ] Marine Corps	[ ] National Guard	[ ] Retention	[ ] U.S. Service Academy	
[ ] Air Force		[ ] Separation	[ ] ROTC Scholarship Program	

7.a. POSITION (Title, Grade, Component): CIVILIAN

b. USUAL OCCUPATION: Customer Service Representative

8. CURRENT MEDICATIONS (Prescription and Over-the-counter): None Ring birth control, Centrum multi-vitamin

9. ALLERGIES (including insect bites/stings, foods, medicine or other substance): None

Mark each item "YES" or "NO".

HAVE YOU EVER HAD OR DO YOU NOW HAVE:	YES	NO
10. a. Tuberculosis		✓
b. Lived with someone who had tuberculosis		✓
c. Coughed up blood		✓
d. Asthma or any breathing problems related to exercise, weather, pollens, etc.		✓
e. Shortness of breath		✓
f. Bronchitis		✓
g. Wheezing or problems with wheezing		✓
h. Been prescribed or used an inhaler		✓
i. A chronic cough or cough at night		✓
j. Sinusitis		✓
k. Hay fever		✓
l. Chronic or frequent colds		✓
11. a. Severe tooth or gum trouble		✓
b. Thyroid trouble or goiter		✓
c. Eye disorder or trouble		✓
d. Ear, nose, or throat trouble		✓
e. Loss of vision in either eye		✓
f. Worn contact lenses or glasses	✓	
g. A hearing loss or wear a hearing aid		✓
h. Surgery to correct vision (RK, PRK, LASIK, etc.)		✓
12. a. Painful shoulder, elbow or wrist (e.g. pain, dislocation, etc.)		✓
b. Arthritis, rheumatism, or bursitis		✓
c. Recurrent back pain or any back problem		✓
d. Numbness or tingling		✓
e. Loss of finger or toe		✓

12. (Continued)	YES	NO
f. Foot trouble (e.g., pain, corns, bunions, etc.)		✓
g. Impaired use of arms, legs, hands, or foot		✓
h. Swollen or painful joint(s)		✓
i. Knee trouble (e.g., locking, giving out, pain or ligament injury, etc.)		✓
j. Any knee or foot surgery (including arthroscopy or the use of a scope to any bone or joint		✓
k. Any need to use corrective devices such as prosthetic devices, knee brace(s), back support(s), lifts or orthotics, etc.		✓
l. Bone, joint, or other deformity		✓
m. Plate(s), screw(s), rod(s) or pin(s) in any bone		✓
n. Broken bone(s) (cracked or fractured)		✓
13. a. Frequent indigestion or heartburn		✓
b. Stomach, liver, intestinal trouble, or ulcer		✓
c. Gall bladder trouble or gallstones		✓
d. Jaundice or hepatitis (liver disease)		✓
e. Rupture/hernia		✓
f. Rectal disease, hemorrhoids or blood from the rectum		✓
g. Skin diseases (e.g. acne, eczema, psoriasis, etc.)		✓
h. Frequent or painful urination		✓
i. High or low blood sugar		✓
j. Kidney stone or blood in urine		✓
k. Sugar or protein in urine		✓
l. Sexually transmitted disease (syphilis, gonorrhea, chlamydia, genital warts, herpes, etc.)		✓
14. a. Adverse reaction to serum, food, insect stings or medicine		✓
b. Recent unexplained gain or loss of weight		✓
c. Currently in good health (If no, explain in item 29 on page 2)	✓	
d. Tumor, growth, cyst, or cancer		✓

DoD exception to SF 93 approved by ICMR, August 3, 2000.

DD FORM 2807-1, OCT 2003

DESIGNED USING NIRS, USMEPCOM; OUSD(P&R)
OVERPRINT/EXCEPTION APPROVED, MAY 7, 2001

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX) (b) (6) [redacted]

SOCIAL SECURITY NUMBER (b) (6) [redacted]

Mark each item "YES" or "NO".

HAVE YOU EVER HAD OR DO YOU NOW HAVE:	YES	NO
16. a. Dizziness or fainting spells		✓
b. Frequent or severe headache		✓
c. A head injury, memory loss or amnesia		✓
d. Paralysis		✓
e. Seizures, convulsions, epilepsy or fits		✓
f. Car, train, sea, or air sickness		✓
g. A period of unconsciousness or concussion		✓
h. Meningitis, encephalitis, or other neurological problems		✓
16. a. Rheumatic fever		✓
b. Prolonged bleeding *(as after an injury or tooth extraction, etc.)*		✓
c. Pain or pressure in the chest		✓
d. Palpitation, pounding heart or abnormal heartbeat		✓
e. Heart trouble or murmur		✓
f. High or low blood pressure		✓
17. a. Nervous trouble of any sort *(anxiety or panic attacks)*		✓
b. Habitual stammering or stuttering		✓
c. Loss of memory or amnesia, or neurological symptoms		✓
d. Frequent trouble sleeping		✓
e. Received counseling of any type		✓
f. Depression or excessive worry		✓
g. Been evaluated or treated for a mental condition *(If yes, fully explain in item 29 below.)*		✓
h. Attempted suicide		✓
i. Used illegal drugs or abused prescription drugs		✓
18. FEMALES ONLY. Have you ever had or do you now have:		
a. Treatment for a gynecological (female) disorder		✓
b. A change of menstrual pattern		✓
c. Any abnormal PAP smears		✓
d. First day of last menstrual period *(YYYYMMDD)*. 2010 03 24		
e. Date of last PAP smear *(YYYYMM)*. 2010 01 15		

Mark each item "YES" or "NO". For items 19 - 28, every item marked "YES" must be fully explained in item 29 below.

HAVE YOU EVER HAD OR DO YOU NOW HAVE:	YES	NO
19. Have you been refused employment or been unable to hold a job or stay in school because of:		
a. Sensitivity to chemicals, dust, sunlight, etc.		✓
b. Inability to perform certain motions		✓
c. Inability to stand, sit, kneel, lie down, etc.		✓
d. Other medical reasons *(If yes, give reasons.)*		✓
20. Have you ever been treated in an Emergency Room? *(If yes, for what?)*		✓
21. Have you ever been a patient in any type of hospital? *(If yes, specify when, where, why, and name of doctor and complete address of hospital.)*	✓	
22. Have you ever had, or have you been advised to have any operations or surgery? *(If yes, describe and give age at which occurred.)*	✓	
23. Have you ever had any illness or injury other than those already noted? *(If yes, specify when, where, and give details.)*		✓
24. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? *(If yes, give complete address of doctor, hospital, clinic, and details.)*		✓
25. Have you ever been rejected for military service for any reason? *(If yes, give date and reason for rejection.)*		✓
26. Have you ever been discharged from military service for any reason? *(If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability.)*		✓
27. Have you ever received, is there pending, or have you ever applied for pension or compensation for any disability or injury? *(If yes, specify what kind, granted by whom, and what amount, when, why.)*		✓
28. Have you ever been denied life insurance?		✓

29. EXPLANATION OF "YES" ANSWER(S) *(Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical status.)*

NEXT (b) (6) [redacted]
Name &
Address:
City, Sta
Phone: (

21. Child Birth
07/01/99
Hinsdale Hospital
10/23/07
Good Samaritan Hospital
Dr. Reth Zucker

22. Gastric Bypass Surgery
2003
Bariatric Treatment Center
Dr. Vaughn

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED, MARK ENVELOPE "TO BE OPENED BY MEDICAL PERSONNEL ONLY."

DD FORM 2807-1, OCT 2003

DoD exception to SF 93 approved by ICMR, August 3, 2000.

DESIGNED USING MIRS, UNMEPCOM: DUSDP&R
OVERPRINT/EXCEPTION APPROVED, MAY 7, 2001

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)	SOCIAL SECURITY NUMBER
(b) (6) [redacted]	(b) (6) [redacted]

30. EXAMINER'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA *(Physician/practitioner shall comment on all positive answers in questions 8 - 29. Physician/practitioner may develop by interview any additional medical history deemed important, and record any significant findings here.)*

a. **COMMENTS**

Form 40-1-15-E

Negative History

- Regular menstrual cycle, no cramps. G2 P2 A00 - NSVD 1997 and 2007. Nuva Ring for contraception.
- Last Pap Smear 1/10 = normal.
- Gastric bypass surgery in 2003 - for obesity
- glasses = myopia
- Taking dietary supplements - NCD.

QUESTIONING REVEALS	YES	NO	DETAILS
MARIJUANA USE		X	
OTHER DRUG ABUSE		X	
ALCOHOL ABUSE		X	

EXAMINEE. I certify the information on this form is true and complete to the best of my knowledge and belief, and no person has advised me to conceal or falsify any information about my physical and mental history. I further understand that I may be requested (b) (6) [redacted] ing issues within my medical history. I authorize any of the doctors, hospitals, clinics or insurance company(ies) to furnish [redacted] a complete transcript of my medical record for purposes of processing my application for military service.

EXAMINEE SIGNATURE — DATE 20100401

b. (b) (6) [redacted]

d. DATE SIGNED (YYYYMMDD) 20100401

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)	SOCIAL SECURITY NUMBER
(b) (6) [redacted]	(b) (6) [redacted]

31. ADDITIONAL REMARKS. *(Extention of blocks 29 or 30).*

7 507

LINICAL RECORD

Report on
or
Continuation of S.F
(Strike ou
(Sign and d

Tremetrics HT Wizard
USMEPCOM
Chicago Meps
Left 1

Date: Apr 01, 2010 07:02
ID: 331-74 7428
Name: . Freeman Malika Ann
X

DOB:
Gender: Male

Test Mode: Pulsed
Test Type: MEPS Accession Physical

Freq	Left Ear CT	BL	Shift	Right Ear CT	BL	Shift
1kT	05	AA		05	AA	
.5k	05	AA		05	AA	
1k	05	AA		05	AA	
2k	05	AA		10	AA	
3k	05	AA		10	AA	
4k	15	AA		15	AA	
6k	15	AA		30	AA	
8k	00	AA		00	AA	
AV/STS	8.3		NSD	11.8		NSD
STS/P			NSD			NSD

Baseline: none
Length of Test (Min:Sec): 05:00

Model: HT Wizard
Serial Number: 99092090
Rev (S/F/H): 4.00-016/1.17/3.10
Calibration Date: Dec 07, 2009
Calibrated to ANSI S3.6 1996

Examiner: Gab Duda
X

Classifications: MEPS
Hearing Loss Code = H1

Test Finished Without Errors

Earphone Connections Verified: OK
Handswitch Connection Verified: OK

Subject Demographics

Test Code Definitions

AA = Frequency Not Tested
DD = Deleted Frequency
NSD = Not Sufficient Data

END TEST

5

PATIENT'S IDENTIFICATION (For typed or written
middle; grade; date

Ward No.

IUATION OF

md Form 507

(b) (6)
[redacted]

DNR

331747428
54174145 Initial:
20100401 (YYYYMMDD)

331747428
54174145 Initial:
20100401 (YYYYMMDD)

331747428
54174145 Initial:
20100401 (YYYYMMDD)

331747428
54174145 Initial:
20100401 (YYYYMMDD)

331747428
54174145 Initial:
20100401 (YYYYMMDD) MAF

E

Tremetrics HT Wizard

USMEPCOM
Chicago Meps
Left 1

Date: Apr 01, 2010 07:02

ID: 331-74-7428
Name: , Freeman Malika Ann

X

DOB:
Gender: Male

Test Mode: Pulsed
Test Type: MEPS Accession Physical

Freq	Left Ear CT	BL	Shift	Right Ear CT	BL	Shift
1kT	05	AA		05	AA	
.5k	05	AA		05	AA	
1k	05	AA		05	AA	
2k	05	AA		05	AA	
3k	05	AA		10	AA	
4k	15	AA		10	AA	
6k	15	AA		15	AA	
8k	DD	AA		30	AA	
AV/STS	8.3		NSD	DD 11.6	AA	NSD
SIS/P			NSD			NSD

Baseline: none
Length of Test (Min:Sec): 05:00

Model: HT Wizard
Serial Number: 99032090
Rev (S/F/H): 4.00-016/1.17/3.10
Calibration Date: Dec 07, 2009
Calibrated to ANSI S3.6 1996

Examiner: Gs6 Duda

X

Classifications: MEPS
Hearing Loss Code = H1

Test Finished Without Errors

Earphone Connections Verified: OK
Handswitch Connection Verified: OK

Subject Demographics

Test Code Definitions

AA = Frequency Not Tested
DD = Deleted Frequency
NSD = Not Sufficient Data

END TEST

5

(Con

PATIENT'S IDENTIFICATION (For typed or written entries g
middle; grade; date; hospit

d No.

J OF

(b) (6)
[redacted]

DNR

37
ARMED SERVICES ADMINISTRATION AND
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
TRIM 101-11, 00 C-2
OCTOBER 1970
107-106

SUPPL NTAL HEALTH SCREENING QUESTIONNAIRE

(For use of this form, see USMEPCOM Reg 40-1)

PRIVACY ACT STATEMENT

Authority: Title 10, United States Code (USC), Sections 504, 505, 507, 532, 978, 1201, 1202, and 4346; Executive Orders 9397 and 10478 (SSN)

Principal purpose: To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces.

Routine uses: None. The Department of Defense "Blanket Routine Uses" set forth at the beginning of the Army's compilations of system of records notices applies to this system.

Disclosure: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.

(b) (6) [redacted]

4. Date of Exam (YYYYMMDD)	5. MEPS	6. Sex	7a. Service	7b. Component
2010 04 01	[redacted]	F	☐ ARMY ☐ AIR FORCE [redacted]	☑ ACTIVE DUTY ☐ NATIONAL ☐ RESERVE

[redacted]

YES	NO	
☐	☑	a. Were you **ever** depressed or down, most of the day, nearly every day for 2 weeks?
☐	☑	b. For the **past 2 weeks**, were you depressed or down, most of the day, nearly every day?
☐	☑	c. Were you **ever** much less interested in most things or much less able to enjoy the things you used to enjoy most of the time, for 2 weeks?
☐	☑	d. In the **past 2 weeks**, were you much less interested in most things or much less able to enjoy the things you used to enjoy, most of the the time?
☐	☑	e. Have you ever deliberately cut, burned, or injured yourself?
☐	☑	f. Have you ever considered or attempted suicide?
☐	☑	g. Have you ever been arrested?
☐	☑	h. Have you ever been suspended from school?
☐	☑	i. Have you ever been fired from your job?
☐	☑	j. Have you ever been kicked out of your home?
☐	☑	k. Have you had three or more traffic violations?
☐	☑	l. Have you ever had trouble sleeping nearly every night (difficulty falling asleep, waking up in the middle of the night, early morning waking or sleeping excessively) for a period of 2 weeks or longer?

[redacted]

	Score
a. How often do you have a drink containing alcohol? ☑ Never (0) ☐ Monthly or less (1) ☐ Two to four times a month (2) ☐ Two or three times per week (3) ☐ Four or more times a week (4)	0 If zero, skip to Total Score
b. How many drinks containing alcohol do you have on a typical day? ☐ 1 or 2 (0) ☐ 3 or 4 (1) ☐ 5 or 6 (2) ☐ 7 to 9 (3) ☐ 10 or more (4)	
c. How often do you have six or more drinks on one occasion? ☐ Never (0) ☐ Less than monthly (1) ☐ Monthly (2) ☐ Two or three times per week (3) ☐ Four or more times a week (4)	
d. Total Score *(Add up the score for each question to get your total score)*	0

10. (b) (6) [redacted]

11. Date Signed (YYYYMMDD) 2010 04 01

n 507

LINICAL RECORD

Report on
or
Continuation of S.F
(Strike ou
(Sign and d

Tremetrics HT Wizard

USMEPCOM
Chicago Meps
Left 1

Date: Apr 01, 2010 07:02

ID: 331-74-7428
Name: , Freeman Malika Ann

X

DOB:
Gender: Male

Test Mode: Pulsed
Test Type: MEPS Accession Physical

Freq	Left Ear CT	BL	Shift	Right Ear CT	BL	Shift
1kT	05	AA		05	AA	
.5k	05	AA		05	AA	
1k	05	AA		05	AA	
2k	05	AA		10	AA	
3k	05	AA		10	AA	
4k	05	AA		15	AA	
6k	15	AA		30	AA	
8k	15	AA		30	AA	
AV/STS	DD	AA		DD	AA	
STS/P	8.3		NSD	11.6		NSD
Baseline: none			NSD			NSD

Length of Test (Min:Sec): 05:00

Model: HT Wizard
Serial Number: 99032090
Rev (S/F/H): 4.00-(116/1.17/3.10
Calibration Date: Dec 07, 2009
Calibrated to ANSI S3.6 1996

Examiner: GeB Dude

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Classifications: MEPS
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Handswitch Connection Verified: OK

Subject Demographics

Test Code Definitions

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DD = Deleted Frequency
NSD = Not Sufficient Data

END TEST

5

PATIENT'S IDENTIFICATION (For typed or written
middle; grade; date

Ward No.

JUATION OF

ard Form 507

(b) (6)
[redacted]

(b) (6) [redacted]

LABORATORY FINDINGS

45. URINALYSIS	a. Albumin Neg	46. URINE HCG	47. H/H	48. BLOOD TYPE
	b. Sugar Neg	Neg		

TESTS	RESULTS			
	FIRST TEST	CODE	SECOND TEST	CODE
49. HIV	NEG	80		
50. DRUGS	Sug Black	77		
51. ALCOHOL	Neg	N		
52. OTHER				
a. PAP SMEAR				
b. EKG				
c. CXR				

331747428
54174145 Initial:
20100401
(YYYYMMDD)

SECOND SPECIMEN ID LABEL

MEASUREMENTS AND OTHER FINDINGS

53. HEIGHT	54. WEIGHT	55.a. MIN WGT - MAX WGT	55.b. ACTUAL BF % - MAX BF %	56. TEMPERATURE	57. PULSE
67.75	165 lbs.	125 - 170			93

58. BLOOD PRESSURE			59. RED/GREEN (Army Only)	60. OTHER VISION TEST:	
a. 1ST	b. 2ND	c. 3RD		a. COLOR HAIR	b. COLOR EYES
SYS. 113	SYS.	SYS.		BLACK	Right: Brown
DIAS. 80	DIAS.	DIAS.			Left: Brown

61. DISTANT VISION		62. REFRACTION BY AUTOREFRACTION OR MANIFEST		63. NEAR VISION	
Right 20/ 40	Corr. to 20/ PIP N/C	By	S. CX	Right 20/ 20	Corr. to 20/ by
Left 20/ 40	Corr. to 20/ N/C	By	S. CX	Left 20/ 20	Corr. to 20/ by

64. HETEROPHORIA (Specify distance)

ES °	EX °	R.H.	L.H.	Prism div.	Prism Conv	NPR	PD
					OT		

65. ACCOMMODATION		66. COLOR VISION (Test used and result)	67. DEPTH PERCEPTION (Test used and score) AFVT	
Right	Left	PIP PASS /14	Uncorrected	Corrected

68. FIELD OF VISION	69. NIGHT VISION (Test used and score)	70. INTRAOCULAR TENSION	
		O.D.	O.S.

71a. AUDIOMETER Unit Serial Number 99032090
Date Calibrated (YYYYMMDD) 20091207

HZ	500	1000	2000	3000	4000	6000
Right	05	05	10	10	15	30
Left	05	05	05	05	15	15

71b. Unit Serial Number
Date Calibrated (YYYYMMDD)

HZ	500	1000	2000	3000	4000	6000
Right						
Left						

72a. READING ALOUD TEST SAT UNSAT

72b. VALSALVA SAT UNSAT

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY (Use additional sheets if necessary.)

#61 GLASSES (Does not have with)

#67 will do when she returns with glasses

Date of Test: 20100401

M	D	L	C	E	H	Initials
N	N	N	N	N	N	

Date of Results: 20100405

(b) (6) [redacted]

74.a. EXAMINEE/APPLICANT (check one)

- [ ] IS QUALIFIED FOR SERVICE IN BPP DNR
- [x] IS NOT QUALIFIED FOR SERVICE

75. I have been advised of my disqualifying condition. I have been advised to see my private medical care provider within 24-48-72 hours/30 days / Routine follow-up (circle one) for further evaluation and/or treatment.

a. SIGNATURE (b) (6) [redacted]

b. DATE (YYYYMMDD) 20100401

b. PHYSICAL PROFILE

P	U	L	H	S	E	X	PROFILER INITIALS	DATE (YYYYMMDD)
3P	1	1	1	2	1		CL	20100401

76. SIGNIFICANT OR DISQUALIFYING DEFECTS

ITEM NO.	MEDICAL CONDITION/DIAGNOSIS	ICD CODE	PROFILE SERIAL	REJ DATE (YYYYMMDD)	QUALIFIED	DISQUALIFIED	EXAMINER INITIALS	WAIVER RECEIVED SERVICE	WAIVER RECEIVED DATE (YYYYMMDD)
31	Gastric bypass surgery	V44	P-3P			X	CL		

77. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)(Use additional sheets if necessary.)

#31. Gastric by-pass surgery

78. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify) (Use additional sheets if necessary.)

#31 - 3P

79. MEPS WORKLOAD (For MEPS use only)

WXID	ST	DATE (YYYYMMDD)	INITIAL	WXID	ST	DATE (YYYYMMDD)	INITIAL
1	R	20100401	RFB				

80. MEDICAL INSPECTION DATE	HT	WT	%BF	MAX WT	HCG	DUAL	DISQ	PHYSICIAN'S SIGNATURE

81.a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER (b) (6) [redacted]

82.a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER

b. SIGNATURE

83.a. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

b. SIGNATURE

84.a. TYPED OR PRINTED NAME (b) (6) [redacted]

85. This examination has been administratively reviewed for completeness and accuracy.

a. SIGNATURE (b) (6) [redacted]

b. GRADE HM2 / E-5

c. DATE (YYYYMMDD) 20100401

86. WAIVER GRANTED (If yes, date and by whom)

- [ ] YES
- [ ] NO

87. NUMBER OF ATTACHED SHEETS 1

DD FORM 2808, OCT 2005

DESIGNED USING MIRS, USMEPCOM, OUSD(P&R) /ERPRINT/EXCEPTION APPROVED, MAY 7, 2001

FOR OFFICIAL USE ONLY

UNVERIFIED WINDOWS CAT-ASVAB TEST SCORE REPORT

Testing Site ID: 541992 Service: DAR

Testing Session: Date 2009/10/14 Starting Time: 14:30

Applicant: Name (b) (6) [redacted] SSN: (b) (6) [redacted]

Test Form: 06E Test Type: Initial

	GS	AR	WK	PC	MK	EI	AS	MC	AO	VE
Standard Scores:	39	49	47	62	56	43	39	41	46	53

COMPOSITE SCORES:

Army:	GT	CL	CO	EL	FA	GM	MM	OF	SC	ST
	102	102	093	095	094	090	086	091	098	097
Air Force:	M	A	G	E						
	33	67	53	35						
Navy/CG:	GT	EL	BEE	ENG	MEC	MEC2	NUC	OPS	HM	ADM
	102	187	200	095	129	136	199	204	148	109
Marine:	MM	GT	EL	CL						
	084	095	092	110						

AFQT Percentile Score: 60

NOTE: This report is NOT valid for enlistment purposes.