## Department of Veterans Affairs

## **Former POW Medical History**

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. The public reporting burden for this collection of information is estimated to average 90 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. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. This is intended to provide your physician with a detailed history and physical for use during a physical examination. You are not required to answer these questions. Failure to provide the data will have no adverse effect on benefits to which you might otherwise be entitled.

## PLEASE TYPE OR PRINT YOUR ANSWERS IN INK. DO NOT COMPLETE SHADED AREAS. WHEN YOU NEED MORE SPACE, CONTINUE YOUR REMARKS ON A BLANK SHEET OF PAPER. SECTION A. IDENTIFYING DATA

1. NAME (Last, First, M	latory field.)		1a. ADDRESS (	Street, City, St	ate, Zip Co	de)								
2. SOCIAL SECURITY	NO. (mandat	ory) 🔅	3. VA CLAIM NUMBER											
		ſ												
		1	AGE			5. ACTIVE MILITARY SERVICE (Check all that apply)								
			-											
A. PRESENT B. ON CAPTURE C. ON REPATRIATION D. ON DIS						HARGE MARINE CORPS COAST GUARD								
						OTHER (Specify)								
6. DATE OF INDUCTION INTO 7. DATE OF MILITARY DISCHARGE						Y TYPE OF MILI GE	TARY	9. LAST MI	LITARY IDEN	TIFICATION I	NUMBER			
ACTIVE MILITARY SERVICE (mm/dd/yyyy)						3L								
I 10. COMPLETE					AL STATU	s			/ /					
EACH BLOCK	RANK	GRADE	BRANCH OF SERVICE											
A. AT TIME OF				(Check	annronria	te categories)								
INDUCTION				(Cheek	uppropria	c cuicgories)	Single	Married	Divorced	Separated	Widowed			
B. AT TIME OF CAPTU	RE			A. AT TIM	e of Indu	CTION								
C. AT TIME OF REPATRIATION				B. AT TIM	E OF CAPT	URE								
D. AT TIME OF MILITARY DISCHARGE						TRIATION								
12. NAME(S) OF COUNTRY(IES) IN WHICH YOU WERE A PRISONER D. AT PRE														
13. PRISONER OF WAR CATEGORY (Check all that apply)									KOREA	eppiy) EUROPI	-			
WWI WWII (Europe) WWII (Pacific) KOREAN						CHINA, BURMA, INDIA PACIFIC KOREA EUROPE SOUTHEAST ASIA OTHER (Specify)								
VIETNAM O	THER (Specif	<i>y)</i>					OTHE	R (Specity)	ļ					
		16 \/				DF CAPTIVITY E YOU CAPTUR		170 IE SO		E WAS THE C				
15. APPROXIMATE DATE OF CAPTURE (mm/dd/yyyy) YES NO						GROUP YES NO								
17C. DID THE GROUP			HOW MANY OF YOUR O		18. CIRCL	IMSTANCES OF	CAPTURE (C	heck all that	apply)					
INTACT DURING CAPT	IVITY	GRO	UP SURVIVED CAPTIVIT	Y	IN A BATTLE DURING ISOLATION OF DURING ISOLATION YOUR UNIT FROM YOUR UNIT									
YES NO					DURI	NG AN	DURING A			RAFT WAS SH	HOT DOWN			
19A. WERE YOU INJUR		CAPTU	RE		ADVA	ADVANCE ORDERED TO OTHER (Specify) SHIP WAS CAPTURE								
(If yes, described how y					SURRENDER BY A HIGHER US OR									
YES NO						ED AUTHORITY								
19B. DESCRIBE YOUR	INJURY(IES)	(If you d	do not have enough space	, continue i	n item 62.)									
20. WHAT TYPE OF W	ORK DID YOU	J DO IN	CAPTIVITY (Check all the	at apply)		YOU PARTICIPA	TE IN A		YOU MAKE A	N ACTIVE AT	TEMPT TO			
NONE	FARM		CONSTRUCTION		PLAN TO YES	NO		ESCAPE YES	NO					
MINE	DOCK		FACTORY		_	D, WERE YOU SI			_	IVITY IN MON				
OTHER (Specify)					YES	NO	00002331 02		STITUT CAPI					
23. NAME(S) OF PRISC	DN(S) (Check	here if y	ou do not know)		24. LOCA	TION(S) OF PRIS	SON(S) (Check	here if you	do not know)					
1					1									

25. EXPERIENCES DURING CAPTURE	YES	NO		. OF MES		NO. OF DAYS 26. ISOLATION IN			N IN CL	OSE QI	JARTEF	RS	YES	NO	NO. OF TIMES		NO. OF DAYS	
A. INTIMIDATION							A. PRISON	I SH	IIPS							$\mathbf{X}$		
B. BEATINGS							IF YOU WERE ON A PRISON SHIP, WAS IT ATTACKED											
C. WITNESSED BEATINGS							B. RAILROAD CARS								$\bigotimes$			
D. PHYSICAL TORTURE							IF YOU WERE HELD IN A RAILROAD CAR, WAS IT ATTACKED							- X X				
E. WITNESSED PHYSICAL TORTURE							C. SOLITARY CONFINEMENT											
F. PSYCHOLOGICAL TORTU (Brain Washing)	RE						D. OTHER	(Sp	ecify)									
YOU FOR PROPAGANDA PURPOSES THE IN RELATI			WOULD YOU BE WILLING T IE INTERVIEWING MEDICAL LATIONSHIP WITH YOUR FE YES NO				CAL EXAMINER YOUR NONE R FELLOW POW'S ABDOMEN			H	RIES DURING CAPTIVITY (Check all t HEAD CHEST BACK ARMS OTHER (Specify)				all that apply)			
30. I AM UNABLE TO FUNCTI								ΝΑΙ	STRE	LEC								
								<b>1</b> 77 (1			YE	s	NO	(If yes,	please expl	ain)		
31A. DID YOU EXPERIENCE			Y	ΈS	NO	31B. DID 1	1B. DID YOU EXPERI						YES	NO	NO. OF TIMES		NO. OF DAYS	
A. PROLONGED PERIODS O	F FEAR AND	) ANXIE	TY			A. FORCE	A. FORCED MARCHES									$\left \right\rangle$		
B. PROLONGED PERIODS O	F DEPRESS	ION				WERE YOUR FORCED MARCHES ATTACKED												
C. PROLONGED PERIODS O HELPLESSNESS	F FEELINGS	6 OF				B. THOUGHTS OF SUICIDE									- ×			
D. LONELINESS AND ISOLAT POW'S	ION FROM	OTHER	2			C. ATTEM	C. ATTEMPTS AT SUICIDE											
E. PERIODS OF NIGHTMARE OR DELIRIUM DURING CAPT		ION,				D. OTHER	R (Specify)											
32. EXPOSURE TO COLD (Check those you experienced)	DRE IN URE CAPTI	VITY (C	3. EXPO EAT Check the operience	ose y		BEFORE CAPTURE	IN CAPTIVIT	L n	4. RAD	IATION	EXPOS	URE <i>(Ex</i>	plain spe	ecifically	)			
A. NONE		A.	NONE															
B. FROSTBITE			. HEAT XHAUST	ΓΙΟΝ														
C. TRENCHFOOT			. LOSS ( ONSCIC		ESS					MUNIC			ROM HO	ME	CHECK ( YES	ONE	NO	
D. IMMERSION FOOT OR HAND			INDICA TIMES							OFTEN THIS SI		ANT		000	CASIONALLY YES	Y	RARELY NO	
E. IMMERSION IN COLD WATER					ecify)		-	ŀ	ON	36 ENTERI			STORY Estimate weight in pounds					
F. OTHER (Specify)								ŀ	S	ERVICE	_		CAPT	IVITY		PI	RESENT	
J 37. IF YOU WISH, BRIEFLY D	ESCRIBE O	NE OF `	YOUR W	ORS	TEXPE	ERIENCES /	AS A CAPT	IVE	ļ									

38. ADEQUACY OF DIET DURING CAPTIVITY (Check appropriate box for each category)																			
AVERAGE DAILY DIET					NO		IADE- UATE		DEQU	ATE	AVERAGE DAILY DIET				NONE	INADE- QUATE	ADEQ	UATE	
A. WATER											H. DAIRY PRODUCTS								
B. BROTH											I. MEAT								
C. SOUP WITH PIECES OF	FISH, N	MEAT,	OR POU	ILTRY							J. NUTS								
D. BREAD											K. FISH								
E. LEGUMES (Peas/Beans)											L. FRUITS								
F. RICE											M. VEGETABLES								
G. POTATOES										N. MILLET (Small seeded cereals and grasses)									
OTHER (Specify)								-									l		
39. SPECIFIC DISEASES AC	QUIRE	ED DUF	RING CA	PTIVIT	Y (Che	eck appr	opriate	box	for ea	ach ca	ategory)								
DISEASE	YES	NO			EASE		YE		NO		DISEASE	YES	NO		DISEA	SE	YES	NO	
				-	-									DISEASE					
DYSENTERY			TUBER	CULO	SIS					SKIN	N DISEASE			BER	IBERI				
MALARIA			WORM						DIPHTHERIA OTHER (Specify)										
PNEUMONIA											PELLAGRA								
40. DID YOU EXPERIENCE			FOLLOV	VING D	URING	G CAPTI				roprie	ate box for each category)						1		
	YES	NO					YE	S	NO			YES	NO				YES	NO	
CHEST PAINS			CAVITIES							SUN	IBURN			FEVER					
RAPID HEART BEATS			TOOTH ABSCE			ABSCESS				SKI	N ULCERS			FREQUENT URINATION					
SKIPPED OR MISSED HEART BEATS			LOSS	OF TEETH						BOII	LS			BLOODY URINE					
IMPAIRED VISION			SORES			GLES				PAL	E SKIN			KIDNEY STONE					
POOR NIGHT VISION			SORE	TONGI	JE					BRE	AST LUMPS			UNSTEADY GAIT					
PARTIAL BLINDNESS			EXCES	SIVE 1	THIRST	г				NAL	JSEA			SWELLING IN THE JOINTS					
EYE ULCERS			SWOLLEN GLAND							VON	<i>I</i> ITING			SWELLING OF THE LEGS AND/OR FEET					
HEARING DISORDER			SKIN RASHES							DIARRHEA				SWELLING OF THE MUSCLES					
BLEEDING GUMS			BLISTERS					E			EPISODE(S) OF JAUNDICE			BRC	OKEN BON	IES			
TOOTHACHE			DRY SCALY SKIN							CHILLS				BURNS					
NUMBNESS, TINGLING, OR PAIN IN THE FINGERS OR FEET ( <i>Electric/Burning Foot</i> )	AIN IN THE FINGERS OR						S			ACHES OR PAINS IN THE MUSCLES AND/OR JOINTS				PSYCHOLOGICAL OR EMOTIONAL PROBLEMS		CAL OR			
41. AVAILABILITY OF MEDICAL TREATMENT								ΤY											
DURING CAPTIVITY YES NO GOOD FAIR POOR NONE																			
A. MEDICAL TREATMENT WAS ADEQUATE										AMPUTATIONS ONLY (S	Specify)								
B. SURGICAL TREATMENT	WAS A	DEQU	ATE																
C. DENTAL TREATMENT WAS ADEQUATE											OTHER (Specify)								
				1		I	1												

SECTION C. HISTORY OF RELEASE FROM CAPTIVITY AND REPATRIATION										
	PROXIMATE DATE	45. BRIEFLY DESCRIBE	THE CONDITIONS OF YOUR RELI	EASE AND RESCUE						
	WERE RETURNED TO									
46. IN YOUR OPINION, HOW THOR (Including medical and psychological d		RIATION EXAMINATIONS	EVENTS WHICH OCCURRED WH	HILE YOU THE WAY YO	OU SATISFIED WITH					
GOOD FAIR	INADEQUATE	NONE	WERE IN CAPTIVITY YES NO	ON REPATR YES	IATION NO					
	F YES, WHAT WAS	49C. WHAT WAS THE DI								
	PERCENTAGE									
YES NO										
50A. DID YOU EVER APPLY TO THE CARE BENEFITS BASED ON YOUR		50B. IF YES, DID YOU RI	ECEIVE A DENTAL RATING	50C. WHAT WAS TH	E RATING					
YES NO		YES NO								
51. DO YOU FEEL THAT YOU WERE BEEN/ SHOULD HAVE BEEN IF YOU			52. DID YOU RECEIVE THE MED	ALS YOU BELIEVE YOU	DESERVED					
YES NO			YES NO							
		ECTION D. ADJUSTMENT								
53A. DID YOU CONTINUE MILITARY SERVICE AFTER REPATRIATION	53B. IF YES, HOW MANY DID YOU SERVE	ADDITIONAL YEARS	54A. DID YOU PERFORM RESER	VE 54B. IF YES, HOW M SERVE	IANY YEARS DID YOU					
YES NO			YES NO							
55A. DID YOU ATTEND SCHOOL AFTER RELEASE FROM ACTIVE	55B. WHAT WAS YOUR ATTAINMENT	HIGHEST EDUCATIONAL	55C. NUMBER OF YEARS YOU ATTENDED SCHOOL	56A. HOW SOON AF YOU ENTER CIVILIA	TER DISCHARGE DID					
DUTY YES NO										
56B. WAS THIS THE FIRST CIVILIAN SECTOR JOB YOU EVER	57A. DID YOU RETURN HELD BEFORE ENTERIN		57B. HOW MANY YEARS HAVE YOU WORKED SINCE DISCHAR		FFERENT JOBS HAVE EPATRIATION					
HAD YES NO	YES NO		FROM THE MILITARY							
58B. WHAT WAS THE LONGEST PERIOD OF CONTINUOUS EMPLOY	59. DID YOU FIND IT DIF - CIVILIAN LIFE	FICULT TO ADJUST TO	60A. HOW WOULD YOU DESCRI	BE YOUR PRESENT STA	TE OF HEALTH					
MENT SINCE REPATRIATION	YES NO		EXCELLENT GOO	DD FAIR	POOR					
60B. BRIEFLY DESCRIBE YOUR PR	L ESENT STATE OF HEALTH	1	61. DESPITE THE MANY NEGAT	IVE ASPECTS OF YOUR	POW STATUS, WERE					
			THERE ANY POSITIVE ASPECTS (If Yes, Please Specify)	S TO YOUR EXPERIENCE	E YES NO					
62. PLEASE ADD ANY ADDITIONAL										
62. PLEASE ADD ANT ADDITIONAL		OMARE								
63. SIGNATURE				64. DATE						
					(mm/dd/yyyy)					