



## Former POW Medical History

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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, Middle) <i>(This is a mandatory field.)</i>				1a. ADDRESS (Street, City, State, Zip Code)					
2. SOCIAL SECURITY NO. <i>(mandatory)</i>		3. VA CLAIM NUMBER							
4. AGE				5. ACTIVE MILITARY SERVICE <i>(Check all that apply)</i>					
A. PRESENT	B. ON CAPTURE	C. ON REPATRIATION	D. ON DISCHARGE	ARMY	NAVY	AIR FORCE			
				MARINE CORPS	COAST GUARD				
				OTHER <i>(Specify)</i>					
6. DATE OF INDUCTION INTO ACTIVE MILITARY SERVICE		7. DATE OF MILITARY DISCHARGE		8. SPECIFY TYPE OF MILITARY DISCHARGE		9. LAST MILITARY IDENTIFICATION NUMBER			
10. COMPLETE EACH BLOCK		RANK/GRADE	BRANCH OF SERVICE	11. MARITAL STATUS					
A. AT TIME OF INDUCTION				<i>(Check appropriate categories)</i>					
B. AT TIME OF CAPTURE				Single	Married	Divorced	Separated	Widowed	
C. AT TIME OF REPATRIATION				A. AT TIME OF INDUCTION					
D. AT TIME OF MILITARY DISCHARGE				B. AT TIME OF CAPTURE					
12. NAME(S) OF COUNTRY(IES) IN WHICH YOU WERE A PRISONER				D. AT PRESENT					
13. PRISONER OF WAR CATEGORY <i>(Check all that apply)</i>				14. THEATER(S) IN WHICH YOU PARTICIPATED <i>(Check all that apply)</i>					
WWI		WWII (Europe)		WWII (Pacific)		KOREAN			
VIETNAM		OTHER <i>(Specify)</i>		CHINA, BURMA, INDIA		PACIFIC		KOREA	
				SOUTHEAST ASIA		OTHER <i>(Specify)</i>			

### SECTION B. HISTORY OF CAPTIVITY

15. APPROXIMATE DATE OF CAPTURE <i>(mm/dd/yyyy)</i>		16. WERE YOU CAPTURED ALONE		17A. WERE YOU CAPTURED IN A GROUP		17B. IF SO, HOW LARGE WAS THE GROUP	
		YES      NO		YES      NO			
17C. DID THE GROUP REMAIN INTACT DURING CAPTIVITY		17D. HOW MANY OF YOUR ORIGINAL GROUP SURVIVED CAPTIVITY		18. CIRCUMSTANCES OF CAPTURE <i>(Check all that apply)</i>			
YES      NO				IN A BATTLE			
19A. WERE YOU INJURED DURING CAPTURE <i>(If yes, described how you were injured)</i>				DURING ISOLATION OF YOUR UNIT			
YES      NO				DURING ISOLATION FROM YOUR UNIT			
				DURING AN ADVANCE			
				DURING A RETREAT			
				ORDERED TO SURRENDER BY A HIGHER US OR ALLIED AUTHORITY			
				OTHER <i>(Specify)</i>			
				SHIP WAS CAPTURED/SUNK			
19B. DESCRIBE YOUR INJURY(IES) <i>(If you do not have enough space, continue in item 62.)</i>							
20. WHAT TYPE OF WORK DID YOU DO IN CAPTIVITY <i>(Check all that apply)</i>				21A. DID YOU PARTICIPATE IN A PLAN TO ESCAPE		21B. DID YOU MAKE AN ACTIVE ATTEMPT TO ESCAPE	
NONE		FARM		CONSTRUCTION		YES      NO	
MINE		DOCK		FACTORY		YES      NO	
OTHER <i>(Specify)</i>				21C. IF SO, WERE YOU SUCCESSFUL		22. LENGTH OF CAPTIVITY IN MONTHS	
				YES      NO			
23. NAME(S) OF PRISON(S) <i>(Check here if you do not know)</i>				24. LOCATION(S) OF PRISON(S) <i>(Check here if you do not know)</i>			

25. EXPERIENCES DURING CAPTURE		YES	NO	NO. OF TIMES	NO. OF DAYS	26. ISOLATION IN CLOSE QUARTERS		YES	NO	NO. OF TIMES	NO. OF DAYS
A. INTIMIDATION						A. PRISON SHIPS					
B. BEATINGS						IF YOU WERE ON A PRISON SHIP, WAS IT ATTACKED					
C. WITNESSED BEATINGS						B. RAILROAD CARS					
D. PHYSICAL TORTURE						IF YOU WERE HELD IN A RAILROAD CAR, WAS IT ATTACKED					
E. WITNESSED PHYSICAL TORTURE						C. SOLITARY CONFINEMENT					
F. PSYCHOLOGICAL TORTURE (Brain Washing)						D. OTHER (Specify)					
27. WERE ATTEMPTS MADE TO USE YOU FOR PROPAGANDA PURPOSES			28. WOULD YOU BE WILLING TO DISCUSS WITH THE INTERVIEWING MEDICAL EXAMINER YOUR RELATIONSHIP WITH YOUR FELLOW POW'S			29. WOUNDS AND INJURIES DURING CAPTIVITY (Check all that apply)					
YES NO			YES NO			NONE		HEAD		CHEST	
						ABDOMEN		BACK		ARMS	
						LEGS		OTHER (Specify)			
30. I AM UNABLE TO FUNCTION OR WORK BECAUSE OF PSYCHOLOGICAL OR EMOTIONAL STRESS YES NO (If yes, please explain)											
31A. DID YOU EXPERIENCE			YES	NO	31B. DID YOU EXPERIENCE			YES	NO	NO. OF TIMES	NO. OF DAYS
A. PROLONGED PERIODS OF FEAR AND ANXIETY					A. FORCED MARCHES						
B. PROLONGED PERIODS OF DEPRESSION					WERE YOUR FORCED MARCHES ATTACKED						
C. PROLONGED PERIODS OF FEELINGS OF HELPLESSNESS					B. THOUGHTS OF SUICIDE						
D. LONELINESS AND ISOLATION FROM OTHER POW'S					C. ATTEMPTS AT SUICIDE						
E. PERIODS OF NIGHTMARES, CONFUSION, OR DELIRIUM DURING CAPTIVITY					D. OTHER (Specify)						
32. EXPOSURE TO COLD (Check those you experienced)		BEFORE CAPTURE	IN CAPTIVITY	33. EXPOSURE TO HEAT (Check those you experienced.)		BEFORE CAPTURE	IN CAPTIVITY	34. RADIATION EXPOSURE (Explain specifically)			
A. NONE				A. NONE							
B. FROSTBITE				B. HEAT EXHAUSTION							
C. TRENCHFOOT				C. LOSS OF CONSCIOUSNESS							
D. IMMERSION FOOT OR HAND				INDICATE NO. OF TIMES PER DAY							
E. IMMERSION IN COLD WATER				D. OTHER (Specify)							
F. OTHER (Specify)								35. COMMUNICATIONS CHECK ONE			
								A. DID YOU RECEIVE NEWS FROM HOME		YES	NO
								B. HOW OFTEN		OCCASIONALLY	RARELY
								C. WAS THIS SIGNIFICANT		YES	NO
								36. DIETARY HISTORY Estimate weight in pounds			
								ON ENTERING SERVICE		LOWEST WEIGHT IN CAPTIVITY	PRESENT
37. IF YOU WISH, BRIEFLY DESCRIBE ONE OF YOUR WORST EXPERIENCES AS A CAPTIVE											

38. ADEQUACY OF DIET DURING CAPTIVITY (Check appropriate box for each category)								
AVERAGE DAILY DIET	NONE	INADE- QUATE	ADEQUATE	AVERAGE DAILY DIET	NONE	INADE- QUATE	ADEQUATE	
A. WATER				H. DAIRY PRODUCTS				
B. BROTH				I. MEAT				
C. SOUP WITH PIECES OF FISH, MEAT, OR POULTRY				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)								

39. SPECIFIC DISEASES ACQUIRED DURING CAPTIVITY (Check appropriate box for each category)											
DISEASE	YES	NO	DISEASE	YES	NO	DISEASE	YES	NO	DISEASE	YES	NO
DYSENTERY			TUBERCULOSIS			SKIN DISEASE			BERIBERI		
MALARIA			WORMS			VITAMIN DEFICIENCY			DIPHThERIA		
PNEUMONIA			SCABIES			PELLAGRA			OTHER (Specify)		

40. DID YOU EXPERIENCE ANY OF THE FOLLOWING DURING CAPTIVITY (Check appropriate box for each category)											
	YES	NO		YES	NO		YES	NO		YES	NO
CHEST PAINS			CAVITIES			SUNBURN			FEVER		
RAPID HEART BEATS			TOOTH ABSCESS			SKIN ULCERS			FREQUENT URINATION		
SKIPPED OR MISSED HEART BEATS			LOSS OF TEETH			BOILS			BLOODY URINE		
IMPAIRED VISION			SORES AT THE ANGLES OF THE MOUTH			PALE SKIN			KIDNEY STONE		
POOR NIGHT VISION			SORE TONGUE			BREAST LUMPS			UNSTEADY GAIT		
PARTIAL BLINDNESS			EXCESSIVE THIRST			NAUSEA			SWELLING IN THE JOINTS		
EYE ULCERS			SWOLLEN GLANDS			VOMITING			SWELLING OF THE LEGS AND/OR FEET		
HEARING DISORDER			SKIN RASHES			DIARRHEA			SWELLING OF THE MUSCLES		
BLEEDING GUMS			BLISTERS			EPISODE(S) OF JAUNDICE			BROKEN BONES		
TOOTHACHE			DRY SCALY SKIN			CHILLS			BURNS		
NUMBNESS, TINGLING, OR PAIN IN THE FINGERS OR FEET (Electric/Burning Foot)			NUMBNESS OR WEAKNESS IN THE ARMS OR LEGS			ACHES OR PAINS IN THE MUSCLES AND/OR JOINTS			PSYCHOLOGICAL OR EMOTIONAL PROBLEMS		

41. AVAILABILITY OF MEDICAL TREATMENT DURING CAPTIVITY	YES	NO	(IF YES, QUALITY)			42. OPERATIONS PERFORMED DURING YOUR PERIOD OF CAPTIVITY
			GOOD	FAIR	POOR	
A. MEDICAL TREATMENT WAS ADEQUATE						NONE
B. SURGICAL TREATMENT WAS ADEQUATE						AMPUTATIONS ONLY (Specify)
C. DENTAL TREATMENT WAS ADEQUATE						
						OTHER (Specify)

**SECTION C. HISTORY OF RELEASE FROM CAPTIVITY AND REPATRIATION**

43. APPROXIMATE DATE YOUR CAPTORS LOST CONTROL <input type="text"/>	44. APPROXIMATE DATE YOU WERE RETURNED TO FRIENDLY CONTROL <input type="text"/>	45. BRIEFLY DESCRIBE THE CONDITIONS OF YOUR RELEASE AND RESCUE <input type="text"/>
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46. IN YOUR OPINION, HOW THOROUGH WERE THE REPATRIATION EXAMINATIONS <i>(Including medical and psychological debriefing and counseling)</i> GOOD      FAIR      INADEQUATE      NONE	47. DID US AUTHORITIES BRIEF YOU ON EVENTS WHICH OCCURRED WHILE YOU WERE IN CAPTIVITY YES      NO	48. WERE YOU SATISFIED WITH THE WAY YOU WERE TREATED ON REPATRIATION YES      NO
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49A. DID THE VA GIVE YOU A DISABILITY RATING AFTER REPATRIATION YES      NO	49B. IF YES, WHAT WAS THE PERCENTAGE <input type="text"/>	49C. WHAT WAS THE DISABILITY <input type="text"/>
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50A. DID YOU EVER APPLY TO THE VA FOR DENTAL CARE BENEFITS BASED ON YOUR FORMER POW STATUS YES      NO	50B. IF YES, DID YOU RECEIVE A DENTAL RATING YES      NO	50C. WHAT WAS THE RATING <input type="text"/>
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51. DO YOU FEEL THAT YOU WERE PROMOTED TO THE RANK YOU WOULD HAVE BEEN/ SHOULD HAVE BEEN IF YOU HAD NOT BEEN CAPTURED YES      NO	52. DID YOU RECEIVE THE MEDALS YOU BELIEVE YOU DESERVED YES      NO
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**SECTION D. ADJUSTMENT TO POST WAR LIFE**

53A. DID YOU CONTINUE MILITARY SERVICE AFTER REPATRIATION YES      NO	53B. IF YES, HOW MANY ADDITIONAL YEARS DID YOU SERVE <input type="text"/>	54A. DID YOU PERFORM RESERVE DUTY YES      NO	54B. IF YES, HOW MANY YEARS DID YOU SERVE <input type="text"/>
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55A. DID YOU ATTEND SCHOOL AFTER RELEASE FROM ACTIVE DUTY YES      NO	55B. WHAT WAS YOUR HIGHEST EDUCATIONAL ATTAINMENT <input type="text"/>	55C. NUMBER OF YEARS YOU ATTENDED SCHOOL <input type="text"/>	56A. HOW SOON AFTER DISCHARGE DID YOU ENTER CIVILIAN EMPLOYMENT <input type="text"/>
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56B. WAS THIS THE FIRST CIVILIAN SECTOR JOB YOU EVER HAD YES      NO	57A. DID YOU RETURN TO THE SAME JOB YOU HELD BEFORE ENTERING THE MILITARY YES      NO	57B. HOW MANY YEARS HAVE YOU WORKED SINCE DISCHARGE FROM THE MILITARY <input type="text"/>	58A. HOW MANY DIFFERENT JOBS HAVE YOU HELD SINCE REPATRIATION <input type="text"/>
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58B. WHAT WAS THE LONGEST PERIOD OF CONTINUOUS EMPLOYMENT SINCE REPATRIATION <input type="text"/>	59. DID YOU FIND IT DIFFICULT TO ADJUST TO CIVILIAN LIFE YES      NO	60A. HOW WOULD YOU DESCRIBE YOUR PRESENT STATE OF HEALTH EXCELLENT      GOOD      FAIR      POOR
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60B. BRIEFLY DESCRIBE YOUR PRESENT STATE OF HEALTH <input type="text"/>	61. DESPITE THE MANY NEGATIVE ASPECTS OF YOUR POW STATUS, WERE THERE ANY POSITIVE ASPECTS TO YOUR EXPERIENCE <i>(If Yes, Please Specify)</i> YES      NO <input type="text"/>
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62. PLEASE ADD ANY ADDITIONAL COMMENTS YOU WISH TO MAKE

63. SIGNATURE	64. DATE <input type="text"/> (mm/dd/yyyy)
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