



## 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 <i>(mm/dd/yyyy)</i>		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				
				C. AT TIME OF REPATRIATION				
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)	PACIFIC	KOREA	EUROPE		
KOREAN		VIETNAM	SOUTHWEST ASIA	SOUTHEAST ASIA	SOUTHWEST ASIA	CHINA, BURMA, INDIA		
OTHER <i>(Specify)</i> _____				OTHER <i>(Specify)</i> _____				

### SECTION B. HISTORY OF CAPTIVITY

15. APPROXIMATE DATE OF CAPTURE <i>(mm/dd/yyyy)</i>		16. WERE YOU CAPTURED ALONE YES NO		17A. WERE YOU CAPTURED IN A GROUP YES NO		17B. IF SO, HOW LARGE WAS THE GROUP		
17C. DID THE GROUP REMAIN INTACT DURING CAPTIVITY YES NO		17D. HOW MANY OF YOUR ORIGINAL GROUP SURVIVED CAPTIVITY		18. CIRCUMSTANCES OF CAPTURE <i>(Check all that apply)</i>				
				IN A BATTLE	DURING ISOLATION OF YOUR UNIT	DURING ISOLATION FROM YOUR UNIT		
				DURING AN ADVANCE	DURING A RETREAT	AIRCRAFT WAS SHOT DOWN		
19A. WERE YOU INJURED DURING CAPTURE <i>(If yes, described how you were injured)</i> YES NO				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 YES NO			21B. DID YOU MAKE AN ACTIVE ATTEMPT TO ESCAPE YES NO	
NONE		FARM	CONSTRUCTION					
MINE		DOCK	FACTORY					
OTHER <i>(Specify)</i> _____				21C. IF SO, WERE YOU SUCCESSFUL YES NO		22. LENGTH OF CAPTIVITY IN MONTHS		
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) _____							
G. SEXUAL ABUSE													
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)				
30A. DID YOU EXPERIENCE				YES	NO	30B. 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. OTHER (Specify) _____							
D. LONELINESS AND ISOLATION FROM OTHER POW'S						32. EXPOSURE TO HEAT (Check those you experienced.)		BEFORE CAPTURE	IN CAPTIVITY	33. EXPOSURE TO COLD (Check those you experienced.)		BEFORE CAPTURE	IN CAPTIVITY
E. PERIODS OF NIGHTMARES, CONFUSION, OR DELIRIUM DURING CAPTIVITY						A. NONE				A. NONE			
F. THOUGHTS OF SUICIDE						B. HEAT EXHAUSTION				B. FROSTBITE			
G. ATTEMPTS AT SUICIDE						C. LOSS OF CONSCIOUSNESS				C. TRENCHFOOT			
31. RADIATION EXPOSURE (Explain specifically)						INDICATE NO. OF TIMES PER DAY				D. IMMERSION FOOT OR HAND			
						D. OTHER (Specify):				E. IMMERSION IN COLD WATER			
										F. OTHER (Specify):			
34. COMMUNICATIONS				CHECK ONE				35. DIETARY HISTORY Estimate weight in pounds					
A. DID YOU RECEIVE NEWS FROM HOME		YES		NO		ON ENTERING SERVICE	WEIGHT AT TIME OF CAPTURE	LOWEST WEIGHT IN CAPTIVITY	PRESENT				
B. HOW OFTEN		OCCASIONALLY		RARELY									
C. WAS THIS SIGNIFICANT		YES		NO									
36. IF YOU WISH, BRIEFLY DESCRIBE ONE OF YOUR WORST EXPERIENCES AS A CAPTIVE													

<b>37. ADEQUACY OF DIET DURING CAPTIVITY (Check appropriate box for each category)</b>												
<b>AVERAGE DAILY DIET</b>	<b>NONE</b>	<b>INADE- QUATE</b>	<b>ADEQUATE</b>	<b>AVERAGE DAILY DIET</b>	<b>NONE</b>	<b>INADE- QUATE</b>	<b>ADEQUATE</b>					
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)												
<b>38. SPECIFIC DISEASES ACQUIRED DURING CAPTIVITY (Check appropriate box for each category)</b>												
<b>DISEASE</b>	<b>YES</b>	<b>NO</b>	<b>DISEASE</b>	<b>YES</b>	<b>NO</b>	<b>DISEASE</b>	<b>YES</b>	<b>NO</b>	<b>DISEASE</b>	<b>YES</b>	<b>NO</b>	
DYSENTERY			TUBERCULOSIS			SKIN DISEASE			BERIBERI			
MALARIA			WORMS			VITAMIN DEFICIENCY			DIPHThERIA			
PNEUMONIA			SCABIES			PELLAGRA			OTHER (Specify)			
<b>39. DID YOU EXPERIENCE ANY OF THE FOLLOWING DURING CAPTIVITY (Check appropriate box for each category)</b>												
	<b>YES</b>	<b>NO</b>		<b>YES</b>	<b>NO</b>		<b>YES</b>	<b>NO</b>		<b>YES</b>	<b>NO</b>	
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			
<b>40. AVAILABILITY OF MEDICAL TREATMENT DURING CAPTIVITY</b>			<b>YES</b>	<b>NO</b>	<b>(IF YES, QUALITY)</b>			<b>41. OPERATIONS PERFORMED DURING YOUR PERIOD OF CAPTIVITY</b>				
					<b>GOOD</b>	<b>FAIR</b>	<b>POOR</b>	NONE AMPUTATIONS ONLY (Specify)				
A. MEDICAL TREATMENT WAS ADEQUATE								OTHER (Specify)				
B. SURGICAL TREATMENT WAS ADEQUATE												
C. DENTAL TREATMENT WAS ADEQUATE												
<b>42A. TYPE OF MEDICAL TREATMENT RECEIVED DURING CAPTIVITY</b>							<b>42B. HOSPITALIZATIONS (number of times and reasons for hospitalizations)</b>					

SECTION C. HISTORY OF RELEASE FROM CAPTIVITY AND REPATRIATION			
43. APPROXIMATE DATE YOUR CAPTORS LOST CONTROL	44. APPROXIMATE DATE YOU WERE RETURNED TO FRIENDLY CONTROL	45. BRIEFLY DESCRIBE THE CONDITIONS OF YOUR RELEASE AND RESCUE	
46. IN YOUR OPINION, HOW THOROUGH WERE THE REPATRIATION EXAMINATIONS <i>(Including medical and psychological debriefing and counseling)</i>		47. DID US AUTHORITIES BRIEF YOU ON EVENTS WHICH OCCURRED WHILE YOU WERE IN CAPTIVITY	48. WERE YOU SATISFIED WITH THE WAY YOU WERE TREATED ON REPATRIATION
GOOD	FAIR	INADEQUATE	NONE
YES	NO	YES	NO
49A. DID THE VA GIVE YOU A DISABILITY RATING AFTER REPATRIATION	49B. IF YES, WHAT WAS THE PERCENTAGE	49C. WHAT WAS THE DISABILITY	
YES	NO		
50A. DID YOU EVER APPLY TO THE VA FOR DENTAL CARE BENEFITS BASED ON YOUR FORMER POW STATUS		50B. IF YES, DID YOU RECEIVE A DENTAL RATING	50C. WHAT WAS THE RATING
YES	NO	YES	NO
51. DO YOU FEEL THAT YOU WERE PROMOTED TO THE RANK YOU WOULD HAVE BEEN/ SHOULD HAVE BEEN IF YOU HAD NOT BEEN CAPTURED		52. DID YOU RECEIVE THE MEDALS YOU BELIEVE YOU DESERVED	
YES	NO	YES	NO
SECTION D. ADJUSTMENT TO POST WAR LIFE			
53A. DID YOU CONTINUE MILITARY SERVICE AFTER REPATRIATION	53B. IF YES, HOW MANY ADDITIONAL YEARS DID YOU SERVE	54A. DID YOU PERFORM RESERVE DUTY	54B. IF YES, HOW MANY YEARS DID YOU SERVE
YES	NO	YES	NO
55A. DID YOU ATTEND SCHOOL AFTER RELEASE FROM ACTIVE DUTY	55B. WHAT WAS YOUR HIGHEST EDUCATIONAL ATTAINMENT	55C. NUMBER OF YEARS YOU ATTENDED SCHOOL	56A. HOW SOON AFTER DISCHARGE DID YOU ENTER CIVILIAN EMPLOYMENT
YES	NO		
56B. WAS THIS THE FIRST CIVILIAN SECTOR JOB YOU EVER HAD	57A. DID YOU RETURN TO THE SAME JOB YOU HELD BEFORE ENTERING THE MILITARY	57B. HOW MANY YEARS HAVE YOU WORKED SINCE DISCHARGE FROM THE MILITARY	58A. HOW MANY DIFFERENT JOBS HAVE YOU HELD SINCE REPATRIATION
YES	NO	YES	NO
58B. WHAT WAS THE LONGEST PERIOD OF CONTINUOUS EMPLOYMENT SINCE REPATRIATION	59. DID YOU FIND IT DIFFICULT TO ADJUST TO CIVILIAN LIFE	60A. HOW WOULD YOU DESCRIBE YOUR PRESENT STATE OF HEALTH	
	YES	NO	EXCELLENT
60B. BRIEFLY DESCRIBE CURRENT MEDICAL AND/OR PSYCHOLOGICAL CONDITIONS		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	
62. I AM UNABLE TO FUNCTION OR WORK BECAUSE OF PSYCHOLOGICAL OR EMOTIONAL STRESS		YES	NO <i>(If yes, please explain)</i>
63. PLEASE ADD ANY ADDITIONAL COMMENTS YOU WISH TO MAKE			
64. SIGNATURE			65. DATE <i>(mm/dd/yyyy)</i>