



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. (mandatory) | | 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 (Specify) _____ | | |
| 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 |
| C. AT TIME OF REPATRIATION | | | | Separated | Widowed | |
| D. AT TIME OF MILITARY DISCHARGE | | | | A. AT TIME OF INDUCTION | | |
| | | | | 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 (Specify) _____ | | |

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 (Specify) _____ | 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 | | | | |
| | | | | 21C. IF SO, WERE YOU SUCCESSFUL YES NO | | 22. LENGTH OF CAPTIVITY IN MONTHS |
| OTHER (Specify) _____ | | | | | | |
| 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 | | | | | | | | | | | | | |

| 37. 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) | | | | | | | | |

| 38. 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) | | |

| 39. 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 | | |

| 40. AVAILABILITY OF MEDICAL TREATMENT DURING CAPTIVITY | YES | NO | (IF YES, QUALITY) | | | 41. OPERATIONS PERFORMED DURING YOUR PERIOD OF CAPTIVITY NONE AMPUTATIONS ONLY (Specify) |
|--|-----|----|-------------------|------|------|--|
| | | | GOOD | FAIR | POOR | |
| A. MEDICAL TREATMENT WAS ADEQUATE | | | | | | OTHER (Specify) |
| B. SURGICAL TREATMENT WAS ADEQUATE | | | | | | |
| C. DENTAL TREATMENT WAS ADEQUATE | | | | | | |
| 42A. TYPE OF MEDICAL TREATMENT RECEIVED DURING CAPTIVITY | | | | | | 42B. HOSPITALIZATIONS (number of times and reasons for hospitalizations) |

| 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 |
| | | | GOOD |
| | | | FAIR |
| | | | POOR |
| 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> |