



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. Failure to provide the data will have no adverse effect on benefits to which you might otherwise be entitled. **PRIVACY ACT INFORMATION:** The information requested on this form is solicited under the authority of Title 38, U.S.C., Part I, Chapter 5, Section 527 that authorizes the collection of data that will allow measurement and evaluation of the Department of Veterans Affairs Programs. The purpose(s) for collecting the information is in response to Public Law 97-37, the "Former Prisoner of War Benefits Act of 1981," that liberalizes eligibility requirements and extends the existing benefits. Your obligation to respond is voluntary. Information from the data collection will become part of a system of records that complies with the Privacy Act of 1974. This system is identified as "Patient Medical Record -VA (24VA19)" as set forth in the Compilation of Privacy Act Issuances via online GPO access at <http://www.gpoaccess.gov/privacyact/index.html>.

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>			Single	Married	Divorced	Separated	Widowed
B. AT TIME OF CAPTURE			A. AT TIME OF INDUCTION							
C. AT TIME OF REPATRIATION			B. AT TIME OF CAPTURE							
D. AT TIME OF MILITARY DISCHARGE			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 <i>(Europe)</i>	WWII <i>(Pacific)</i>	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			21B. DID YOU MAKE AN ACTIVE ATTEMPT TO ESCAPE			
NONE	FARM	CONSTRUCTION		YES	NO		YES	NO		
MINE	DOCK	FACTORY								
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) _____							
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		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							
					GOOD	FAIR	POOR	NONE							
A. MEDICAL TREATMENT WAS ADEQUATE								AMPUTATIONS ONLY (Specify)							
B. SURGICAL TREATMENT WAS ADEQUATE								OTHER (Specify)							
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>