

REPORT OF PHYSICAL EXAMINATION

(See AR 40-100 and 40-105)

Instructions.—Unless otherwise prescribed, this form will be used for all physical examinations of officers, nurses, or warrant officers; applicants for appointment as such in the Regular Army, National Guard, or Officers' Reserve Corps; and enrollment in the Reserve Officers' Training Corps. Use typewriter if practicable. Attach plain additional sheets if required.

1. SPRUILL Corydon P., Jr.
(Last name) (First name) (Middle initial) (Serial number)

2. Civilian Appl. for Comm. (QMC) Age 44 Years of service 7/12 (1918)
(Grade) (Organization and arm or service) (Nearest birthday) (Whole number only)

3. Nature of examination ¹ Final Type - Active Duty Component of Army ² AUS

4. Typhoid vaccination. No. series completed 4 Last series _____, 1928

5. Date of last smallpox vaccination 1918 Type of reaction Immune

6. Other vaccination or immunity tests None

7. Medical history ³ Measles, mumps, chickenpox, diphtheria, tonsillectomy and adenoid-ectomy. Submucous resection, 1922; complete recovery. No history of allergies, convulsions, weight changes, narcotic addictions or venereal diseases.

8. Eyes Compound Myopic Astigmatism O. U.
 Distant vision: Right 20/20 correctible to 20/20 by ⁴ -50 -25 x 75
(Snellen type) Left 20/30 correctible to 20/20 by ⁴ -50 -25 x 90
 Near vision: Right J# 1 correctible to J# 1 by ⁴ _____
(Jaeger type) Left J# 1 correctible to J# 1 by ⁴ _____
 Refraction ⁵ (under cycloplegic): Right Not indicated Left Not indicated
 Color perception (red and green) ⁶ Normal

9. Ears Normal
 Hearing (low conversational voice): Right 20/20. Left 20/20. Audiometer (percent loss): Right - Left -

10. Nose and throat Normal

11. Teeth: ⁷ Right (Examinee's) Left

| | | | | | | | | | | | | | | | |
|---|----|----|----|----|----|---|---|----|----|----|----|----|----|---|---|
| X | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | X |
| X | 15 | 13 | 12 | 11 | 10 | 9 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | X | X |

 Indicate: Restorable carious teeth by O; nonrestorable carious teeth by /; missing natural teeth by X.
 Remarks, including other defects Defective filling I-4 and R-6. Classification II

Prosthetic dental appliances None

12. Posture Good Figure Slender Frame Light
(Excellent, good, fair, bad) (Slender, medium, stocky, obese) (Light, medium, heavy)

13. Temperature 98.6 Height 64 inches. Weight 131 pounds. Chest: Rest 33 inches; inspiration 36 inches; expiration 32 inches. Abdomen 25 inches.

14. Cardiovascular system: Heart Normal to inspection, palpation, percussion and auscultation.
 Blood pressure: S. 118, D. 80 Pulse: Rate—Sitting 72 Immediately after exercise 88
 Two minutes after exercise 76 Character Full and regular
 Arteries Compressible Varicose veins None

15. Respiratory system Normal to inspection, palpation, percussion and auscultation.

16. X-ray of chest ⁸ Examination of the chest was negative.

17. Skin and lymphatics Clear Endocrine system Normal

18. Bones, joints, and muscles No deviation from normal Feet Normal; no pes planus

19. Abdominal viscera Normal to palpation

20. Hernia None Hemorrhoids None

¹ Appointment, promotion, retirement, annual, active duty, special.
² Regular Army; National Guard; Officers' Reserve Corps; Reserve Officers' Training Corps.
³ If annual physical examination, record only for past year.
⁴ If annual physical examination, record only distant and near vision, and state whether defect is properly corrected.
⁵ When indicated.
⁶ Not required for annual physical examination.
⁷ If rejected for appointment in Regular Army because of malocclusion, send plaster models to the Surgeon General.
⁸ Required for candidates for commission.

OFFICE OF THE SURGEON GENERAL

SEP 12 1942

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21. Genito-urinary system Normal

22. Nervous system Normal

23. Laboratory procedures: Kahn ¹ Negative Wassermann ¹ Negative
 Urinalysis: Sp. gr. 1.027 Albumin Negative Sugar Negative
 Microscopical (if indicated) ¹ Negative
 Other laboratory procedures None

24. Remarks on defects not sufficiently described None

25. Corrective measures, or other action recommended None

26. Is the individual permanently incapacitated for active service? No
 If yes, specify defect ---

27. If applicant for appointment: Does he meet physical requirements? No Do you recommend acceptance with minor physical defects? Yes If rejection is recommended, specify cause ---

28. Examinee states he is not drawing a pension, disability allowance, or compensation or retired pay from the U. S. Government. If yes, state disability ---

M. H. Bertling
 M. H. BERTLING, Captain, Medical Corps.
 (Name and grade)

Fort Bragg, North Carolina
 (Place)

J. B. Miller
 J. B. MILLER, Captain, Medical Corps.
 (Name and grade)

August 24, 1942
 (Date)

William Jacobs
 WILLIAM JACOBS, Captain, Medical Corps.
 (Name and grade)

1st Ind.²

Headquarters _____
 To the Commanding General _____
 Remarks and recommendations _____

 (Name)

 (Grade) (Organization and arm or service)
 Commanding.

2d Ind.²

_____, 19____ To The Adjutant General.

¹ Required for candidates for commission.

² State action taken on recommendations of the board. If incapacitated for active service, state whether action by retiring board is recommended