

NOTE: This form will be used only for transmitting UNCLASSIFIED reports and records that do not require additional actions to be indicated on the form. It can not be used to require official actions to be taken on material attached for transmission as no command line and official signature can be applied.

TRANSMITTAL SLIP		
FROM: Hqs 4520th USAF Hosp, Nellis AFB, Nev	OFFICE OF ORIGIN: SA	DATE DISPATCHED: 3 Dec 58
TO: U.S. Public Health Service Camp Mercury, Nevada		<i>Use when transmitting reports</i> RCS
SUBJECT OR TITLE: DD 481-3 - Clinical Record -		DATE OF REPORT
ATTACHMENTS: 1 Incl DD 481-3 -		TIME & DATE CLEARED STAT SVS 403457

ATC FORM 85
APR 57

(Continue on reverse side)

BEST COPY AVAILABLE

PRIVACY ACT MATERIAL REMOVED

CLINICAL RECORD COVER SHEET

0811

1. ADMISSION NOTES A or N: No 1615 hrs		2. WARD 3		3. TYPE OF CASE <input type="checkbox"/> DIS <input checked="" type="checkbox"/> INJ <input type="checkbox"/> BC			4. LAST NAME — FIRST NAME — MIDDLE INITIAL				
		5. SEX M	6. RELIGION O	7. PREV. ADM. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		8. REGISTER NO. 24740	9. SERVICE NO.	10. GRADE Lt Col			
		11. RATING OR DESIG. None		12. DEPARTMENT AISEMS		13. ORGANIZATION AND BRANCH OF SERVICE Public Health Service		14. FLYING STATUS None			
		15. NAME AND ADDRESS OF EMERGENCY ADDRESSEE (W)				16. AGE 44	17. RACE O	18. LENGTH OF SERVICE 3 yrs	19. DATE OF ADMISSION 18 Oct 58		
21. ADMITTING OFFICER LOUIS M BOWERS, CAPT USAF (MC)				20. SOURCE OF ADMISSION From Duty						NOTE: Enter flying Status for AF Military Personnel only. For Civilians, etc., show type (Dep. of EM, etc.) in space 13.	
22. CONTINUATION OF ITEMS 13 AND 20. Camp Mercury, Nev.											

23. DIAGNOSES (See instructions for recording as shown on reverse side. Include all required related data)

Dg 1. 8501 Concussion of brain, mild. LD: Yes

AI: Sometime during the morning of 18 Oct 58, Camp Mercury, Nevada, patient fell from a "runway". Further details are unknown. Was performing assigned duties as Sanitary Engineer, was not on a military reservation.

24. OPERATIONS AND SPECIAL THERAPEUTIC PROCEDURES (Show date for each; show abbreviations for each operation)

25. SELECTED ADMINISTRATIVE DATA (Show nature of and dates for board proceedings; show fact of and dates for leave, AWOL, subsisting elsewhere, detached service, etc.)

PRIVACY ACT MATERIAL REMOVED

26. PHYSICAL PROFILE

TYPE	SERIAL								SUFFIX				<input checked="" type="checkbox"/> PROFILE IS UNCHANGED
	P	W	L	H	K	S	R	T	D	O	N		
PREVIOUS													
REVISED													

27. DAYS DURATION THIS FACILITY
 ALL 3 IN HOSPITAL OR INFIRMARY 3 SUBSISTING ELSEWHERE _____ QUARTERS OR DISPENSARY _____ LEAVE _____ OTHER _____

28. NATURE OF DISPOSITION
Duty

29. DATE OF DISPOSITION
21 Oct 58

30. SIGNATURE OF ATTENDING PHYSICIAN
/s/ JOHN W MILLS, CAPT USAF (MC)

31. SIGNATURE OF REGISTERED OR MEDICAL RECORDS OFFICER
WILLARD V GIBNEY, CAPT USAF (MSC)

32. NAME AND LOCATION OF MEDICAL TREATMENT FACILITY
4920th USAF Hospital, Nellis AFB, Nevada

33. REGISTER NUMBER
24740

34. ADDITIONAL REMARKS (Show item number to which extended entry applies. Group all continuations of a particular item)

INSTRUCTIONS FOR ITEM 23: Enter primary cause of admission first, followed by additional diagnoses present in order of importance; then by later diagnoses in chronological order preceded by dates made. Number diagnosis in order. Record fully—including causative agent, how, when, where, doing what, for injuries—in accordance with separate directives. For all diagnoses established by pathological findings, so state. Each chronic condition must be indicated as either "PR" (previously recorded) or "Not PR." Similarly, any other condition which has been recorded in a previous admission will be so indicated, showing the previous diagnosis. In all cases designated as previously recorded, show place, date, and register number of previous admission. Every condition that existed prior to service will be indicated as "EPTS." Diagnoses of venereal disease and malaria will be characterized either as "EPTS" or as "Not EPTS." In the case of diagnosis from which recovery occurs prior to disposition of the case, a date will be shown, thus: "Recovered, 11 May 1951." For each diagnosis line of duty status must be shown in accordance with separate directives, thus: "LD, No, EPTS," "LD, No, Misconduct," "LD, Yes, EPTS, Aggravated by Service," etc.

35. CAUSE OF DEATH	THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, or COMPLICATIONS WHICH CAUSED DEATH	Ia. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES	b. DUE TO (Or as the consequence of)	
		c. DUE TO (Or as the consequence of)	
	THIS MEANS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS CAUSING DEATH.	II. OTHER SIGNIFICANT CONDITIONS	

(Do not enter more than one cause per line for items Ia, b, and c)

36. AUTOPSY PERFORMED (If "Yes" indicate date and place)	37. HOUR AND DATE OF DEATH
38. EXACT PLACE OF DEATH	39. SIGNATURE OF PHYSICIAN