BEASLEY BLISTER PROGRESSION**PHIPPS CLINIC

DAY 1

DAY 3

DAY 5

DAY 7

DAY 7

DAY 8 After Debridement

BEASLEY BLISTER PROGRESSIONPHIPPS CLINIC**

DAY 3

DAY 5

DAY 7

DAY 9

DAY 9

DAY 10/ After Debridement

SPC RICHARD BEASLEY
PHIPPS CLINIC, BALAD, IRAQ, LSA ANACONDA
12MARCH2007
BLISTER EXPOSURE FROM LIFTING ORDINANCE INTO VEHICLE

Ø symptoms

Patient: **BEASLEY, RICHARD T**
Facility: **WX63AA**

Date: **15 May 2007 1455 AST**
Clinic: **206 ASMC (ANACONDA)**

Appt Type: **ROUTN**
Provider: [redacted]

AutoCites Refreshed by [redacted] @ 15 May 2007 1534 AST

Problems

INJURY DUE TO WAR OPERATIONS BY GASES, FUMES, AND CHEMICALS
CONTACT DERMATITIS DUE TO CHEMICAL PRODUCTS
visit for: follow-up exam
INJURY FROM TERRORIST EXPLOSION BLAST
violent traumatic event a terrorist attack

Active Medications

Medication Name	Status	Sig	Refills	Last Filled
SILVER SULFADIA (SILVADENE)--TOP 1% CREA	Active	Q DAY WITH BANDAGE CHANGE		15 Mar 2007
CLINDAMYCIN--PO 300MG CAP	Active	TID X 20 DAYS		15 Mar 2007
HYDROCODONE/BITARTRATE/ACETAMINOPHEN - 5/500MG	Active	2 PO 30 MINS PRIOR TO FOLLOW-UP		16 Mar 2007
MORPHINE 10MG/ML CARPUJET	Active	10 MG IM		20 Mar 2007
SILVER SULFADIA (SILVADENE)--TOP 1% CREA	Active	WITH DRESSING CHANGE		28 Mar 2007
SILVER SULFADIA (SILVADENE)--TOP 1% CREA	Active	APPLY WITH DRESSING CHANGE		30 Mar 2007
CLINDAMYCIN--PO 300MG CAP	Active	TID		01 Apr 2007
SILVER SULFADIA (SILVADENE)--TOP 1% CREA	Active	APPLY WITH BANDAGE CHANGE		12 Apr 2007
CLINDAMYCIN--PO 300MG CAP	Active	2 PILLS BID		13 Apr 2007
SILVER SULFADIA (SILVADENE)--TOP 1% CREA	Active	WITH BANDAGE CHANGE		13 Apr 2007
HYDROCODONE/BITARTRATE/ACETAMINOPHEN - 5/500MG	Active	1 Q 4-6 HRS FOR BREAKTHROUGH PAIN		13 Apr 2007

Allergies

Patient has no known allergies

Screening Written by [redacted] @ 15 May 2007 1455 AST

Appointment Reason For Visit: Administrative Evaluation Services;

Selected Reason(s) For Visit:
Administrative Evaluation Services (New) Comments: LOD for Terrorist Attack / Chemical Exposure

Name:BEASLEY, RICHARD T

		Sex:	M	Sponsor:	BEASLEY, RICHARD T
FMP/SSN:	[redacted]	Tel H:		Rank:	SPECIALIST 4 E4-A
DOB:	[redacted]	Tel W:		Unit:	WB60AA
PCat:	ATT USA AD	CS:		Outpt Rec. Rm:	
MC Status:		WS:		PCM:	
Insurance:	No			Tel. PCM:	

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Patient: **BEASLEY, RICHARD T** Date: **02 Apr 2007 1438 CST** Appt Type: **ROUTN**
Facility: **WX63AA** Clinic: **206 ASMC (ANACONDA)** Provider: [redacted]

AutoCites Refreshed by [redacted] @ 02 Apr 2007 2025 CST
Problems
INJURY DUE TO WAR OPERATIONS BY GASES, FUMES, AND CHEMICALS
CONTACT DERMATITIS DUE TO CHEMICAL PRODUCTS
visit for: follow-up exam

Active Medications

Medication Name	Status	Sig	Refills	Last Filled
SILVER SULFADIA (SILVADENE)--TOP 1% CREA	Active	Q DAY WITH BANDAGE CHANGE		15 Mar 2007
CLINDAMYCIN--PO 300MG CAP	Active	TID X 20 DAYS		15 Mar 2007
HYDROCODONE/BITARTRATE/ACETAMINOPHEN - 5/500MG	Active	2 PO 30 MINS PRIOR TO FOLLOW-UP		16 Mar 2007
MORPHINE 10MG/ML CARPUJET	Active	10 MG IM		20 Mar 2007
SILVER SULFADIA (SILVADENE)--TOP 1% CREA	Active	WITH DRESSING CHANGE		28 Mar 2007
SILVER SULFADIA (SILVADENE)--TOP 1% CREA	Active	APPLY WITH DRESSING CHANGE		30 Mar 2007
CLINDAMYCIN--PO 300MG CAP	Active	TID		01 Apr 2007

Allergies
Patient has no known allergies

Screening Written by [redacted] @ 02 Apr 2007 1438 CST

Appointment Reason For Visit: CONTACT DERMATITIS DUE TO CHEMICAL PRODUCTS;

Selected Reason(s) For Visit:
CONTACT DERMATITIS DUE TO CHEMICAL PRODUCTS (Follow-Up) Comments:
Vitals
Vitals Written by [redacted] @ 02 Apr 2007 1438 CST
Pain Scale: 3/10 Mild
Comments: no vitals needed

SO Note Written by [redacted] @ 02 Apr 2007 1459 CST
History of present illness
The Patient is a 22 year old male.
° Encounter Background Information:.
Subjective
Pt is here for f/u for exposure to a blister agent - mustard gas.

Physical findings
General appearance:
• General appearance:. ° Patient was awake. ° Patient was alert. ° Patient was oriented to time, place, and person. ° Patient appeared well developed. ° Patient appeared well nourished. ° Patient appeared well hydrated. ° Patient appeared healthy. ° Patient appeared active. ° Patient appeared to be in no acute distress. ° Patient did not appear chronically ill. ° Patient did not appear acutely ill. ° Patient did not appear poorly hydrated. ° Patient did not appear acutely exhausted. ° Patient did not appear uncomfortable. ° Body odor was normal.

A/P Written by [redacted] @ 02 Apr 2007 1500 CST

Name:BEASLEY, RICHARD T

		Sex:	M	Sponsor:	BEASLEY, RICHARD T
FMP/SSN:	[redacted]	Tel H:		Rank:	SPECIALIST 4 E4-A
DOB:	[redacted]	Tel W:		Unit:	WB60AA
PCat:	ATT USA AD	CS:		Outpt Rec. Rm:	
MC Status:		WS:		PCM:	
Insurance:	No			Tel. PCM:	

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1. visit for: follow-up exam
Comments: pt's wound was covered and silvadene was used.

Disposition Written by [redacted] @ 02 Apr 2007 1501 CST
Released Without Limitations
Follow up: as needed in 2 day(s) or sooner if there are problems. - Comments: 1500 hours
Injury & Illness: Work Related; Onset Date: 4/2/2007; Battle Related; Category: Dermatological Cause: Battle Injury/Illness
Appointment Class: Outpatient
E&M Code: 99212 - Estab Outpatient Focused H&P - Straightforward Decisions

Signed By @ 02 Apr 2007 2025
[redacted]
WX63AA

Name:BEASLEY, RICHARD T

		Sex:	M	Sponsor:	BEASLEY, RICHARD T
FMP/SSN:	[redacted]	Tel H:		Rank:	SPECIALIST 4 E4-A
DOB:	[redacted]	Tel W:		Unit:	WB60AA
PCat:	ATT USA AD	CS:		Outpt Rec. Rm:	
MC Status:		WS:		PCM:	
Insurance:	No			Tel. PCM:	

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A/P Written by [redacted] @ 23 Aug 2008 0937 GST
1. CORNEA
Comments:
Procedure(s): -Ophthalmological Prior Patient Start Intermediate Level Care

Disposition Written by [redacted] @ 23 Aug 2008 0938 GST
Released Without Limitations
Follow up: as needed in the 179 OPTOMETRY clinic. - Comments: DISCONTINUE TREATMENT OK TO RESUME NORMAL MISSION
Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding.
Injury & Illness: Not Work Related; Not Battle Related; Category: Ophthalmologic Cause: Non-Battle Injury
Appointment Class: Outpatient
E&M Code: 99499 - Unlisted Evaluation And Management Service
10 minutes face-to-face/floor time..

Signed By @ 23 Aug 2008 0938
[redacted]

08 Sep 2008 1054
Facility: WRNMMC Clinic: Case Management Cl WR Provider: [redacted]

Reason for Visit
CCP
Initial Visit

Visit for: Transfer information
MEDEVAC for
- Outpatient care
Accepted to WTU
INITIAL RISK ASSESSMENT
- Green
WTU Case Manager Intake.

History of present illness
The Patient is a 24 year old male. Source of patient information was patient. Past medical history reviewed Denies.
In the Army for 4 years, currently on active duty, and visit is deployment-related.
No depression, not thinking about suicide, and not having a suicide plan.

Allergies
No allergies Reviewed allergy information.

Past medical/surgical history
Reported History:
Physical trauma: No physical trauma from explosion of improvised explosive device. No trauma to the head
N/A

Dietary: Unremarkable diet and a nutritious and satisfying diet 24 year old OIF/AC 11B Specialist was A/E from LRMC: downrange c/o denuded skin, headache, chest tightness, and exertional dyspnes s/p exposure to mustard agent 16 Aug 08.. EOD team in MOPP 0 while handling and exposed to unkown chemical rounds which were under empty stell rounds which were deotnated. After getting positive results for HD using M8 paper, the patient decontamintated his hands and assumed MOPP 4 to confirm the results. The SM developed blisters on his left buttoxks, right thigh, and bilateral shins. The areas are still erythematous with denuded areas. He also complains of constant HA at the top of the head wihc began the day of the incident. Describes pain as sharp, ranging from 2-7/10. HA is exacerbated by sound and light when severe. denies alleviating factors. Report nausea but denies visual disturbance, emesis. He complains of exertional dyspnea and chest thightness. Reports intermittent palpations. There are no cardiac issues. Was sent to LRMC for further treatment Pulmonary functions tests were performed: "Supranormal lung volumes. Mild air trapping. No obstruction. The diffusion capacity is slightly diminished consistent with mild pneumonitis from inhalation injury. Recommend PFTs in 3-6 months. Dermatologist states burns is healing. Ambulatory in NAD, alert and oriented x 3. Denies nightmares and insomia. Denies no other health problems.

Personal history
Behavioral history: A violent traumatic event Denies.
Activities: Functioning activity level
Ability to do tasks as instructed.

Functional status: Instrumental activities of daily living
- Will require 6 + months medical care.

Review of systems
Systemic symptoms: Not feeling tired (fatigue) and no recent weight gain.
Head symptoms: After asthma attack controlled with using inhalers Headache.
Neck symptoms: No neck symptoms and no neck stiffness.
Eye symptoms: No eye symptoms and no blurry vision.
Otolaryngeal symptoms: No otolaryngeal symptoms, no ear symptoms, and no nasal symptoms.
Cardiovascular symptoms: With asthma attack Palpitations.
Pulmonary symptoms: Dyspnea, cough, and wheezing controlled with inhalers.
Gastrointestinal symptoms: No gastrointestinal symptoms.

Physical findings
Musculoskeletal system:
Functional Exam:
General/bilateral: • Self-care capability was assessed No deficit with mobility but experience SOB with running, climbing stairs and increased physical.

Tests
General:
Tests Pulmonary function test
Labs

Therapy

Name/SSN:	**GOLDMAN, ANDREW THOMAS** [redacted]	Sex:	**M**	Sponsor/SSN:	GOLDMAN, ANDREW THOMAS [redacted]
FMP/SSN:	[redacted]	Tel H:	[redacted]	Rank:	SERGEANT
DOB:	[redacted]	Tel W:		Unit:	WB0YAA (0003 OD HHD ORD BN EOD)
PCat:	A11.2 USA ACTIVE DUTY ENLISTED	CS:		Outpt Rec. Rm:	OKUBO AD HEALTH RECORDS
MC Status:		Status:		PCM:	
Insurance:	No			Tel. PCM:	

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Patient: GOLDMAN, ANDREW
Facility: 64 BSB (WJAXC0)

Date: 31 Aug 2008 1431 GST
Clinic: CHCSII-T Clinic

Appt Type: ROUTN
Provider: [redacted]

AutoCites Refreshed by [redacted] @ 01 Sep 2008 1347 GST
Problems
No Problems Found.
Active Medications
No Active Medications Found.
Allergies
No Allergies Found.

Vitals Written by [redacted] @ 01 Sep 2008 1347 GST
BP: 116/68, HR: 69, RR: 16, T: 98 ?F, O2: 99, Tobacco Use: Yes, Alcohol Use: No, Pain Scale: 2/10 Mild

A/P Written by [redacted] @ 01 Sep 2008 1351 GST
1. POISONING BY MUSTARD GAS
Comments: exposed to cracked mustard munition 16 days ago as part of EOD team. pt has about 3% 1st deg burns on right ant thigh, buttocks, and b/l shins with less than 1% blisters that have already unroofed. burns appear to be healing well and don't look infected. initial eye symptoms have resolved and cleared by optometry. here today bib 1SG who wanted a second opintion because this soldier and two others are still have sob, cough and doe. on exam no airway mucosa issues and lungs clear. CXR clear. CBC and ISTAT normal.

D/W BAMC Toc LTC (Dr Berry) who referred me to the email traffic and AF SOP concerning this mustard exposure. D/W CPT (Dr) Longmire who initially saw these soldiers and has arranged for pulmonary eval at LRMC for bronch to r/o delayed onset of respiratory disease.

no new issues at this time.

Disposition Written by [redacted] @ 01 Sep 2008 1352 GST
Evacuation
Follow up: with PCM.
Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding.
Injury & Illness: Not Work Related; Not Battle Related; Category: Injuries, Work/Training Cause: Non-Battle Illness
Appointment Class: Outpatient
E&M Code: 99215 - Estab Outpatient Comprehensive H&P - High Complex Decisions
40 minutes face-to-face/floor time. >50% of appointment time spent counseling and/or coordinating care.

Signed By [redacted] @ 01 Sep 2008 1352 GST
[redacted]
MAJ, MC
Emergency Med Physician

Name/SSN: GOLDMAN, ANDREW THOMAS [redacted]

		Sex:	M	Sponsor/SSN:	GOLDMAN, ANDREW THOMAS [redacted]
FMP/SSN:	[redacted]	Tel H:	[redacted]	Rank:	SERGEANT
DOB:		Tel W:		Unit:	WB0YAA (0003 OD HHD ORD BN EOD)
PCat:	A11.2 USA ACTIVE DUTY ENLISTED	CS:		Outpt Rec. Rm:	OKUBO AD HEALTH RECORDS
MC Status:		Status:		PCM:	
Insurance:	No			Tel. PCM:	

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RESULTED EXAMS ORDERED BY: [redacted]

-=-=-=

Evaluation dates: 19 & 21 Jan 05

Neuropsychological Assessment
Walter Reed Army Medical Center
Neuropsychology Services

6900 Georgia Avenue – Bldg 6, Room 3055
Washington, D.C. 20307
Tel: (202) 782-0065
Fax: (202) 782- 7165

Reason for Referral: SFC James Burns is a 34 year-old, Caucasian male who is approximately 8 months status post Sarin (GB) nerve agent exposure, while serving in OIF.

History of Presenting Illness: SFC Burns was exposed to Sarin in May 2004, when handling and transporting an IED in Iraq. Specifically, SFC Burns reports that he and his partner, both Explosive Ordinance Disposal specialists, were called to the scene of an IED explosion when it was believed that there was a risk for a secondary explosive in the spent device. He states that he picked up the device wearing gloves, unaware that it had contained Sarin. Once he and his partner determined there was no risk for a secondary explosion, they placed the device in their vehicle and transported it back to their site. During this approximately 15 minute drive he states that they both began experiencing symptoms suggestive of exposure, to include nausea, headaches, blurred vision, weakness, motor incoordination, decreased visual field, and confusion. Upon arrival at their unit they walked to the medical clinic to seek help and SFC Burns reports that it was during this time that his confusion increased significantly, and his recall of the events over the next two days is "fuzzy." He reports that he does not believe he received an atropine injection, but knows he received a shower, oxygen, and eye drops. Medical records note the use of atropine ophthalmic ointment. SFC Burns remained inpatient for two days and was placed on quarters for two weeks. He states that his eyesight returned to normal during this time, but that it took several weeks for his stamina and endurance to return. Available medical records note that twelve days after the incident his symptoms were resolved or resolving. However, this specifically referred to the fact that he had been headache free for two days, and that his vision had returned (although records note that after 30 minutes of reading he'd experience ocular pain). SFC Burns remained in Iraq until August 2004, when he returned to the states with his unit.

Currently SFC Burns reports the following persisting symptoms: brief headaches that occur daily and pass without intervention; decreased manual motor dexterity (he's apt to drop utensils, tools, pencils, etc.); imbalance (he has fallen when bending to tie his shoes, trips downstairs, and has bumped into the wall in a hallway when carrying his 5 year-old); and difficulty with "recalling things." Examples he provides for recall difficulties include forgetting to pick up his 5 year-old from the bus stop twice, the first time having left work (approximately 1 mile from home) with the specific intent to pick him up but having driven on to another task not remembering his intended task until 10-15 minutes later. SFC Burns also reports decreased ability to multi-task and a decreased "sense of direction" as evidenced by having recently become lost in a very familiar hunting/hiking location. SFC Burns reports that he believes these symptoms have generally remained stable since his acute recovery from the exposure. He states that when he dropped items during his remaining months in Iraq he simply assumed that it was due to his gloves and the high temperature there, however since the symptoms remained upon his return he has become increasingly concerned. He denies any change in emotional well being, personality, language functioning, and sensory functioning. He continues to work a full duty day at Pine Bluff Arsenal, however he is not permitted to work with explosives or handle a weapon.

DEPARTMENT OF THE ARMY
752nd Ordnance Company (Explosive Ordnance Disposal)
79th Ordnance Battalion (Explosive Ordnance Disposal)
Pine Bluff Arsenal, Arkansas 71602

AFOD-BE 1 Dec 04

MEMORANDUM FOR RECORD

SUBJECT: Current Medical Complications of SSG James F. Burns

1. Since returning from Operation Iraqi Freedom, 10 Aug 04, I have been dropping items such as tools, soda cans, cups of water, pens, and pencils. I will stumble or nearly fall while standing up from a chair or turning around to change directions. While speaking, I will stutter or stammer and loose my thought in mid-sentence. In addition to these, I tend to be very forgetful and have very little short term memory.

2. I will get headaches that do not last very long but are more intense after physical training, mainly running. I will also feel a tingling sensation in my legs and hands on occasion but will subside after a short while.

3. POC is the undersigned at DSN [redacted].

JAMES F. BURNS
SSG, USA
Team Leader

NSN [redacted]

MEDICAL RECORD

NURSING NOTES
(Sign all notes)

DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
15 May 04	1005		Pt being admitted for possible chemical contamination @ IED explosion. Pt pupils still pin pointed, pt c/o having a headache & dizziness. Vitals: B/P - 130/70 ♡-76 Resp-18 SPO2-91 room air. Pt given O2, breath sounds equal, wheezing audible. SPO2 99 with supp. O2. O2 10 LPM. [redacted]
	1042		Vitals: B/P- 112/64 ♡-75 Resp-16 SPO2 97 room air Temp- 97.6 [redacted]
	1120		Vitals: B/P- 110/74 ♡-74 Resp-16 SPO2 96 room air Pt still c/o H/A, pupils still pin pointed. Ø chest pain Pt states he feels pretty crappy [redacted]
	1150		Vitals: BP - 110/76 ♡-68. Resp-18 SPO2 94 Ø tightness of chest Ø chest pain, still has a H/A [redacted]
		1245	Pt given 650 mg of Tylenol PO [redacted]
		1620	Vitals: B/P - 118/70 ♡: 69 Resp: 14 Temp: 97.4 SPO2-96 Pt states HA↓, but his head is still throbbing. [redacted]
		1520	Started eye irrigation 1L OS, 1L OD finished 1602 Ø burning [redacted]
		1604	Vitals: B/P - 124/68 ♡-64 SPO2-94 R:18. Pt states head still throbbing off & on, Ø burning Ø watery eyes ⊕ pin pointed, Ø runny nose. Chest breath sounds equal bilat & clear Ø audible wheezing. Heart sounds audible. Pt A+Ox3 [redacted]
		1823	BP: 115/61 ♡-52 SPO2 98 RR-14 temp - [redacted]
		1904	Pt given 650mg Tylenol PO. SPO2 98% [redacted]

(Continue on reverse side) → over cont.

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; grade; rank; rate; hospital or medical facility)

PFC Yandell, Michael
[redacted]
752nd EOD

REGISTER NO.

WARD NO.

NURSING NOTES
Medical Record

STANDARD FORM 510 (REV. 7-91)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
27 May 04 (Cont).	Neuro (cont): Strength 5/5 (B) UE/LEs. DTR. 2+/ Sensation intact to LT. Toes ↓↓

(A/P) 19yo ♂ AD s/p chemical exposure (? Sarin) 12 days ago. Currently asymptomatic. AChe assay @ 31st CSH 6 days ago revealed level to be below lower limit of normal range; although, baseline pre-exposure values were on a different assay and results are not readily compared.

Plan: ① have initiated contact with SMEs @ Pine Bluff Arsenal. Will repeat AChe assay @ 31st CSH tomorrow, and consult SMEs @ Chemical Casualty Center - stateside for guidance regarding SM's ability to return to full duty.

- Continue Light Indoor Duty for now.

[redacted]

STANDARD FORM 600 (REV. 6-97) BACK
USAPA V2.00

JOINT THEATER TRAUMA NURSING RECORD

(All shaded areas mandatory for Joint Theater Trauma Registry data collection)

ARRIVAL STATUS
Date: 17 Aug 08
Time of Injury: ____
Time of arrival: 1800
Transit time: ____
C-spine immob: Y/N Functional IV: Y/N
Intubated: Y/N Cric: Y/N Needle Decompr: Y/N
T: 97.4 BP: 131/69 HR: 56 RR: 16 O_2Sat: 100
PAIN: ____ 0 1 2 3 4 5 6 7 8 9 10
Last Tetanus: ____ GCS: ____

TRIAGE CATEGORY
- ☐ Immediate
- ☐ Delayed
- ☐ Minimal
- ☐ Expectant

WOUNDED BY
- ☐ Unknown
- ☐ Enemy
- ☐ Friendly
- ☐ Civ (Host Nation)
- ☐ Training
- ☐ Self Accident
- ☐ Self Inflicted
- ☐ Sports Recreation
- ☐ Other:

MODE OF ARRIVAL
- ☐ Walked
- ☐ Carried
- ☐ USMC CASEVAC
- ☐ Non-med Ground
- ☐ Ground Ambulance
- ☐ Non-med Air
- ☐ Air Ambulance
- ☐ Ship EVAC
- ☐ Other:

PATIENT CATEGORY
Nation:
- ☒ US
- ☐ Host nation
- ☐ Coalition: ____
- ☐ Enemy: ____

Service:
- ☒ USA
- ☐ USN
- ☐ USMC
- ☐ USAF
- ☐ SOF
- ☐ Civilian
- ☐ Combatants
- ☐ Contractor
- ☐ Media
- ☐ ING
- ☐ IP
- ☐ Non-gov't Org
- ☐ Other:

☐ ID WRIST BAND ON

TOURNIQUET
☐ Yes ☒ No
Time on: ____ off: ____
Type: CAT/ SOFTT/ Other: ____

CPR IN PROGRESS
☐ Yes ☒ No
Time started: ____
Time ended: ____

GENDER
- ☒ Male
- ☐ Female

PRE-HOSP. WARMING
- ☐ Blanket
- ☐ Space blanket
- ☐ Body bag
- ☐ Other:

HOSP. WARMING
- ☐ Radiant Warmer
- ☐ IV bag Warmer
- ☐ Bair Hugger
- ☐ Pre-arrival
- ☐ Other:

PRE HOSP. MEDS @ ____ (time)
☐ Morphine ____ ☐ RSI Meds ☐ Antibiotic ☐ Other:
☐ Fentanyl ____ ☐ Seizure Med ☐ Mannitol

CHIEF COMPLAINT
Mustard exposure
Chemical

EVAC FROM (Check/circle all that apply)
- ☒ Field
- ☐ Coalition
- USA/ USN/ USAF/ USMC
- Init Resp/Fwd Resus Care/Theater Hosp

PRIMARY SURVEY

AIRWAY
- ☐ Patent
- ☐ Stridor
- ☐ Drooling
- ☐ Obstructed
- ☐ Oral/Nasal Airway
- ☐ BVM
- ☐ Combi Tube
- ☐ Intubated
- ☐ Other:

BREATHING
- ☐ Unlabored
- ☐ Labored
- ☐ Absent
- ☐ Retraction
- ☐ Flaring

Breath Sounds: Right / Left
- ☐ Clear ☐
- ☐ Rales ☐
- ☐ Wheeze ☐
- ☐ Absent ☐

Trachea: ☒ Midline ☐ Deviated
Chest Symmetry: (circle one)
Left> Equal <Right

CIRCULATION
Skin:
- ☐ Warm ☐ Cool ☐ Hot
- ☐ Pink ☐ Pale ☐ Cyanotic
- ☐ Dry ☐ Moist ☐ Diaph

Heart Sounds:
☐ Clear ☐ Muffled
Capillary Refill:
- ☐ <2 seconds (normal)
- ☐ >2 seconds (delayed)

DEFICIT/NEURO
- ☒ Alert
- ☐ Responds to Verbal
- ☐ Responds to Pain
- ☐ Unresponsive

GCS: 15
Eyes __/ 4 Verbal __/ 5
Motor __/ 6 **Total___/ 15**
Sphincter Tone:
☐ WNL ☐ Weak ☐ None

SECONDARY SURVEY

HEAD/NECK EENT
Drainage:
Nose (color): ____
CSF: + / -
Eyes: Equal R / L
Fixed R / L
Reactive R / L
Dilated R / L
Other: ____
C-Spine Tender:
☐ Yes ☐ No
Dental Injury:
☐ Yes ☐ No
Tympanic Membrane:
Clear R L
Blood R L

HEART/THORACIC
Rhythm:
- ☐ NSR (tachy/brady)
- ☐ V-fib/tach
- ☐ PEA
- ☐ Asystole
- ☐ Other

Pulses:
S = Strong D = Doppler
W = Weak A = Absent

	R	L
Carotid	____	____
Femoral	____	____
Brachial	____	____
Radial	____	____
Pedal	____	____

JVD Distension: ☐ Yes ☐ No
Flail ____ R ____ L

ABDOMINAL/GU
- ☒ Flat
- ☐ Distended
- ☐ Obese
- ☐ Non-tender
- ☐ Tender
- ☐ Rigid
- ☐ Guarding
- ☐ Rebound Tenderness
- ☐ Unable to Assess
- ☐ Open Wound

Pelvis Stable: ☐ Yes ☐ No
Binder: ☐ Yes ☒ No
Hemorrhage: ☐ Yes ☐ No
Blood at Meatus/Vagina: ☐ Yes ☐ No

FAST DONE: POS / NEG / NA
Last Meal @ ____

EXTREMITIES
Fracture/Dislocation:
☐ RUE ☐ RLE
☐ LUE ☐ LLE

	Motor	Sens	ROM
RUE	+ / -	+ / -	+ / -
LUE	+ / -	+ / -	+ / -
RLE	+ / -	+ / -	+ / -
LLE	+ / -	+ / -	+ / -

LOG ROLL TIME: ____
Back exam:
- ☐ WNL
- ☐ ABNL (describe)

PATIENT IDENTIFICATION
DUKETT, PHILLIP
[redacted]
332 EMDG, AFTH, BALAD AB, Iraq
MTF Transferred from: MTF:

ALLERGIES
- ☒ Unknown
- ☐ NKDA
- ☐ PCN
- ☐ Sulfa
- ☐ Morphine
- ☐ Codeine
- ☐ ASA
- ☐ Other:

PAST MED HX
- ☐ Unknown
- ☒ None
- ☐ Respiratory hx
- ☐ Seizure hx
- ☐ Cardiac hx
- ☐ HTN
- ☐ DM
- ☐ Ulcers
- ☐ Other:

CURRENT MEDICATIONS
- ☐ Unknown
- ☒ None
- ☐ List Current Meds:

Chest, VA

JOINT THEATER TRAUMA NURSING RECORD

SECONDARY SURVEY

(AB)rasion
(AMP)utation
(AV)ulsion
(BL)eeding
(B)urn
(C)repitus
(D)eformity
(DG)Degloving
(E)cchymosis
(FX)Fracture
(F)oreign Body
(GSW)Gun Shot Wound
(H)ematoma
(LAC)eration
(PW)Puncture Wound
(P)ain
(SS)Seatbelt Sign
(SW)Stab Wound

MECHANISM OF INJURY

- [ ] Assault/Fight
- [ ] Biological
- [ ] Blast/Explosion
- [ ] Blunt Trauma
- [ ] Bomb
- [ ] Bldg Colapse
- [ ] Burn
- [x] Chemical mustard
- [ ] Crush
- [ ] Drowning
- [ ] Fall
- [ ] Flying Debris
- [ ] Grenade
- [ ] GSW/Bullet
- [ ] Helo Crash
- [ ] Other: 3/0
- [ ] Hot Obj/Liquid
- [ ] IED
- [ ] Knife/Edge
- [ ] Landmine
- [ ] Machinery
- [ ] Mortar
- [ ] Multi-frag
- [ ] MVC
- [ ] Plane Crash
- [ ] Rad/Nuclear
- [ ] Single Frag
- [ ] UXO

Burn: [ ] 1st [X] 2nd [ ] 3rd
%TBSA = __ Cause _____

PRE-HOSPITAL HEMOSTATIC DEVICES:

[ ] Unknown [ ] None [ ] Direct Pressure [ ] Field Dressing
[ ] Quick Clot [ ] Fibrin Bandage (Type: _____ example: Chitosan) [ ] Other: _____

PROTECTIVE GEAR [ ] Unknown	Worn	Not Worn	Struck	Penetrated
Helmet (Kevlar / ACH /MICH / CVC / AVN / USMC)	[ ]	[ ]	[ ]	[ ]
Flak Vest/IBA (circle XSM/S/M/L/XL/XXL/XXXL/XXXXL)	[ ]	[ ]	[ ]	[ ]
Ceramic Plate (circle XSM / S / M / L / XL)	F [ ] B [ ]	F [ ] B [ ]	F [ ] B [ ]	F [ ] B [ ]
Eyewear (SPECS/SG-1/BLPS/UVEX XC/ESS land/ESS NVG/SWDG)	[ ]	[ ]	[ ]	[ ]
Deltoid/Axilla Ext (left/ right)	L [ ] R [ ]	L [ ] R [ ]	L [ ] R [ ]	L [ ] R [ ]
Neck Protector (collar/ throat)	C [ ] T [ ]	C [ ] T [ ]	C [ ] T [ ]	C [ ] T [ ]
Groin/leg ext	G [ ] L [ ]	[ ] [ ]	G [ ] L [ ]	G [ ] L [ ]

TIME	PROCEDURE	SIZE/TYPE	SITE	BY	RESULTS
	ET Intubation (Adnl changes in Notes)	Teeth_____	[ ] oral [ ] nasal		[ ] $ETCO_2$ Change [ ] BBS Post Int.
	Gastric Tube		[ ] oral [ ] nasal		[ ] Verified _____ Suction Y N
	Urinary	Amt _____ Color _____	[ ] meatus [ ] supra.		Heme Dip + / - Results _____cc
	Chest tube #1		L R		Air Bood
	Chest tube #2		L R		Air Blood
	A-line		L R		
	Thoracotomy		L R		
	Tourniquet	Type:	Site:		

X-RAY TIME	X-RAY TYPE	CT TIME	CT TYPE
X	Chest		Head
	Abdom.		Chest
	C-spine		Abdom.
	Pelvis		Pelvis
	Extrem.		
O2 on:	O2 off:	Nasal cannula [ ]	
		NRB Mask [ ]	
		BVM [ ]	

LABS (others In Notes)

Time	Test	Time	Test
	CBC		T & S
	ABG		T & C x ____
	Chemistry		UA
	PT/PTT		HCG
	TEG		Other

Intravenous Access

Time	#	Gauge	IVF Type	Site	Amt Up	Amt In
1500	#1	18	EL	AC		
					Total:	

PATIENT IDENTIFICATION

Name: (Last/First/Rank) **DOB:** (ddmmyy) **Age**
Patient ID./SSN: **Deployed Unit**

PATIENT MOVEMENT RECORD

DATA PROTECTED BY PRIVACY ACT OF 1974

PERMANENT MEDICAL RECORD

(S) - Information needed to submit patient movement record

SECTION I — PATIENT IDENTIFICATION

(s) NAME (Last, First, Middle Initial)	(s) SSN	DATE OF BIRTH
Dukett, Philip J	[redacted]	[redacted]

(s) AGE	(s) SEX	(s) STATUS	(s) SERVICE	(s) GRADE	(s) UNIT OF RECORD AND PHONE NUMBER	CITE NUMBER
24	✓ M / F	Active	Army	E5	Schofield Barracks	

SECTION II — VALIDATION INFORMATION

(s) Medical Treatment Facility Origination and Phone Number	(s) Ready Date (Julian Date)	APPOINTMENT DATE	NUMBER OF ATTENDANTS (s) MEDICAL	(s) NON-MED
LRMC			Ø	Ø

(s) Medical Treatment Facility Destination and Phone Number	(s) CLASSIFICATION 1A-5F				(s) PRECEDENCE
Home Station – Schofield Barracks		X AMBULATORY		LITTER	

(s) Reason Regulated	Max # Stops	Max # RONS	Altitude Restriction	(s) CCATT Required	Name, sex, weight, rank of attendants:	U	P	R
				yes X no				

SECTION III — OTHER INFORMATION

(s) Attending Physician name, Phone Number and e-mail	(s) Accepting Physician name, Phone Number and e-mail
[redacted]	
(s) Origination Transportation 24 Hour Phone Number	(s) Destination Transportation 24 Hour Phone Number

(s) Insurance Company	Address	Phone #	Policy #	Relationship to policy holder

(s) Waivers (med equip, etc)

SECTION IV — CLINICAL INFORMATION

(s) Diagnosis	(s) Allergies	LABS (Date and time drawn in Zulu)			
(R) thigh mustard gas exposure	NKDA	WBC	HGB	HCT	Other Labs

(s) WEIGHT: 176 (S) Blood type: O POS

Vital Signs (Date and time taken in Zulu)

	battle casualty	disease	Date	Time (Zulu)	B/P	Pulse	Resp	Pain Level:	Last Pain Med:	O_2 /LPM:	Route:
X			20 AUG 08	1154	131/66	64	16	4 /10			
	non-battle injury										

CLINICAL ISSUES — Baseline 02 Sat If Applicable 99 — Temp 97.7

Infection Control Precautions: — LMP:

Date of last bowel movement:

High Risk for Skin Breakdown: yes / no

Initial appropriate boxes:

Yes	No		Yes	No	
	X	Hearing Impaired		X	Hypertension
	X	Communication Barriers		X	Dizziness
	X	Vision Impaired		X	Voiding difficulty
	X	Cardiac Hx		X	*Takes long-term meds
	X	Diabetes		X	*Will sef-medicate
	X	Motion Sickness		X	Has adequate supply of meds
	X	Ears/Sinus Problems			Knows how to take meds (verbalized understanding)
	X	Respiratory difficulty			
		*Medication listed on physician's orders			

SPECIAL EQUIPMENT (Check all that apply)

Suction		Traction		Orthopedic devices	OTHER: None
NG Tube		Monitor		Restraints	
Foley		Trach		Chest Tubes	
Incubator		IV Pumps		IV Location:	

Cast Location: _____ Bivalved: yes / no

Ventilator Ventilator Settings:

DIET INFORMATION (Check all that apply)

NPO	Soft	Full Lig	Cl Liq	(Reg)
Renal	Gm Protein	Gm Na	Meq K	Mag Sulfate
Tube Feeding	Type	cc/hr	Discontinue for Flight	
Cardiac	Diabetic	cal	Infant formula:	Pediatric Age:
TPN:				
Other(specify):				

SECTION V — PERTINENT CLINICAL HISTORY (Transfer Summary)

24 y.o. male, AD Army. Exposed to mustard gas on 16 AUG while handling unexploded munitions. Decontaminated in Balad. Now with large painful coalescing blisters on anterior right thigh. Consult Derm, provided dressing supplies, sent TCC CONUS.

Physician's Signature — [redacted] MD, Internal Medicine LRMC. [redacted] — Date/Time 20 AUG 08/1210

Signature of Clearing Flight Surgeon — Date/Time

AF IMT 3899, 20060819, V1

PATIENT MOVEMENT RECORD (continuation)

DATA PROTECTED BY PRIVACY ACT OF 1974 PERMANENT MEDICAL RECORD

PATIENT MOVEMENT PHYSICIAN ORDERS (for continued care in the AE system and at enroute stops)

SECTION I. PATIENT IDENTIFICATION

1. NAME (Last, First, Middle Initial)	2. GRADE	3. SSN#
4. ALLERGIES NKA	5. ORIGINATING MTF LRMC	6. DESTINATION MTF LTUB

SECTION II. MEDICATION ORDERS (Drugs and IVs)

X yes ☐ no patient will self-medicate with the following medications:

Tylenol 650mg PO Q 6° pm pain

Percocet 5/325 - 1 to 2 tabs PO Q 6° pm pain

[redacted]

SECTION III. OTHER ORDERS (Procedures, Treatment, V/S Frequency, ETC)

DWMMC Clinic / Thermal Cas

Diagnosis: Exposure

Cleared by provider for EVAC TBI SCREEN

Negative ☒ May fly commercial ☐

Positive ☐ With Symptoms ☐

Without Symptoms ☐

Mild ☐ Moderate ☐ Severe ☐

Mace Score: Radiology Results:

[redacted]

CDR USN MSC

MPAS Emergency Medicine

DWMMC Clinic

A/E DWMMC

See Attached [redacted] for A/E nursing documentation

CDR Bellaire

PATIENT MOVEMENT RECORD

DATA PROTECTED BY PRIVACY ACT OF 1974

PROGRESS NOTE

PERMANENT MEDICAL RECORD

NAME (Last,First,Middle Initial)
DUKETT, PHILIP J

[redacted]

DATE/TIME(ZULU)		NOTES
		History:
		A/E DWMMC 233 2008 0920. TBI Screen: Negative. DOI:16AUG08. C/C: Pt exposed to Mustard Gas while handling unexploded munitions. Was Decon in Balad. Sustained large painful blisters to R thigh. Arrived LRMC on 19AUG08 to Internal Medicine /Dermatology Clinic. Evaluated: [redacted] Dx: R Thigh Mustard Gas Exposure. Plan to TCC CONUS for: >60 day medical management. Denies PMH:PSH:. Assessment: AOx3, NAD. Ambulates with minimal difficulty. Blisters now open, covered with cream and dressing. Dressings not saturated, changing daily. Can tolerate prolonged sitting. Pain is significantly decreased with ointment. 1:10 with meds, 3:10 without meds. Will have ample supply of meds and can self medicated as needed. No other physical limitations. No discomfort with flying. Has Mil ID for travel. No visible wounds or bruises. Can egress/digress AC without assistance. Can carry own bags and will use cart at airport. Use of standard and MRSA contact precautions for Acinotebactor as per AFI 41-307 ATCH 12. May fly commercial as per MD note / highly recommended by DWMMC AE. Safe Flight. CDR [redacted] NC USN. Pt preference is: [redacted] [redacted]

DWMMC PROGRESS NOTES
DO NOT REMOVE

[redacted] (REVERSE)

PHYSICAL PROFILE

For use of this form, see AR 40-501; the proponent agency is the Office of the Surgeon General.

1. MEDICAL CONDITION: *(Description in lay terminology)* ☑ INJURY? Or ☐ ILLNESS/DISEASE?	2. CODES *(Table 7-2 AR 40-501)*	3.	P	U	L	H	E	S
s/p kidney removal left		Temporary	3	1	1	1	1	1
		Permanent						

4. PROFILE TYPE	YES	NO
a. TEMPORARY PROFILE *(Expiration date YYYYMMDD)* 2009/11/05 *(Limited to 3 months duration)*	✓	
b. PERMANENT PROFILE *(Reviewed and validated as a minimum with every periodic physical exam or after 5 years from the date of issue)*		✓
c. IF A PERMANENT PROFILE WITH A 3 OR 4 PULHES, DOES THE SOLDIER MEET RETENTION STANDARDS IAW CHAPTER 3 AR 40-501? *(IF USAR/ARNG/ARNGUS SOLDIER NOT ON ACTIVE DUTY SEE PARA. 9-10 & 10-26, AR 40-501 IF SOLDIER DOES NOT MEET RETENTION STANDARDS.)*		

5. FUNCTIONAL ACTIVITIES FOR PERMANENT AND TEMPORARY PROFILES *(If any answer (a-f) is NO then the profile should be at least a 3)*		
a. ABLE TO CARRY AND FIRE INDIVIDUAL ASSIGNED WEAPON	✓	
b. ABLE TO MOVE WITH A FIGHTING LOAD AT LEAST 2 MILES *(48 LBS. Includes helmet, boots, uniform, LBE, weapon, protective mask, pack, etc.)*		✓
c. ABLE TO WEAR PROTECTIVE MASK AND ALL CHEMICAL DEFENSE EQUIPMENT	✓	
d. ABLE TO CONSTRUCT AN INDIVIDUAL FIGHTING POSITION *(Dig, fill, & lift sand bags, etc.)*		✓
e. ABLE TO DO 3-5 SECOND RUSHES UNDER DIRECT AND INDIRECT FIRE	✓	
f. IS SOLDIER HEALTHY WITHOUT ANY MEDICAL CONDITION THAT PREVENTS DEPLOYMENT?		✓

6. APFT	YES	NO	ALTERNATE APFT *(Fill out if unable to do APFT run otherwise N/A)*		YES	NO
2 MILE RUN		✓	APFT WALK	N/A		✓
APFT SIT-UPS		✓	APFT SWIM	N/A		✓
APFT PUSH UPS		✓	APFT BIKE	N/A		✓

7. STANDARD OR MODIFIED AEROBIC CONDITIONING ACTIVITIES *(Check all applicable boxes)*					
UNLIMITED RUNNING			OR RUN AT OWN PACE & DISTANCE	✓	
UNLIMITED WALKING			OR WALK AT OWN PACE & DISTANCE	✓	
UNLIMITED BIKING			OR BIKE AT OWN PACE & DISTANCE	✓	
UNLIMITED SWIMMING			OR SWIM AT OWN PACE & DISTANCE	✓	
8. UPPER BODY WEIGHT TRAINING *(See FM 21-20)*	✓		9. LOWER BODY WEIGHT TRAINING *(See FM 21-20)*	✓	

10. OTHER: e.g. Functional limitations and capabilities and other comments: *(May continue on page 2)*

PT to tolerance. Crunches ok. No sit-ups.
No gear.

☐ This temporary profile is an extension of a temporary profile first issued on

11. THESE PARAMETERS ARE OPTIONAL USE AS NEEDED

Lifting or carrying max weight 45 or distance
Running maximum distance tolerance
Prolonged standing - maximum time per episode
Marching with standard field gear except rucksack max distance
Impact activities such as jumping max # reps in one day

12. TYPE NAME & GRADE OF PROFILING OFFICER	13. SIGNATURE	14. DATE *(YYYYMMDD)*
Amy E Hawkins, MPAS, PA-C CPT, SP		2009/10/15

15. ACTION BY APPROVING AUTHORITY	APPROVED	NOT APPROVED

16. TYPE NAME & GRADE OF SENIOR PROFILING OFFICER OR APPROVING AUTHORITY	17. SIGNATURE	18. DATE *(YYYYMMDD)*

19. ACTION BY UNIT COMMANDER *(See para 7-12, AR 40-501)*	YES	NO
THIS PROFILE REQUIRES A CHANGE IN THIS SOLDIER'S MOS or DUTY ASSIGNMENT		

20. COMMENT

If this is a **permanent** profile with a PULHES serial of 3 or 4 refer to block 4c

21. TYPED NAME & GRADE OF UNIT COMMANDER	22. SIGNATURE	23. DATE *(YYYYMMDD)*

24. PATIENT'S IDENTIFICATION *(For typed or written entries give: Name(last, first); grade; SSN; hospital or medical facility)*

Dukett, Philip James
[redacted]
SGT
SB TMC

25. UNIT WALUB0 - 0014 IN BN 01 B CO

26. ISSUING CLINIC, PROVIDER E-MAIL & PHONE NUMBER

[redacted]

PROFILING OFFICER (Or Approving Authority if applicable) IS RESPONSIBLE FOR ENSURING THE PULHES & DATE OF PROFILE IS ENTERED INTO MEDPROS. ORIGINAL COPY POSTED IN MEDICAL RECORDS, 1 COPY TO UNIT COMMANDER, 1 COPY GIVEN TO SOLDIER, 1 COPY TO MILPO.

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE

ENCLOSURE 2 FOR MSO 06-XXXX

2nd Brigade Combat Team Reintegration Checklist

All required items on this list must be complete prior to Soldier departing for block leave.

1. Name (Last, First, MI)	2. Unit	3. SSN
Dukett, Philip, J	A co 2-8 4ID	[redacted]

4. Plane Load #	5. Date Returned to Ft. Hood	6. Requested Leave Dates	7. Original Deployment Date
15	Nov. 7, 2006	~~Dec.~~	25 Nov 05

8. Email Address (AKO) [redacted]

9. Separation Date (From Unit)	10. Separation Date (From Army)	11. Orders In Hand
	Nov. 22, 2007	(YES / NO)

Garrison Tasks	Complete	Initials	Date
Complete Installation Reintegration Training			
Complete Reverse SRP - Raider Gym			
Reset Common Access Card (CAC) PIN - Copeland Center Front Desk (as required)			
*Phantom Express Registration - MP Station on 58th St. (Must have readable CAC)			
*Attend ACAP Career Counseling (as required) - Copeland Center, 3rd Floor			
Sign for / Inventory Barracks Room (as required)			
Bldg #	Room #		

Unit (CDR / 1SG)	Complete	Initials	Date
Update Alert Roster Information	yes	SBB	17 Nov 06
Update Personnel Data Sheet			
Assemble Leave Packet w/ BN (Rear) Signatures			

S1	Complete	Initials	Date
*Verify completion of Evaluation Report (OER or NCOER as required)			
*Verify completion of Deployment Award(s) (as required)			
Verify PERSTEMPO			
Sign for Meal Card (as required)	N/A	JKC	
Complete Change of Address card (DA Form 3955) (as required)	X	[illegible]	17 NOV 06
Turn in Medical Records with DD Form 2766 Insert upon completion of R-SRP			
Leave Packet (DA31, Counseling, POV Insp., Risk Assessment) Turned In			

S2	Complete	Initials	Date
Verify Status of Security Clearance (as required)			

S3	Complete	Initials	Date
Enroll in MOS required DA / Troop Schools (as required)			
Enroll in Fort Hood Specific Training (as required)			
TDY- Resolve outstanding vouchers (as required)			

S4	Complete	Initials	Date
*Schedule Household Goods Delivery (as required)	YES	JC	17 NOV 06
*Retrieve stored POV (as required)	N/A	JKC	
*File claim for loss / damage to HHG or POV (as required)			

S6	Complete	Initials	Date
Turn in computer for DOIM Re-imaging and Updates (as required)			
*Complete Ft. Hood LAN Users Agreement (for Hood e-mail account holders)			
*Complete On-line DOIM Users training (for Hood e-mail account holders)			

Safety	Complete	Initials	Date
Receive Unit Safety Brief			
Receive Post-Deployment Suicide Prevention Brief			
Complete POV Inspection Checklist			
Reactivate Auto Insurance			
Update expired drivers license / vehicle registration / TX vehicle inspection			

Verification - Completion of Reintegration Tasks

Accuracy Statement: I understand I am certified for reintegration and, to the best of my knowledge, all the information on this form is correct and accurate.

Signature	Title	Date

Battalion (Rear) CDR / 1SG Verification	CDR / 1SG Signature & Date

* More information on these topics can be found in the Iraqi Freedom Reintegration Handbook included in your welcome packet.

E-5 Army

ICW-Bd #37

OCCUPATIONAL ILLNESS / INJURY REPORT

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - Use Blanket PAS - DD Form 2005)

I. PATIENT IDENTIFICATION

1. NAME *(Last, First, MI)*	2. SSAN	3. GRADE	4. SEX	5. AGE
Dukett, Phillip	[redacted]	☒ MIL ☐ CIV	☒ M ☐ F	24

6. WORK LOCATION	7. DUTY PHONE	8. ORGANIZATION AND SYMBOL	9. INSTALLATION
JSS Roward, Iraq	[redacted]	B CI 114/2 BRIG 25	JSS Roward, Iraq

10. OCCUPATION *(Job Title/AFSC)*	11. SUPERVISOR *(Name and Duty Phone)*
Infantry Troop	[redacted]

II. INCIDENT / ILLNESS DATA

12. DATE AND TIME OF EXPOSURE: 16 Aug 08@1830 ILLNESS: 17 Aug 08 @ 0900

13. STATUS AT TIME OF EXPOSURE: ☒ ON DUTY ☐ OFF DUTY ☐ LEAVE ☐ TDY ☐ OTHER

14. DURATION OF EXPOSURE: Unknown

15. WITNESS *(Name and Phone)*: Dukett, Phillip [redacted]

16. DESCRIPTION OF SYMPTOMS AT ONSET OF ILLNESS

Noticed a small yellow puss filled blister on right thigh while showering, immediately sought medical attention.

III. MEDICAL DATA

17. DIAGNOSIS AND RELEVANT MEDICAL DATA *(Indicate affected body parts)*

DX: Chemical burns to right thigh from Blister agent (positive for H Compound Mustard Gas)

18. CLASSIFICATION [2]		OSHA CODE
☒	OCCUPATIONAL SKIN DISEASE	21
☐	DUST DISEASE OF LUNGS	22
☐	RESPIRATORY CONDITION DUE TO TOXIC AGENT	23
☐	SYSTEMATIC EFFECT OF TOXIC MATERIAL *(poisoning)*	24
☐	DISORDER DUE TO PHYSICAL AGENT *(Other than toxic material)*	25
☐	DISORDER DUE TO REPEATED TRAUMA *(Exclude hearing loss)*	26
☐	OTHER OCCUPATIONAL DISEASE	29

☐ FATALITY ☐ RESULTED IN UNCONSCIOUSNESS

19. DATE/TIME OF INITIAL TREATMENT/DIAGNOSIS: 16 Aug @ 1900 Initial Decon/17 Aug @ 1500 See block 17

20. MEDICAL FACILITY: 332 EMDG, Joint Base Balad, Iraq

21. TREATMENT ADMINISTERED *(Check One)* ☐ FIRST AID [1] ☒ DEFINITIVE CARE *(Specify In Remarks)*

22. DISPOSITION OF PATIENTS

YES	NO		NO. OF DAYS	
☐	☒	RETURN TO NORMAL DUTY	UNK	ADMITTED TO HOSPITAL [2]
☒	☐	REFER TO PRIVATE PHYSICIAN	UNK	PLACED ON QUARTERS [2]
☒	☐	EXCUSED FOR REST OF DUTY DAY	UNK	RETURN TO LIMITED DUTY [2]

23. NAME OF MEDICAL OFFICER Martin Ottolini, Col, USAF, MC

24. REMARKS

Member was rapid deconned on site by Platoon Medic, he was then transfered to his Company Medic where again he was Deconned. Upon arrival he was throughly deconned using initially soap and water then a dilluted bleach solution, all personnal effects were removed and member was given alternante clothing.

IV. ENVIRONMENTAL DATA

25. DESCRIBE JOB TASKS THAT RESULTED IN EXPOSURE TO HAZARDOUS MATERIALS / AGENTS *(Specify the material / agent)*

While helping out EOD with controlled detonations at an Old Cache, came across 32 old rusted 155 MM rounds. EOD asked member to help move the rounds so they could control detonate them, member then grabbed a round that was leaking a fluid (later testing positive for H compound Mustard Gas). Member states that he was unaware that the round was leaking, he used his leg to support the round while he was throwing it into the pit.

V. CASE CLASSIFICATION

26. OCCUPATIONAL INCIDENT ☒ YES ☐ NO

27. TYPE ☒ INJURY ☐ ILLNESS

28. WORKPLACE IDENTIFIER: 0 0 0 0 0 0 0 0 0 0 0 0

29. REVIEWING OFFICER [redacted]

30. DATE *(YYYYMMDD)*: 20080817

1. One-time treatment of minor scratches, cuts, burns, and splinters which do not require professional care.
2. See AFR 127-12.