

XXXXX

DOB: YYYYY

<u>DELIVERY SCHEDULE</u>	<u>DATE OF DELIVERY</u>
<u>ORIGINAL DELIVERY</u>	<u>09/20/2019</u>

XXXXXX - 3M Ear Plug Case ReviewKEY ABSTRACT

Type of Personal Hearing Protection Used	BATES REF	PDF REF
<i>Not available</i>	XXX_0000105	105
<i>*Reviewer's comment: Earplug use is evident from the available medical records.</i>		

Case Report:

Parameter	Findings	BATES REF	PDF REF
Patient Name (First, Last name)	XXXX	XXX_0000667	667
DOB	YYYY	XXX_0000667	667
Prior ear infections/head trauma/Surgeries	Yes  He had history of multiple head traumas in 2011, 2012, 2013 in Iraq IED blasts.	XXX_0000266	266
Evidence for 3M Earplug usage (Yes/No)	Yes ( <i>Earplugs use evident from available medical records</i> )  <b>11/26/2013:</b> Patient was given a fit tested set of earplugs and case.  <i>*Reviewer's comment: Per Hearing Conservation Clinical visit dated 10/24/2006, it is evident that Audiology recommended to give hearing test and fit earplugs. Ear protector attenuation measurements x 1 was also performed.</i>	XXX_0000037 , 0000105	37, 105
Manufacturer and Product Details of Earplug used	<i>Unknown</i>  <i>*Reviewer's comment: Per Hearing Conservation Clinical visit dated 10/24/2006, it is evident that Ear protector attenuation measurements x 1 was performed;</i>	XXX_0000037	37

XXXXX

DOB: YYYYY

Parameter	Findings	BATES REF	PDF REF
	<i>however, the manufacturer and product details related to earplugs are unknown.</i>		
<b>Dates of usage of Earplugs (Time period)</b>	10/24/2006 - 11/26/2013	XXX_0000105 , 0000037	105, 37
<b>Injuries Associated with 3M Combat Arms Earplugs (Along with date of diagnosis, Significance)</b>	<b>07/31/2018:</b> Recurrent tinnitus  <i>*Reviewer's comment: Per "Hearing Loss and Tinnitus Disability Benefits Questionnaire", we note the patient states that he reports recurrent tinnitus as a result of military noise exposure; however, corresponding medical records are not available to know the exact date of diagnosis/start date of the condition.</i>	XXX_0000314 , 0000283	314, 283
<b>Did the patient develop permanent or temporary hearing loss after the use of product</b>	No  As on <b>07/31/2018</b> – Recurrent tinnitus  <i>*Reviewer's comment: From the "Hearing Loss and Tinnitus Disability Benefits Questionnaire", it was evident that the patient reported recurrent tinnitus only.</i>	XXX_0000314 , 0000283	314, 283
<b>Audiometry test</b>	<b>Yes</b>  <i>*Reviewer's comment: From the available medical records, it is evident that the patient had audiometry test during the period of 10/24/2006 – 11/26/2013; however, original reports are not available to know the hearing functions of the patient.</i>	XXX_0000105 , XXX_0000128 , 0000144, 0000003, 0000011- 0000012, 0000261- 0000262, 0000035- 0000036, 0000037	105, 128, 144, 3, 11- 12, 261-262, 35-36, 37
<b>Use of hearing aid?</b>	No ( <i>Per available medical records</i> )		
<b>Treatment/Management of Injuries Associated with 3M Combat Arms Earplugs</b>	<i>Not available</i>		
<b>Current Condition</b>	<b>01/18/2019-02/04/2019</b> ( <i>Care giver program support note</i> ): Tinnitus rate of 10%  <i>*Reviewer's comment: The last available dated 02/12/2019 is related to Caregiver Program Clinical Eligibility Assessment; no medical records further to 07/31/2018 are available for review.</i>	XXX_0000323 -0000324, 0000322, XXX_0000336 -0000341, 0000331	323-324, 322, 336- 341, 331

XXXXX

DOB: YYYYY

MEDICAL			
PARAMETERS	FINDINGS	BATES REF	PDF REF
a. References to hearing loss and/or tinnitus (complaints or statements of no tinnitus)	<p><b>12/03/2014:</b> No hearing loss, no hyperacusis, and no tinnitus</p> <p><b>07/31/2018:</b> Recurrent tinnitus</p>	<p>XXX_0000070-0000073</p> <p>XXX_0000314, 0000283</p>	70-73, 314, 283
b. Documentation of ear plug used	<p>Yes (<i>Earplugs use evident from available medical records</i>)</p> <p><b>11/26/2013:</b> Patient was given a fit tested set of earplugs and case.</p> <p><i>*Reviewer's comment: Per Hearing Conservation Clinical visit dated 10/24/2006, it is evident that Audiology recommended to give hearing test and fit earplugs. Ear protector attenuation measurements x 1 was also performed.</i></p>	XXX_0000037, 0000105	37, 105
c. Audiograms	<p><b>10/24/2006:</b> Audiometric group testing x 1, ear protector attenuation measurements x 1</p> <p><b>08/19/2008:</b> Threshold audiogram (Pure tone) x 1 and Audiometric group testing x 1</p> <p><b>12/03/2010:</b> Threshold Audiogram (Pure tone) x 1, ear protector attenuation measurements x 1</p> <p><b>11/15/2011:</b> Group audiometric test performed using Defense Occupational and Environmental Health Readiness System – Hearing Conservation (DOEHRS-HC) recorded on DD 2216</p> <p><b>12/29/2011:</b> Threshold Audiogram (Pure tone) x 1</p> <p><b>01/25/2013:</b> Group audiometric test performed using DOEHRS-HC recorded on DD 2216</p> <p><b>11/26/2013:</b> Group audiometric test performed using DOEHRS-HC recorded on DD 2216</p> <p><i>*Reviewer's comment: Corresponding original audiogram reports are not available for review.</i></p>	<p>XXX_0000105, 0000128, 0000144, 0000003, 0000011-0000012, 0000261-0000262, 0000035-0000036, 0000037</p>	105, 128, 144, 3, 11-12, 261-262, 35-36, 37
d. Compensation and Pension determination for tinnitus and/or hearing loss	<b>07/31/2018:</b> Reports recurrent tinnitus as a result of military noise exposure.	XXX_0000314, 0000283	314, 283

XXXXX

DOB: YYYYY

## MEDICAL

PARAMETERS	FINDINGS	BATES REF	PDF REF
e. Alternate Causation issue i. IED blasts ii. Concussions iii. TBI injuries iv. ear infections/disorders	<p>As on <b>03/31/2018</b>: He has history of multiple head traumas in Iraq 2011, 2012, 2013 IED blasts.</p> <p><b>06/05/2012</b>: Closed head injury/mild Traumatic Brain Injury (TBI)</p> <p>As on <b>12/03/2014</b>: States he began to note headaches around time of last concussion</p> <p>As on <b>03/31/2018</b>: Past medical history is significant for posttraumatic stress disorder and traumatic brain injury</p> <p>As on <b>04/17/2018</b>: Previous TBI with 7 concussions reported as well (<i>Indirect information noted in history</i>)</p>	<p>XXX_0000266-0000268, 0000022-0000024, 0000025-0000026, 0000070-0000073, 0000352-0000353</p>	266-268, 22-24, 25-26, 70-73, 352-353

## PERSONNEL

PARAMETERS	FINDINGS	BATES REF	PDF REF
a. Entrance audiogram, DD Form 2808 (Report of Medical Examination)	<p><i>*Reviewer's comment: From the available "Military Processing Record" dated 12/08/1987, we have evidence of patient's personnel details only; details related to entrance audiogram, and report of medical examination are not available for review.</i></p>	<p>XXX_C0000002 - XXX_C0000007</p>	681-686
b. DD214(s) i. Branch ii. Dates of service iii. Discharge status (honorable, etc.)	<p><b>As on 06/24/2015 – Certificate of Release or Discharge Form Active Duty:</b></p> <p><b>Branch:</b> Army/RA</p> <p><b>Dates of service:</b> Immediate reenlistments this period – 10/19/2006-12/20/2007, 12/21/2007-06/18/2013/Soldier presented us flag/Served in a designated imminent danger pay area/Service in Iraq 05/21/2011-11/09/2011/Service in Iraq 01/10/2010-09/30/2010/Member has completed first full term of service.</p> <p><b>Record of service:</b> <b>Date entered AD this period:</b> 10/19/2006 <b>Separation date this period:</b> 08/09/2015</p> <p><i>*Reviewer's comment: The patient's first enlistment on 12/12/1987 at IOWA.</i></p>	<p>XXX_C0000222 - XXX_C0000223</p>	901-902

XXXXX

DOB: YYYYY

PERSONNEL			
PARAMETERS	FINDINGS	BATES REF	PDF REF
	<p><b>Discharge status:</b> <b>Type of separation:</b> Retirement</p> <p><b>Character of service:</b> Honorable - Iraq Campaign Medal With Three Campaign Stars/Army Commendation Medal (6th award)/Army Achievement Medal (5th award)/Meritorious Unit Commendation (2nd award)/Army Good Conduct Medal (3rd award)/National Defense Service Medal With Bronze Service Star/Global War On Terrorism/expeditionary medal/global war on terrorism service medal/Korea defense service medal/Humanitarian service medal/Noncommissioned officer professional development ribbon (2nd award)/Army service ribbon/overseas service ribbon (3rd award)/Combat action badge/pathfinder badge/Parachutist badge/Driver and mechanic badge with driver-wheeled vehicle(s) clasp.</p> <p><b>Narrative reason for separation:</b> Disability, permanent (Enhanced)</p>		
<p>c. Enlisted Record Brief (ERB)</p> <p>i. Duty stations, with start and end date</p>	<p><b>Duty Station:</b> XXXXX, IA <b>Start date:</b> 12/12/1987 <b>End date</b> (<i>Per available records</i>): 11/10/1994</p> <p><i>*Reviewer's comment: Enlisted Record Brief dated 1987 until 01/2006 are not available. Hence the included details from the "Enlistment/Reenlistment document" are retained.</i></p> <p><b>Duty Station:</b> XXXXX, IL <b>Start date:</b> 02/27/2006 <b>End date:</b> <i>Not available</i></p> <p><b>Duty Station:</b> Des Plaines, IL (Service of 3 years and 9 weeks) <b>Start date:</b> 10/19/2006 (<i>Included per enlistment/reenlistment document</i>) <b>End date:</b> <i>Not available</i></p> <p><b>Duty Station:</b> Fort (FT) Sill (<i>Included per enlisted record brief</i>)</p>	<p>XXX_C0000008 - XXX_C0000010, XXX_C0000029 - XXX_C0000030, XXX_C0000031 - XXX_C0000035, 0000054 - 0000059, XXX_C0000092 - XXX_C0000093, 0000118 - 0000126, 0000135 - 0000141, 0000200 - 0000205</p> <p>XXX_C0000222 - XXX_C0000223</p>	<p>687-689, 708-714, 733-738, 771-772, 797-805, 814-820, 879-884, 901-902, 1339, 1303</p>

XXXXX

DOB: YYYYY

PERSONNEL			
PARAMETERS	FINDINGS	BATES REF	PDF REF
	<p>Start date: 10/19/2006  <b>End date:</b> <i>Not available</i></p> <p><i>*Reviewer's comment: We noted 2 different city and state for the duty date 10/19/2006, hence we have presented the details as such from ERB and Enlistment/Reenlistment document.</i></p> <p><b>Duty Station:</b> XXXXXX), APO, AP  <b>Start date:</b> 01/03/2007  <b>End date:</b> 12/30/2007  <b>Duty Station:</b> FT Campbell (US)  <b>Start date:</b> 02/01/2008  <b>End date:</b> 09/16/2009</p> <p><b>Duty Station:</b> Special Operation Task Forces-North (SOTF-N) (IZ)  <b>Start date:</b> 01/10/2010  <b>End date:</b> 09/30/2010</p> <p><b>Duty Station:</b> XXXXXX  <b>Start date:</b> 10/01/2010  <b>End date:</b> <i>Not available</i></p> <p><b>Duty Station:</b> FT Bragg (US)  <b>Start date:</b> 04/15/2011  <b>End date:</b> <i>Unknown</i></p> <p><b>Duty station:</b> <i>Unknown</i> (IZ)  <b>Start date:</b> 05/21/2011  <b>End date:</b> 11/09/2011</p> <p><b>Duty Station:</b> FT Bragg (US)  <b>Start date:</b> 11/10/2011  <b>End date:</b> 05/27/2015</p>		
d. Military Occupation Specialties	<p><b>10/19/2006:</b> RA trainee</p> <p><b>01/03/2007 – 12/30/2007:</b> Human Resources Sergeant (SGT)</p> <p><b>02/01/2008:</b> Human Resources Specialist</p>	<p>XXX_C0000008 -            XXX_C0000010,            XXX_C0000029 -            XXX_C0000030,            XXX_C0000031 -            XXX_C0000035,            0000054 – 0000059,</p>	<p>1064, 687-689,            708-714, 733-            738, 771-772,            797-805, 814-            820, 879-884,            901-902, 1339,            1303</p>

XXXXX

DOB: YYYYY

PERSONNEL			
PARAMETERS	FINDINGS	BATES REF	PDF REF
	<b>02/13/2008:</b> Human Resources SGT	XXX_C000092 - XXX_C000093, 0000118 - 0000126, 0000135 - 0000141, 0000200 - 0000205	
	<b>02/01/2009:</b> Rear Detachment S1 Non-commission Officer in Charge (NCOIC)	XXX_C0000222 - XXX_C0000223	
	<b>09/16/2009:</b> Human Resources SGT		
	<b>01/10/2010 - 09/30/2010:</b> Human Resources (HR) Non-Commissioned Officer (NCO) Forward		
	<b>10/01/2010 - 02/29/2012:</b> Human Resources SGT		
	<b>12/05/2012 - 10/22/2013:</b> Senior (SR) Human Resources SGT		
	<b>04/14/2014 - 10/29/2014:</b> Human Resources SGT		
	<b>05/27/2015:</b> Known Losses		

**Patient History**

**Past Medical History:** Myopia, Astigmatism, Strabismus, Optic nerve hypoplasia

**Past Surgical History:** Hernia repair in 1991

**Family History:** Mother - Lupus; Cancer - Lung; Congestive heart failure; hyperlipidemia; thyroid disease

**Social History:** Chewing tobacco since 1982, currently <1 can/day. Alcohol: Occasional (*As on 03/17/2016*)

**Allergy:** Penicillin

XXXXXX

DOB: YYYYYY

**Missing Medical Records:**

What Records are Needed	Hospital/Medical Provider	Date/Time Period	Why we need the records/Bills	Is Record Missing Confirmatory or Probable?	Hint/Clue that records are missing
Audiometry tests	<i>Multiple Providers</i>	10/24/2006 - 11/26/2013	To know the hearing functions of the patient	Confirmatory	We note audiometry tests were performed from 10/24/2006 to 11/26/2013.
Type of ear plug used	<i>Unknown</i>	10/24/2006 - 11/26/2013	To know the manufacturer of ear plug used	Confirmatory	We note earplug was used.

**Detailed Chronology**

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	PDF REF
12/12/1987	XXXXXX of the United States	<b>Enlistment/Reenlistment Document:</b>  <b>Date of enlistment:</b> 12/12/1987  <b>Grade:</b> E-1  <b>Place of enlistment:</b> Des Moines Meps, IA	XXX_C00000 08 - XXX_C00000 10	687-689
08/31/1988	XXXXXX	<b>Active duty report:</b>  <b>Grade:</b> PV1  <b>Effective sate of entry on active duty:</b> 06/07/1988  <b>Date tour of duty terminated:</b> 08/31/1988	XXX_C00000 26 - XXX_C00000 27	705-706
08/29/1989	XXXXXX of the United States	<b>Enlistment/Reenlistment Document:</b>  <b>Date of enlistment:</b> 08/29/1989  <b>Grade:</b> E-1  <b>Place of enlistment:</b> Des Moines Meps, IA	XXX_C00000 29 - XXX_C00000 30  XXX_C00000 31 - XXX_C00000 35	708-714
11/10/1994	XXXXXX of the United States	<b>Enlistment/Reenlistment Document:</b>	XXX_C00000 54 -	733-738



XXXXX

DOB: YYYYY

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	PDF REF
		<b>Date of enlistment:</b> 11/10/1994 <b>Grade:</b> E-5 <b>Place of enlistment:</b> Des Moines Meps, IA	XXX_C00000 59	
06/06/1996	XXXXXX	<b>Certificate of release or discharge from active duty:</b> <b>Type of separation:</b> Release form active duty <b>Narrative reason for separation:</b> Weight control failure	XXX_C00000 65	744
		<i>*Reviewer's comment: Interim medical records from 06/06/1996 – 02/27/2006 are reviewed and it is non-relevant to 3M Ear Plug case review, hence it is combined at the bottom of the chronology and not elaborated.</i>		
02/27/2006	XXXXXX of the United States	<b>Enlistment/Reenlistment Document:</b> <b>Date of enlistment:</b> 02/27/2006 <b>Grade:</b> E-4 <b>Place of enlistment:</b> Northside, IL	XXX_C00000 92 - XXX_C00000 93	771-772
		<i>*Reviewer's comment: Interim medical records from 02/27/2006 – 10/19/2006 are reviewed and it is non-relevant to 3M Ear Plug case review, hence it is combined at the bottom of the chronology and not elaborated.</i>		
10/19/2006	XXXXXX of the United States	<b>Enlistment/Reenlistment Document:</b> <b>Date of enlistment:</b> 10/19/2006 <b>Grade:</b> E-4 <b>Place of enlistment:</b> Des Plaines, IL	XXX_C00001 18 - XXX_C00001 26	797-805
10/24/2006	XXXXXX Community Hospital  XXXXXX	<b>Office visit for Audiology:</b> <b>Audiology:</b> Give hearing test, <b>fit earplugs</b> results of hearing tests, education. <b>Assessment and plan:</b> <ul style="list-style-type: none"> <li>Visit for military services physical (Accession examination)</li> </ul>	XXX_000010 5	105

XXXXX

DOB: YYYYY

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	PDF REF
		<ul style="list-style-type: none"> <li>Patient counseling</li> <li><b>Procedures:</b>  Ear protector attenuation measurements × 1  Audiometry group testing × 1  Patient education not otherwise classified, non-Physician Provider, group/session × 1</li> </ul>		
		<i>*Reviewer's comment: Interim medical records during the period of 10/24/2006 - 12/21/2007 are reviewed and it is non-relevant to 3M Ear Plug case review, hence it is combined at the bottom of the chronology and not elaborated.</i>		
12/21/2007	XXXXXX of the United States	<b>Enlistment/Reenlistment Document:</b>  <b>Date of enlistment:</b> 12/21/2007  <b>Pay grade:</b> E6  <b>Place of enlistment:</b> APO, AP	XXX_C00001 35 - XXX_C00001 41	814-820
		<i>*Reviewer's comment: Interim medical records from 12/21/2007 – 08/19/2008 are reviewed and it is non-relevant to 3M Ear Plug case review, hence it is combined at the bottom of the chronology and not elaborated.</i>		
08/19/2008	XXXXXX Army Community Hospital  XXXXXX	<b>Visit for military services physical examination (Hearing conservation):</b>  <b>Assessment and plan:</b> Visit for military services physical (Occupational examination)  <b>Procedures:</b> <ul style="list-style-type: none"> <li>Threshold audiogram (Pure tone) × 1</li> <li>Audiometry group testing × 1</li> <li>Special Dr. Services analysis of computerized data × 1</li> </ul>	XXX_000012 8	128
		<i>*Reviewer's comment: Interim medical records from 08/19/2008 – 12/03/2010 are reviewed and it is non-relevant to 3M Ear Plug case review, hence it is combined at the bottom of the chronology and not elaborated.</i>		
12/03/2010	XXXXXX	<b>Follow-up visit for hearing conservation:</b>	XXX_000014 4	144

XXXXX

DOB: YYYYY

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	PDF REF
	Community Hospital  XXXXXX	<p><b>Reason for appointment:</b> Special Force (SF)</p> <p><b>Assessment and plan:</b> Assessment of patient condition work-related (Armed Forces Medical Examination)</p> <p><b>Procedures:</b></p> <ul style="list-style-type: none"> <li>• Threshold Audiogram (Pure tone) × 1</li> <li>• Special Dr. Services Analysis of computerized data × 1</li> <li>• Ear protector attenuation measurements × 1</li> <li>• Ear mold/Insert, not disposable any type × 1</li> </ul> <p><b>Patient instructions:</b></p> <ul style="list-style-type: none"> <li>• Education and instructions</li> <li>• Otoscopy</li> <li>• Patient education – Injury prevention</li> <li>• Personal protective equipment ear plugs</li> </ul> <p>Visit for ears/ hearing exam (Other examination of ears and hearing, otoscopic exam done)</p> <p><i>*Reviewer's comment: Otoscopic examination report is not available for review.</i></p>		
11/15/2011	XXXXXX Medical Center  XXXXXX	<p><b>Follow-up visit for hearing test:</b></p> <p>Patient presents for hearing test.</p> <p>Both tympanic membranes were examined with an otoscope prior to testing</p> <p><b>Tests:</b> Group audiometric test performed using Defense Occupational and Environmental Health Readiness System – Hearing Conservation (DOEHRS-HC) recorded on DD 2216 (<i>Records not available for review</i>)</p> <p><b>Assessment and plan:</b></p> <ul style="list-style-type: none"> <li>• Visit for ears/hearing exam (Other examination of ears and hearing otoscopic exam done)</li> <li>• Visit for occupational health/Fitness exam (Post-deployment examination)</li> </ul>	XXX_000000 3	3

XXXXX

DOB: YYYY

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	PDF REF
		<b>Procedures:</b> <ul style="list-style-type: none"> <li>Hearing service, miscellaneous × 1</li> <li>Audiometry group testing × 1</li> </ul>		
11/21/2011	XXXXXX Medical Center  XXXXXX, RN	<b>Follow-up visit for traumatic brain injury screening exam:</b>  <b>Reason for appointment:</b> Negative Traumatic Brain Injury (TBI) screen  <b>Assessment and plan:</b> Visit for: Screening exam neurological disorders traumatic brain injury (Special screening for TBI, Negative findings): Soldier is returning from deployment, has no symptoms of TBI, not experiencing neurological difficulties. <ul style="list-style-type: none"> <li>While deployed, did the Soldier have a head injury from explosion (Blast/IED/grenade/mortar/artillery/land mine), projectile (bullet, fragment), vehicular (any type including plane) or fall? - No</li> <li>Did any head injury received while deployed result in any of the following: Being dazed/confused, not remembering the injury, Loss of Conscious (LOC), concussion symptoms? No</li> <li>Are any of the symptoms listed in question 2 continuing without letup through today? – No</li> </ul> <b>Examination:</b> <b>Head:</b> No abnormality, normocephalic <b>Neurological:</b> Appearance is normal, behavior demonstrated no abnormalities, attitude was normal, mood was normal, attention span was not decreased. Cognition and other higher cerebral functions grossly intact without aphasia. Cranial Nerves (CNs), motor, coordination, gait and stance grossly intact, not decreased.  Discussed TBI, the side effects, patient indicates understanding, all of patient's concerns addressed	XXX_000004	4

XXXXX

DOB: YYYYY

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	PDF REF
		Assess patient condition work-related occupational disease (Post-deployment examination).		
12/29/2011	XXXXXX Medical Center  XXXXXX	<p><b>Follow-up visit for physical examination:</b></p> <p><b>Reason for appointment:</b> Over 40/Special Forces Assessment and Selection Course (SFAS)/Survival, Evasion, Resistance, and Escape (SERE)</p> <p><b>Assessment and plan:</b> Visit for military services physical (Occupational examination)</p> <p><b>Procedures:</b></p> <ul style="list-style-type: none"> <li>• Screening test of visual acuity, quantitative, bilateral × 1</li> <li>• Threshold audiogram (Pure tone) × 1</li> <li>• Electrocardiogram × 1</li> </ul>	XXX_000001 1-0000012	11-12
06/05/2012	XXXXXX Medical Center  XXXXXX	<p><b>Emergency Room (ER) visit for head injury: (<i>Poorly scanned report</i>)</b></p> <p>Complaints of jump injury.</p> <p><b>Medication:</b> Naprosyn</p> <p><b>Impression:</b> Closed head injury</p> <p><b>Disposition:</b> _____</p> <p><i>Related documents: After care instructions</i></p>	XXX_000002 2-0000024, 0000025- 0000026, 0000027- 0000028	22-24, 25-26, 27-28
06/05/2012	XXXXXX Medical Center	<p><b>ER related records:</b></p> <p>Triage record, right hand X-ray report, orders, medication sheets,</p>	XXX_000002 0, 0000021, 0000577, 0000627, 0000628	20, 21, 577, 627, 628
06/07/2012	XXXXXX Clinic  XXXXXX, M.D.	<p><b>ER follow-up visit for minor head injury:</b></p> <p>Patient presents for follow-up from ER for minor head injury. Signs and symptoms generally resolved except for lingering mild headache however, SM wants to perform ABO tomorrow in support of inbound soldiers.</p> <p><b>Assessment and plan:</b> Head injury - Directed SM to continue treatment plan</p>	XXX_000038 5-0000386	385-386

XXXXX

DOB: YYYYY

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	PDF REF
		per ER, emphasized importance of cognitive rest, and repeatedly and emphatically told him that jumping tomm was a bad idea with potentially serious consequences, although I couldn't give him hard numbers. SM verbalized understanding but would not commit to not jumping. OIC was notified of the risks with SM jumping.		
01/25/2013	XXXXXX Medical Center  XXXXXX	<p><b>Follow-up visit for hearing test:</b></p> <p>Patient presents for hearing test.</p> <p><b>Tests:</b> Group audiometric test performed using DOEHRs-HC recorded on DD 2216 (<i>Records not available for review</i>)</p> <p><b>Assessment and plan:</b></p> <ul style="list-style-type: none"> <li>• Visit for ears/hearing exam (Other examination of ears and hearing, otoscopic exam not performed)</li> <li>• Visit for occupational health/Fitness exam (Occupational examination)</li> </ul> <p><b>Procedures:</b> Audiometry group testing × 1</p>	XXX_000003 5-0000036	35-36
05/14/2013	XXXXXX Clinic  XXXXXX	<p><b>Follow-up visit for back and neck pain:</b></p> <p><b>Reason for appointment:</b> Back neck, right side</p> <p><b>Pain scale:</b> 7/10 severe</p> <p>Patient complains of neck and back pain lasting five days. Patient states neck feels tight and stiff. Physical Therapist (PT) says pain increase upon motion of his head. Patient says he has been using heat pads and taking Naproxen for relief, but it has not been working.</p> <p><b>Pain assessment:</b> Dull pain that radiates worsens when he moves his head.</p> <p>Pain severity 7/10.</p> <p><b>Cervical spine series:</b></p> <p><b>Impression:</b> Spondylotic changes of the cervical spine</p>	XXX_000039 3-0000396, 0000579- 0000581	393-396, 579-581

XXXXX

DOB: YYYYY

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	PDF REF
		<p>with no evidence of acute osseous injury.</p> <p><b>Thoracic spine X-ray series:</b>  <b>Impression:</b> No acute or recent abnormality demonstrated.</p> <p><b>Assessment and plan:</b>            Neck pain: Plain films negative for acute fracture from ABN OP. Issued profile, started patient on Medrol dose pack, refilled Non-Steroidal Anti-inflammatory Drugs (NSAIDs) and muscle relaxer for relief of acute neck strain. If radiculopathy continues after currently treatment regimen will consider MRI to rule out disc pathology. Return to clinic as needed.</p> <p>Visit for: screening exam: Respect-mil negative.</p>		
06/19/2013	XXXXXX of the United States	<p><b>Enlistment/Reenlistment Document:</b></p> <p><b>Date of enlistment:</b> 06/19/2013</p> <p><b>Grade:</b> E6</p> <p><b>Place of enlistment:</b> FT. Bragg, NC</p>	XXX_C0000200 - XXX_C0000205	879-884
07/11/2013	XXXXXX Health Clinic  XXXXXX	<p><b>MRI cervical spine without contrast:</b></p> <p><b>Reason for order:</b> Neck pain at approximately C6-C7 with radiculopathy and weakness at same.</p> <p><b>Impression:</b> Lower lumbar disc osteophyte disease worst at C6-C7 where there is a right paracentral disc protrusion causing moderate to severe right sided spinal canal stenosis and mass effect on the cord. Moderate bilateral neural foraminal narrowing is also seen at that level.</p>	XXX_0000579	579
11/26/2013	XXXXXX Army Medical Center  XXXXXX	<p><b>Follow-up visit for annual hearing examination:</b></p> <p>Patient presents for hearing test</p> <p><b>Patient was given a fit tested set of earplugs and case.</b></p> <p>Both tympanic membranes were examined with an otoscope prior to testing</p>	XXX_0000037	37

XXXXX

DOB: YYYYY

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	PDF REF
		<p><b>Tests:</b> Group audiometric test performed using DOEHRS-HC recorded on DD 2216 (<i>Records not available for review</i>)</p> <p><b>Assessment and plan:</b> Visit for examination of subpopulation (Occupational examination) Visit for ears/hearing exam (Other examination of ears and hearing, otoscopic exam done)</p> <p><b>Procedures:</b></p> <ul style="list-style-type: none"> <li>• Audiometric group testing × 1</li> <li>• Hearing service, miscellaneous × 1</li> </ul>		
01/09/2014	XXXXXX Clinic  XXXXXX	<p><b>Follow-up visit for neck and hip pain:</b></p> <p><b>Review of systems:</b> <b>Otolaryngeal:</b> No earache</p> <p><b>Assessment and plan:</b> <b>Neck pain:</b> Disc protrusion with thecal sac impingement and foraminal stenosis. Referred to patient to pain clinic and Physical Therapy. Gave patient Neurontin, Prednisone dose pack (<i>must be pak</i>) and NSAIDs.</p> <p>Visit for screening for mental or developmental disorders</p> <p>Follow-up as need with PCM.</p>	XXX_000039 7-0000401	397-401
		<i>Interim medical records during the period of 01/09/2014-12/03/2014 are reviewed and it is non-relevant to 3M Ear Plug case review, hence it is combined at the bottom of the chronology and not elaborated.</i>		
12/03/2014	XXXXXX Medical Center  XXXXXX, DO  XXXXXX, PA-C	<p><b>Follow-up visit for headache:</b></p> <p><b>Injury dates:</b> He is in MEF for ortho injuries. 06/12-hard landing, positive for loss of conscious, +A/C for up to hour</p> <p>Severity rating of traumatic brain injury (TBI) at time of injury: Mild</p>	XXX_000007 0-0000073	70-73



XXXXX

DOB: YYYYY

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	PDF REF
		<p>Have symptoms stabilized? Yes, but symptoms wax and wane</p> <p>Report course of symptoms to include frequency: Headaches</p> <p>Describe whether symptoms have an effect on routine daily activities or employment: Yes, if severe</p> <p>Headache number of headaches per month: 1-2 a week</p> <p>Duration: Can last up to 1-1.5 hours</p> <p>Severity: 1-2 a month can become severe</p> <p>Current treatment: Acetaminophen</p> <p>Response to treatment: Lessens pain</p> <p>Side effects of current treatment: Stomach pain</p> <p>Do headaches affect usual daily living? Only when he has severe headache with severe headache will become photosensitive, denies NVD; states he began to note headaches around time of last concussion.</p> <p><b>No hearing loss, no hyperacusis, and no tinnitus</b></p> <p><b>Physical examination: Ears: No hearing abnormalities</b></p> <p><b>Assessment and plan:</b> <b>Feared medical condition not demonstrated:</b> The patient does not have poor side effects related to concussion</p> <p>He did not note headache as a concern on any of his vital signs.</p> <p>2 days after his concussion on 05 June 2012, he had only a mild headache, which had resolved by his next review 11/05/2012 where he denied headache. Notes on 06/10/2014 and 01/31/2014 for the patient was having</p>		

XXXXX

DOB: YYYY

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	PDF REF
		<p>injuries related to his job directly addressed did not include headache but did include issues related to his neck and hip.</p> <p>These headaches have not prevented him from going to work, and not pressed him enough to be addressed by Medical Provider and are not treated with anything other than occasional over the counter medications.</p> <p>In accordance with AR 40-501 these headaches are not severe, disabling, frequent or incapacitating where they would prevent the patient from performing his normal job duties.</p> <p>Today he is offered a trial of Maxalt 10mg for use at the onset of any acute headache he may have. Headaches he is experiencing are likely influenced by his neck pain and poor sleep.</p> <p>He will be followed once more to review this medication and then released completely from clinic.</p> <p>Any further needs or issues related to non-headache pain will be addressed by the service members PCM and specialty providers. Patient understands and agrees with above. Disposition sheet given.</p> <p><b>Procedures:</b> Psychometric Neurobehavioral status exam × 1</p> <p><b>History of concussion</b></p> <p>Assessment of patient condition work-related (fitness for duty examination)</p> <p>Tension headache</p>		
04/27/2015	XXXXX	<p><b>Orders:</b></p> <p><b>Retirement/Separation date:</b> 07/20/2015</p> <p><b>Retirement type and allotment code:</b> Permanent disability/10</p>	XXX_C00002 17 - XXX_C00002 19	896-898

XXXXX

DOB: YYYYY

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	PDF REF
		<p><b>Percentage of disability: 60</b></p> <p>Disability is based on injury or disease received in the line of duty as a direct result of armed conflict or caused by an instrumentality of war and incurred in the line of duty during a period of war as defined by law: Yes</p> <p>Disability resulted from a combat related injury as defined in 26 USC 104: Yes</p> <p><b>Date initially entered military: 03/29/1993</b></p>		
10/19/2006 – 05/27/2015		<p><b>Enlisted Record Brief:</b></p> <p><i>*Reviewer's comment: We have included "Duty stations with start and end date, and Occupation Specialties from Enlisted Record Brief.</i></p> <p><b>Duty Station:</b> Fort (FT) Sill – RA trainee. Start date: 10/19/2006.</p> <p><b>Duty Station:</b> CP Casey (KS) - Human Resources Sergeant (SGT) <b>Start date:</b> 01/03/2007 <b>End date:</b> 12/30/2007</p> <p><b>Duty Station:</b> FT Campbell (US) <b>Start date:</b> 02/01/2008 <b>End date:</b> 09/16/2009</p> <ul style="list-style-type: none"> <li>• <b>02/01/2008:</b> Human Resources Specialist</li> <li>• <b>02/13/2008:</b> Human Resources SGT</li> <li>• <b>02/01/2009:</b> Rear Detachment S1 Non-commissioned Officer in Charge (NCOIC)</li> <li>• <b>09/16/2009:</b> Human Resources SGT</li> </ul> <p><b>Duty Station:</b> Special Operation Task Forces- North (SOTF-N) (IZ) - Human Resources (HR) Non-Commissioned Officer (NCO) Forward <b>Start date:</b> 01/10/2010 <b>End date:</b> 09/30/2010</p> <p><b>Duty Station:</b> FT Campbell (US)</p>		1339, 1303

Commented [is1]: PDF ref

Convert bates

XXXXX

DOB: YYYYY

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	PDF REF
		<p><b>Start date:</b> 10/01/2010</p> <p><b>Duty Station:</b> FT Bragg (US) <b>Start date:</b> 04/15/2011</p> <p><b>Duty station:</b> IZ <b>Start date:</b> 05/21/2011 <b>End date:</b> 11/09/2011</p> <p><b>Duty Station:</b> FT Bragg (US) <b>Start date:</b> 11/10/2011 <b>End date:</b> 05/27/2015</p> <ul style="list-style-type: none"> <li>• <b>10/01/2010 – 02/29/2012:</b> Human Resources SGT</li> <li>• <b>12/05/2012 – 10/22/2013:</b> Senior (SR) Human Resources SGT</li> <li>• <b>04/14/2014 - 10/29/2014:</b> Human Resources SGT</li> <li>• <b>05/27/2015:</b> Known Losses</li> </ul>		
06/24/2015	XXXXXX	<p><b><u>Certificate of Release or Discharge Form Active Duty:</u></b></p> <p><b>Branch:</b> Army/RA</p> <p><b>Dates of service:</b> Immediate reenlistments this period – 10/19/2006-12/20/2007, 12/21/2007-06/18/2013/Soldier presented us flag/Served in a designated imminent danger pay area/Service in Iraq 05/21/2011-11/09/2011/Service in Iraq 01/10/2010-09/30/2010/Member has completed first full term of service.</p> <p><b>Record of service:</b> <b>Date entered AD this period:</b> 10/19/2006 <b>Separation date this period:</b> 08/09/2015</p> <p><i>*Reviewer's comment: The patient's first enlistment on 12/12/1987 at IOWA.</i></p> <p><b>Discharge status:</b> <b>Type of separation:</b> Retirement</p> <p><b>Character of service:</b> Honorable - Iraq Campaign</p>	XXX_C00002 22 - XXX_C00002 23	901-902

XXXXX

DOB: YYYYY

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	PDF REF
		<p>Medal With Three Campaign Stars/Army Commendation Medal (6th award)/Army Achievement Medal (5th award)/Meritorious Unit Commendation (2nd award)/Army Good Conduct Medal (3rd award)/National Defense Service Medal With Bronze Service Star/Global War On Terrorism/expeditionary medal/global war on terrorism service medal/Korea defense service medal/Humanitarian service medal/Noncommissioned officer professional development ribbon (2nd award)/Army service ribbon//overseas service ribbon (3rd award)/Combat action badge/pathfinder badge/Parachutist badge/Driver and mechanic badge with driver-wheeled vehicle(s) clasp.</p> <p><b>Narrative reason for separation:</b> Disability, permanent (Enhanced)</p>		
		<p><i>*Reviewer's comment: Interim medical records from 06/24/2015 to 06/22/2016 are not relevant to C3 ear plug case review, hence it is combined at the bottom of the chronology and not elaborated.</i></p>		
06/22/2016	<p>XXXXXX Medical Center</p> <p>XXXXXX, LCSW</p>	<p><b>Caregiver program support note:</b></p> <p>Veteran Military Service Army – 2015</p> <p><b>Number of deployments:</b> Three; Two – Iraq, one-Afghanistan</p>	<p>XXX_000020 7-0000211</p>	207-211
		<p><i>*Reviewer's comment: Interim medical records from 06/22/2016 to 03/31/2018 are not relevant to C3 ear plug case review, hence it is combined at the bottom of the chronology and not elaborated.</i></p>		
03/31/2018	<p>XXXXXX Medical Center</p> <p>XXXXXX, M.D.</p>	<p><b>Neurology consultation for headaches:</b></p> <p>Patient comes to clinic for evaluation of headaches. He reports that he has been having headaches for 7 years. <b>He has history of multiple head traumas in Iraq 2011, 2012, 2013 Improvised Explosive Device (IED) blasts.</b></p> <p>He is currently having 3-4 per week. The pain starts on the top of the head and radiates to the front and neck. He describes the pain as sharp. He will have nausea and light sensitivity occasionally with it.</p> <p>He takes Excedrin which helps the pain</p>	<p>XXX_000026 6-0000268</p>	266-268

XXXXX

DOB: YYYY

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	PDF REF
		<p>CT head no significant abnormality.</p> <p><b>Assessment and plan:</b> Patient with history of head trauma who is having neck pain and headaches. Based on exam and history he has cervicogenic headaches +right TMJ myofascial syndromes.</p> <ul style="list-style-type: none"> <li>• Will get MRI head and C spine</li> <li>• Will start PT for neck pain</li> <li>• Also start Gabapentin in 300 mg</li> <li>• Chiropractic care for right Temporomandibular Joint (TMJ) myofascial syndrome</li> </ul> <p>Return to clinic in 2 months.</p>		
04/17/2018	XXXXXX Medical Center  XXXXXX, RPT	<p><b>Cervical spine evaluation:</b></p> <p>Previous TBI with 7 concussions reported as well.</p> <p><i>*Reviewer's comment: Only significant details included.</i></p>	XXX_000035 2-0000353	352-353
04/27/2018	XXXXXX Medical Center  XXXXXX, SNB	<p><b>MRI cervical spine:</b></p> <p><b>History:</b> Neck pain radiating to the head bilaterally</p> <p><b>Impression:</b></p> <ul style="list-style-type: none"> <li>• Degenerative loss of signal has occurred in all cervical discs</li> <li>• An anterior fusion between C4 and C6 appears satisfactory on MR. Radiographic evaluation is recommended</li> <li>• Osteophyte at C3-C4 comprises the right lateral recess in the right foramen.</li> </ul>	XXX_000027 0-0000271	270-271
04/27/2018	XXXXXX Medical Center  XXXXXX, M.D.  XXXXXX, Staff Radiologist	<p><b>MRI brain with and without contrast:</b></p> <p><b>Indication:</b> Headaches</p> <p><b>Impression:</b></p> <ul style="list-style-type: none"> <li>• Incidental uncomplicated developmental left cerebellar small venous angioma. Otherwise normal pre and postcontrast enhanced MRI of</li> </ul>	XXX_000027 1-0000272, 0000264	271-272, 264

XXXXX

DOB: YYYY

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	PDF REF
		<p>the brain</p> <ul style="list-style-type: none"> <li>Asymmetric, right greater than left, elongated shape of orbital globes</li> </ul>		
07/31/2018	XXXXXX Medical Center  XXXXXX, Ph.D. Audiology Service	<p><b>Audiology note:</b></p> <p>Patient requested an Audiology Compensation/Pension examination.</p>	XXX_000031 3-0000314	313-314
07/31/2018	XXXXXX Medical Center  XXXXXX, Ph. D Audiology Service	<p><b>Hearing loss and tinnitus disability benefits questionnaire:</b></p> <p><b>Tinnitus exam:</b></p> <p>Patient reports recurrent tinnitus  <i>*Reviewer's comment: The patient reports recurrent tinnitus; however, corresponding medical records are not available to know the exact start date of the condition.</i></p> <p><b>Date and circumstances of onset of tinnitus:</b> Prior to treatment</p> <p><b>Etiology of tinnitus:</b>  At least as likely as not (50% probability or greater) caused by or a result of military noise exposure</p> <p><b>Rationale:</b> Patient reported tinnitus on his Med Board exam prior to discharge</p> <p><b>Functional impact of tinnitus:</b>  Patient's tinnitus does not impact ordinary conditions of daily life including ability to work.</p>	XXX_000031 4, 0000283	314, 283
01/18/2019	XXXXXX Medical Center  Pamela Triplett, LCSW	<p><b>Care giver program support note:</b></p> <p>Reason for participation in the Caregiver Program</p> <p>Caregiver Program (CG) states the veteran is 100% Service-Connected (SC) and unemployable.</p> <p><b>Service-connected condition:</b> Tinnitus: Rate - 10%</p>	XXX_000032 3-0000324, 0000322	323-324, 322
02/04/2019	XXXXXX Medical Center	<p><b>Caregiver program support note:</b></p>	XXX_000033 6-0000341,	336-341, 331

XXXXX

DOB: YYYY

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	PDF REF
	XXXXX, LCSW	<p>Veteran Military service – Army</p> <p><b>Explosive Ordnance Disposal (EOD):</b> 10/19/2009 08/29/1989</p> <p><b>Released from Active Duty (RAD):</b> 08/09/2015 09/12/1994</p> <p>Where did they serve? 1 to Afghanistan and two to Iraq Number of deployments - 3</p> <p><b>Service-connected condition:</b> Tinnitus. Rate - 10%</p>	0000331	
02/12/2019	XXXXX Medical Center  XXXXX, LCSW	<p><b>Caregiver program clinical eligibility assessment:</b></p> <p>Patient or Service member (Undergoing medical discharge) incur or aggravate a serious injury including traumatic brain injury, psychological trauma or other mental disorder, in the line of duty, on or after September 11, 2001: No</p> <p>Due to the serious injury(ies) sustained by the patient or Service member, (Caregiver) is required to assist with the management of personal care functions required in everyday living: Yes, due to the following:</p> <ul style="list-style-type: none"> <li>• Inability to perform an Activity of Daily Living Need for supervision or protection based on symptom or residuals of neurological or other impairment or injury including traumatic brain injury.</li> <li>• A 100% service-connected disability for a serious injury incurred or aggravated on or after Sept enter 11, 2001 for which the patient receives a special monthly compensation which includes an aid and attendance allowance.</li> </ul> <p>Based on this serious injury, will the Veteran or Service member require the assistance of another person (Caregiver) to be able to manage personal care functions required in everyday living for a continuous period of a minimum of six months: Yes</p> <p><i>*Reviewer's comment: Medical records further to 02/12/2019 are not available to know the health condition of the patient.</i></p>	XXX_000034 4-0000345	344-345



XXXXX

DOB: YYYYY

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	PDF REF
00/00/0000	<i>Multiple Providers</i>	<p><b>Records not relevant to 3M Ear Plug case review:</b></p> <p>Multiple visits for ingrowing nail, Insurance, Screening test of visual acuity, Refractive error myopia, astigmatism, strabismus, Right knee pain, Preop for corneal refractive surgery, Ablation profile, Post op visit, Inquiry and counseling for marital conflict, Wellness examination, military services physical examination, Chest X-Ray Reports, Visit for multisystem exam for Special Forces Selection, Weight management, patient education, Jaw and facial pain, acute sinusitis, Tobacco use counseling, Extensive color vision testing, Ranger school physical, Phase 1 Special Forces Assessment and Selection Course (SFAS) physical, X-Ray Reports, Weight Records/Vital Signs, Serum total cholesterol elevated, Assessment, Knee joint pain, Exposed to venereal disease, Ankle skin brace, Ankle pain, Left ankle X-Ray Reports, Left foot X-Ray Reports, Leg pain, hypertension, , MRI of left knee, Acute meniscal left knee, Consultation Report, Physical Therapy Records, Erectile dysfunction, obesity, Lumbar spine X-Ray Reports, MRI lumbar spine, Left ulnar neuropathy, Cervicalgia, Physical Therapy Records, MRI left hip arthrogram, Diagnostic test-others, Hip pain, Left hip pain, trochanteric bursitis, Procedure Report, , , Fluoroscopic guidance needle localization for biopsy or aspiration report, Pelvis X-Ray Reports, CT, Medication Sheets, Labs, Left heel X-Ray Reports, Bilateral shoulder X-Ray Reports, History and Physical, Operative report for left hip acetabuloplasty, labral tear, Discharge Instructions, Post-traumatic stress disorder, Psychology Consultation Report, Chronic left shoulder pain, Psychotherapy, Physical Therapy Records for left shoulder pain, Correspondence, Telephone Conversation, Occupational Therapy Records, Physical Therapy Records discharge note , MRI of left shoulder, Major depressive disorder, Left shoulder rotator cuff tendinitis, Consent, Nuclear study, Hypertension, depression, , Physical Therapy Records for neck pain, Compensation and pension examination note:, Vaccination/Immunization, Medical Questionnaire, Occipital nerve block procedures, Neurology notes, Chiropractic Records, Fax Sheets, acupuncture pain care, patient's information, cover pages, blank pages, Birth Certificate, Record of military processing – Armed Forces of the United States, Enlistment/Reenlistment Agreement, Student loan repayment agreement, Split Training Option, Diploma Certificate, Record of military</p>		106, 370-371, 148, 149- 150, 617- 618, 112- 113, 114- 117, 118- 119, 619- 621, 120, 121-122, 123-124, 125-126, 127, 129- 130, 573, 131-132, 373-374, 133-135, 136-137, 138-139, 140-141, 142-144, 375-376, 574, 108- 111, 145- 146, 377- 378, 622- 624, 625- 626, 13- 14, 15- 17, 18- 19, 380- 382, 575, 576, 383- 384, 578, 387-388, 389-390, 629-638, 152-155, 639, 29, 522-525, 30-31, 32-34, 391-392, 582, 583, 402-407, 38-40, 41-42, 408-413, 414-

XXXXX

DOB: YYYYY

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	PDF REF
		<p>processing, orders, Report of separation and record of service, Service School Academic Evaluation Report, Record of Proceedings Under Article 15, UCMJ, correspondence, Request for Waiver, Memorandum for Waiver authority, Exception to policy, Servicemen's Group Life Insurance Election and certificate, certificate of training, Report of separation and record of service, certificate of achievement, Marriage License, Police record check, Report of separation and record of service, Reenlistment/Extension Bonus Addendum, Oath of Extension of Enlistment or Reenlistment, Request for verification of birth, Statement of understanding, Army National Guard Retirement Points History Statement, Army Achievement Medal, Statement of entitlement to selective reenlistment Bonus, Record of Emergency Data, NCO Evaluation report, Memorandum for Commander, Enrollment, Nato travel order, Enlisted Record, certificate of training, Personal qualification record, Driver License.</p> <p><i>Bates Ref: XXX_0000106, XXX_0000370-XXX_0000371, XXX_0000148, XXX_0000149-XXX_0000150, XXX_0000617- XXX_0000618, XXX_0000112- XXX_0000113, XXX_0000114-XXX_0000117, XXX_0000118- XXX_0000119, XXX_0000619- XXX_0000621, XXX_0000120, XXX_0000121- XXX_0000122, XXX_0000123-XXX_0000124, XXX_0000125- XXX_0000126, XXX_0000127, XXX_0000129- XXX_0000130, XXX_0000573, XXX_0000131- XXX_0000132, XXX_0000373- XXX_0000374, XXX_0000133-XXX_0000135, XXX_0000136- XXX_0000137, XXX_0000138- XXX_0000139, XXX_0000140-XXX_0000141, XXX_0000142- XXX_0000144, XXX_0000375- XXX_0000376, XXX_0000574, XXX_0000108- XXX_0000111, XXX_0000145-XXX_0000146, XXX_0000377- XXX_0000378, XXX_0000622- XXX_0000624, XXX_0000625-XXX_0000626, XXX_000013- XXX_000014, XXX_000015- XXX_000017, XXX_000018-XXX_000019, XXX_0000380- XXX_0000382, XXX_0000575, XXX_0000576, XXX_0000383-XXX_0000384, XXX_0000578, XXX_0000387-XXX_0000388, XXX_0000389- XXX_0000390, XXX_0000629- XXX_0000638, XXX_0000152-XXX_0000155, XXX_0000639, XXX_000029, XXX_0000522- XXX_0000525, XXX_000030-XXX_000031, XXX_000032-34, XXX_0000391-</i></p>		<p>419, 420-426, 584, 585, 586, 427- 428, , 429-430, 431-432, 433-434, 435-436, 437-438, 439-440, , 441 442, 443- 444, 445- 446, 447- 448, 449- 451, 452- 454, 455- 457, 458- 461, 462- 463, 527, , 528- 530, , 464-469, , 588, 470-473, 474-477, 478-479, , 480- 481, , 482-488, 640, 489- 490, 491- 493, 043- 045, 606- 616, 494- 495, 496- 498, 046- 047, , 499-500, 501-503, 504-505, 506-507, 508-509, 510-512, 48-50, 531-534, 587, , 51- 54,</p>

XXXXX

DOB: YYYYY

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	PDF REF
		XXX_0000392, XXX_0000582, XXX_0000583, XXX_0000402- XXX_0000407, XXX_0000038- XXX_0000040, XXX_0000041- XXX_0000042, XXX_0000408- XXX_0000413, XXX_0000414- XXX_0000419, XXX_0000420- XXX_0000426, XXX_0000584, XXX_0000585, XXX_0000586, XXX_0000427- XXX_0000428, XXX_0000429- XXX_0000430, XXX_0000431- XXX_0000432, XXX_0000433- XXX_0000434, XXX_0000435- XXX_0000436, XXX_0000437- XXX_0000438, XXX_0000439- XXX_0000440, XXX_0000441 XXX_0000-442, XXX_0000443- XXX_0000444, XXX_0000445- XXX_0000446, XXX_0000447- XXX_0000448, XXX_0000449- XXX_0000451, XXX_0000452- XXX_0000454, XXX_0000455- XXX_0000457, XXX_0000458- XXX_0000461, XXX_0000462- XXX_0000463, XXX_0000527, XXX_0000528- XXX_0000530, XXX_0000464- XXX_0000469, XXX_0000588, XXX_0000470- XXX_0000473, XXX_0000474- XXX_0000477, XXX_0000478- XXX_0000479, XXX_0000480- XXX_0000481, XXX_0000482- XXX_0000488, XXX_0000640, XXX_0000489- XXX_0000490, XXX_0000491- XXX_0000493, XXX_0000043- XXX_0000045, XXX_0000606- XXX_0000616, XXX_0000494- XXX_0000495, XXX_0000496- XXX_0000498, XXX_0000046- XXX_0000047, XXX_0000499- XXX_0000500, XXX_0000501- XXX_0000503, XXX_0000504- XXX_0000505, XXX_0000506- XXX_0000507, XXX_0000508- XXX_0000509, XXX_0000510- XXX_0000512, XXX_0000048- XXX_0000050, XXX_0000531- XXX_0000534, XXX_0000587, XXX_0000051- XXX_0000054, XXX_0000055- XXX_0000056, XXX_0000057- XXX_0000060, XXX_0000513- XXX_0000516, XXX_0000517- XXX_0000520, XXX_0000061- XXX_0000062, XXX_0000063- XXX_0000064, XXX_0000589, XXX_0000590, XXX_0000641, XXX_0000642- XXX_0000650, XXX_0000065- XXX_0000066, XXX_0000067- XXX_0000068, XXX_0000069, XXX_0000541- XXX_0000571, XXX_0000591, XXX_0000592- XXX_0000594, XXX_0000536- XXX_0000537, XXX_0000074, XXX_0000075- XXX_0000076, XXX_0000078- XXX_0000079, XXX_0000080, XXX_0000081- XXX_0000087, XXX_0000595, XXX_0000596, XXX_000089- XXX_000090, XXX_000091, XXX_0000005- XXX_0000010,		55- 56, 57- 60, 513- 516, 517- 520, 61- 62, 63- 64, 589, 590, 641, 642- 650, 65- 66, 67- 68, 69, 541- 571, 591, 592- 594, 536- 537, 74, 75- 76, 78- 79, 80, 81- 87, 595, 596, 89- 90, 91, 5- 10, 92- 97, 98- 103, 157- 159, 160, 161- 164, 165- 166, 167- 174, 651, 175- 176, 177- 181, 182, 183- 184, 185- 186, 187- 188, 189- 190, 191- 192, 193- 194, 195, 196- 197, 198, 199, 200- 201, 202- 203, 204, 205- 206, 212, 213, 214- 217, 218, 219, 220- 221, 222- 223,

XXXXX

DOB: YYYYY

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	PDF REF
		XXX_0000092- XXX_0000097, XXX_0000098- XXX_0000103, XXX_0000157- XXX_0000159, XXX_0000160, XXX_0000161- XXX_0000164, XXX_0000165- XXX_0000166, XXX_0000167- XXX_0000174, XXX_0000651, XXX_0000175- XXX_0000176, XXX_0000177- XXX_0000181, XXX_0000182, XXX_0000183- XXX_0000184, XXX_0000185- XXX_0000186, XXX_0000187- XXX_0000188, XXX_0000189- XXX_0000190, XXX_0000191- XXX_0000192, XXX_0000193- XXX_0000194, XXX_0000195, XXX_0000196- XXX_0000197, XXX_0000198, XXX_0000199, XXX_0000200- XXX_0000201, XXX_0000202- XXX_0000203, XXX_0000204, XXX_0000205- XXX_0000206, XXX_0000212, XXX_0000213, XXX_0000214- XXX_0000217, XXX_0000218, XXX_0000219, XXX_0000220- XXX_0000221, XXX_0000222- XXX_0000223, XXX_0000224, XXX_0000225, XXX_0000226- XXX_0000227, XXX_0000228, XXX_0000229- XXX_0000234, XXX_0000235- XXX_0000236, XXX_0000652- XXX_0000653, XXX_0000237, XXX_0000238, XXX_0000239- XXX_0000242, XXX_0000243, XXX_0000244- XXX_0000249, XXX_0000250, XXX_0000348- XXX_0000349, XXX_0000251- XXX_0000252, XXX_0000253- XXX_0000256, XXX_0000654, XXX_0000257- XXX_0000261, XXX_0000262- XXX_0000263, XXX_0000264- XXX_0000265, XXX_0000269, XXX_0000350- XXX_0000351, XXX_0000354, XXX_0000355, XXX_0000356, XXX_0000655- XXX_0000656, XXX_0000357- XXX_0000358, XXX_0000359- XXX_0000360, XXX_0000361, XXX_0000362, XXX_0000363- XXX_0000364, XXX_0000273- XXX_0000275, XXX_0000276- XXX_0000281, XXX_0000282, XXX_0000283, XXX_0000284- XXX_0000313, XXX_0000315, XXX_0000316, XXX_0000366- XXX_0000367, XXX_0000657- XXX_0000659, XXX_0000317- XXX_0000321, XXX_0000322, XXX_0000325- XXX_0000326, XXX_0000327- XXX_0000331, XXX_0000332- XXX_0000335, XXX_0000342, XXX_0000343, XXX_0000345- XXX_0000346, XXX_0000599, XXX_0000660, XXX_0000539, XXX_0000600, XXX_0000661, XXX_0000601, XXX_0000662, XXX_0000602, XXX_0000663, XXX_0000603, XXX_0000604, XXX_0000664, XXX_0000665, XXX_0000666, XXX_0000667, XXX_0000668,		224, 225, 226- 227, 228, 229- 234, 235- 236, 652- 653, 237, 238, 239- 242, 243, 244- 249, 250, 348- 349, 251- 252, 253- 256, 654, 257- 261, 262- 263, 264- 265, 269, 350- 351, 354, 355, 356, 655- 656, 357- 358, 359- 360, 361, 362, 363- 364, 273- 275, 276- 281, 282, 283, 284- 313, 315, 316, 366- 367, 657- 659, 317- 321, 322, 325- 326, 327- 331, 332- 335, 342, 343, 345- 346, 599, 660, 539, 600, 661, 601, 662, 602, 663, 603, 604, 664, 665, 666, 667, 668, 669, 670- 675, 676, 677,

XXXXX

DOB: YYYY

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	PDF REF
		<p>XXX_0000669, XXX_0000670- XXX_0000675, XXX_0000676, XXX_0000677, XXX_0000678, XXX_0000679</p> <p>XXX_C0000001, 0000002 - 0000007, 0000011 - 0000013, 0000014 - 0000015, 0000016 - 0000017, 0000018 - 0000020, 0000021 - 0000023, 0000024 - 0000025, 0000028, 0000036, 0000037, 0000038, 0000039, 0000040, 0000041 - 0000043, 0000044, 0000045 - 0000047, 0000048, 0000049, 0000050, 0000051, 0000052 - 0000053, 0000060, 0000061, 0000062, 0000063, 0000064, 0000066, 0000067, 0000068, 0000069, 0000070, 0000071, 0000072 - 0000078, 0000079, 0000080 - 0000082, 0000083 - 0000091, 0000094, 0000095 - 0000098, 0000099, 0000100, 0000101, 0000102, 0000103, 0000104 - 0000109, 0000110 - 0000117, 0000127, 0000128 - 0000129, 0000130, 0000131, 0000132, 0000133, 0000134, 0000135 - 0000141, 0000142, 0000143, 0000144 - 0000145, 0000146, 0000147, 0000148, 0000149, 0000150, 0000151 - 0000152, 0000153, 0000154, 0000155 - 0000156, 0000157, 0000158, 0000159, 0000160 - 0000161, 0000162, 0000163, 0000164 - 0000165, 0000166, 0000167 - 0000169, 0000170, 0000171, 0000172, 0000173, 0000174, 0000175 - 0000176, 0000177 - 0000178, 0000179, 0000180, 0000181 - 0000184, 0000185, 0000186, 0000187, 0000188, 0000189, 0000190, 0000191, 0000192 - 0000193, 0000194 - 0000195, 0000196, 0000197 - 0000198, 0000199, 0000206 - 0000211, 0000212, 0000213 - 0000214, 0000215 - 0000216, 0000220 - 0000221, 0000224 - 0000225, 0000226, 0000227, 0000228 - 0000231, 0000232, 0000233, 0000234 - 0000235, 0000236 - 0000237, 0000238, 0000239 - 0000240, 0000241 - 0000242, 0000243 - 0000244, 0000245 - 0000246, 0000247 - 0000248, 0000249 - 0000250, 0000251 - 0000252, 0000253, 0000254, 0000255 - 0000258, 0000259, 0000260 - 0000263, 0000264 - 0000265, 0000266 - 0000269, 0000270 - 0000271, 0000272 - 0000273, 0000274 - 0000275, 0000276 - 0000277, 0000278</p>		678, 679, 680, 681- 686, 690- 692, 693- 694, 695- 696, 697- 699, 700- 702, 703- 704, 707, 715, 716, 717, 718, 719, 720- 722, 723, 724-726, 727, 728, 729, 730, 731-732, 739, 740, 741, 742, 743, 745, 746, 747, 748, 749, 750, 751- 757, 758, 759-761, 762-770, 773, 774- 777, 778, 779, 780, 781, 782, 783-788, 789-796, 806, 807- 808, 809, 810, 811, 812, 813, 814-820, 821, 822, 823-824, 825, 826, 827, 828, 829, 830- 831, 832, 833, 834- 835, 836, 837, 838, 839-840, 841, 842,

XXXXX

DOB: YYYYY

DATE	PROVIDER	OCCURRENCE/TREATMENT	BATES REF	PDF REF
				843-844, 845, 846- 848, 849, 850, 851, 852, 853, 854-855, 856-857, 858, 859, 860-863, 864, 865, 866, 867, 868, 869, 870, 871- 872, 873- 874, 875, 876-877, 878, 885- 890, 891, 892-893, 894-895, 899-900, 903-904, 905, 906, 907-910, 911, 912, 913-914, 915-916, 917, 918- 919, 920- 921, 922- 923, 924- 925, 926- 927, 928- 929, 930- 931, 932, 933, 934- 937, 938, 939-942, 943-944, 945-948, 949-950, 951-952, 953-954, 955-956, 957.