Food and Drug Administration
Center for Food Safety and Applied Nutrition
Office of Special Nutritionals

ARMS#

12720

3 - OUTPATIENT

Attachment #7 [redacted] 12-15-97 1p of 3p [redacted]

[redacted]

PRE-SEASON PHYSICAL SCREENING

NAME: [redacted] SOCIAL SECURITY NO. [redacted]

LOCAL ADDRESS [redacted] LOCAL PHONE: [redacted]

DATE: Sept 8, 1997 SPORT: [redacted]

1. Do you: Circle correct response.

yes no Wear glasses or contact lenses

II. Record of illness (check those which occurred at any time; star illness of past 5 years)

Frequent colds		Asthma		Hernia	
Influenza		Epilepsy		Rheumatic Fever	
Pneumonia		Measles		Arthritis or Bursitis	
Tuberculosis		Humps			
Allergies	✓	Appendicitis		Diabetes	
Chickenpox		Hay fever	✓		

Other (specify)

III. Do you have or do any of the following occur: (circle response)

yes (no) Aching eyes
yes (no) Blurred vision
yes (no) Hearing loss
yes (no) Recurring headaches
yes (no) Blackouts
yes (no) Fainting spells
yes (no) Painful joints
yes (no) Bone, joint or other deformity
yes (no) High or low blood pressure
yes (no) Shortness of breath
yes (no) Pain or pressure in chest
yes (no) Nose bleeds
yes (no) Sore throat
yes (no) Frequent urination
yes (no) Painful urination
yes (no) Kidney stones and blood in urine
yes (no) Abdominal pains
yes (no) Stomach, liver or intestinal trouble
yes (no) Loss of memory or amnesia
yes (no) Loss of finger or toe
yes (no) Foot trouble
yes (no) Backache
yes (no) Heart trouble
yes (no) Car, train, sea or air sickness
yes (no) Recent gain or loss of weight
yes (no) Frequent trouble sleeping

(PLEASE FILL OUT BOTH SIDES)

Attachment #7 [redacted] 12-18-97 2pg

IV. Record of serious injuries and operations (specify and record date).

Head: _____

Neck and Spine: _____

Chest: _____

Abdominal: _____

Upper limbs: _____

Lower limbs: _____

Pelvic regions: _____

V. Allergies

yes	no	Penicillin	yes	no	Hayfever
yes	no	Sulfa drugs	yes	no	Asthma
yes	no	Novocaine	yes	no	Other: _____

VI. Present Medication: (list any medication presently being taken)

1. None
2. _____

VII. Weight(in past year)

Present 178 Highest 180 Lowest 150

VIII. Parents' Name [redacted]

Parents' Address [redacted]

Parents' Phone [redacted]

Signature: [redacted] Date: Sept 8, 1997

Attachment #7

[redacted]

12-16-97

3P of 3P

week

Known Allergies Hay fever

Chronic Illness None

On Medication? NO What?

Insurance Co. [redacted]

Policy No. [redacted]

CHECK YOUR PREFERENCE - [redacted] X

NAME [redacted] AGE 22

SS[redacted] Birthdate [redacted]

Local Addres[redacted]

Local [redacted] Parents Phone(include Area Code [redacted]

[redacted] Name [redacted]

Parent's Addres[redacted]

[redacted] Number Street

City State Zip

(over) Sport [redacted]

[redacted] 1-12-98 #3

[redacted]

NAME [redacted] SS# [redacted]

Date

SUBJECTIVE: This 21-year-old comes in complaining of a sore throat and body aches for 24 hours. He thinks he has a fever.
OBJECTIVE: Temp 100. HEENT: TM's clear. Posterior pharynx reveals erythematous tonsils with some slight amount of exudate. Neck is supple with tender anterior lymphadenopathy. Lungs clear throughout. Heart regular rate and rhythm without murmur. Rapid strep is positive.
ASSESSMENT: Strep tonsillitis.
PLAN: Penicillin VK 500 mg. t.i.d. x 10 days. He is advised to take all of the antibiotics and he is advised on other symptomatic measures. He will return if not making improvement.

[redacted] M.D./[redacted] 05/04/97 [redacted]

NOV 03 1997 [redacted] c lesions on forehead that started yesterday

To Dr [redacted]

[redacted] RN

SUBJECTIVE: This 22-year-old comes in for evaluation of lesions on his forehead that started yesterday. They are mildly itchy, otherwise, they do not bother him. He states that someone else on the [redacted] has lesions exactly like this and was diagnosed with impetigo.
OBJECTIVE: The patient has some pustular crusty lesions over his forehead. These could be impetigo, but another possibility is herpes zoster. However, the patient states he is sure it is impetigo and would like to be treated.
ASSESSMENT: Rash, impetigo versus herpes zoster.
PLAN: At this point, I am opting to treat him with cephalexin 500 mg 2 b.i.d. x 5 days and then 1 b.i.d. x 5 days. He is instructed on keeping the area clean. He will return if not resolving.

[redacted] M.D./[redacted] 1/04/97

[redacted]

[redacted] 5-1-97 1-12-98 [redacted]

Last Name First Name Date Ordered By

[redacted] [redacted] 5-1-97 [redacted]

Social Security Number Date of Birth Date Collected By

	NORMAL RANGES LOWER	UPPER
WBC:	4.5	10.2
LYM:	0.6	4.1
GRAN:	2.0	7.8
%L:	10.0	50.0
%G:	37.0	80.0
RBC:	3.83	6.55
HGB:	11.5	17.3
HCT:	35.0	51.0
MCV:	80.	97.
MCH:	26.0	32.0
MCHC:	31.0	36.0
PLT:	140.	440.

WAITING ____Y
____N

____CBC
__✓__RAPID STREP positive
____THROAT CULT
____MONOSPOT
____SED RATE M 0-9
F 0-20
____ACCU-CHECK GLUCOSE
____URINALYSIS (MSCC)
SP. GR. GLUC
pH KETONE
LEUKO UROBIL
NITRITE BILI
PROT BLOOD
MICRO
WBC
RBC
BACT
CASTS
OTHERS (SPECIFY)
____hCG
____SP. GR.
____WETPREP

____CHEM PANEL (12 HOUR FAST)
____GENERAL HEALTH SCREEN
____LIVER FUNCTION
____HEPATITIS PANEL
____THYROID PANEL
____RHEUMATOID PANEL
____CORONARY RISK (12 HOUR FAST)
____PAP SMEAR
____GC CULTURE
____CHLAMYDIA
____HERPES CULTURE
____VDRL
____STOOL CULTURE
____STOOL O & P
____STOOL FOR BLOOD
____URINE CULTURE
____SENSITIVITY
____OTHER

Interpreters initial [redacted]
Date Signed 5-1-97

[redacted]

000006

[redacted]

Revised 10/94

1-12-98 [redacted]

Immunization Form

[redacted]

Complete this form carefully. Information given will become a part of your health center file which is a confidential medical record protected by law. PRINT OR TYPE

Name [redacted] Last [redacted]

Social Security Numbe [redacted]

Date of Birth [redacted] Age 21 Sex male
Month - Day - Year Male - Female

Semester you plan to enroll _____ Previous UW-L enrollment _____

Country of citizenship USA

Permanent addres [redacted]
Street City State Country Zip/Country code

Telephone number _____ [redacted] _____
Country code Area code Number

IMMUNIZATION HISTORY
Starred (*) immunizations are required prior to first day of classes.

	Disease month-year	Immunization how many	Last immunization month-year
Diphtheria/Pertussis/Tetanus	___/___	_____	___/___
* Tetanus/Diphtheria (Adult)	___/___	_____	___/___
or Tetanus Toxoid	___/___	_____	___/___
* MMR	___/___	_____	___/___
or			
* Measles (Rubeola)	___/___	_____	___/___
* Mumps	___/___	_____	___/___
* German Measles (Rubella)	___/___	_____	___/___
* Polio	___/___	_____	___/___
Bacillus Calmette-Guerin	___/___	_____	___/___
Hepatitis B	___/___	_____	___/___
Pneumonia	___/___	_____	___/___
Hemophilus B	___/___	_____	___/___

* TB Skin test-done in last 5 years
Date ___/___/___ Test result _____
Chest X-ray-only if positive PPD or in place of PPD
Date ___/___/___ Test result _____

MEDICAL CONSENT
I hereby authorize any [redacted] physician or member of the medical staff to render any emergency treatment or medical or surgical care deemed necessary to maintain health and well being even if such treatment requires hospitalization at an accredited loc [redacted]

2/13/97 [redacted]
Date S [redacted] t

Date
Signature of parent also requested if student is under legal age

Return To [redacted]

000007

8/96

[redacted]

1-12-98 [redacted]

PHYSICIAN REFERRAL

NAME: [redacted] S.S.#: [redacted]

DATE: 2/17/97 DATE OF INJURY: _____

SPORT: [redacted] AGE: 21

ASSESSMENT: ~~acute~~ infection of the 3rd finger

REFERRAL TO: [redacted]

VISIT AUTHORIZED BY: [redacted]

MEDICATION: _____

ALLERGIES: _____

PREVIOUS INJURY TO THIS AREA: _____

DIAGNOSTIC EVALUATION TO DATE: _____

THERAPY TO DATE: _____

MEDICAL ADVISOR'S REPORT

FINDINGS: Infection / Abscess @ 3rd digit

X-RAY REPORT (IF TAKEN): d

TREATMENT: I & D of abscess

FURTHER RECOMMENDATIONS: (1) Warm Soaks 3-4 times a day for 10-15 min (2) Continue on Dicloxacillin (3) Rev at SHC Wed (4) No [redacted] until drainage stops

SIGNATURE [redacted] M.D.

DATE: 2/18/97

[redacted]

REVIEWED BY _____
TEAM PHYSICIAN ATHLETIC TRAINER DATE [redacted]

[redacted]

JAB TAB
12/30/97
Exhibit # 3
Page# 1 of 1

Best Quality
FDA

[redacted]

Best Quality
FDA

[redacted]

[redacted]

P. 06

P07

1-12-96 [redacted]

[redacted]

NAME_

Date

FEB 13 1997

Comes to clinic for eval of swollen glands present x 48 hours - No self treatment to date He is on [redacted] team & has skin lesions that have been cultured as staph - Meds are being started tonight by team physician - [redacted] states all his roomates have same problem - They have been given Vantin

T 99 8 72

Meds: $\bar{D}$ - NKDA - Denies chronic health problems other than above

P: After discussion he will talk situation over with team physician who is providing him $\bar{c}$ Rx for staph infection. If situation does not resolve he will return to clinic $\bar{c}$ meds he will be taking for staph infection and seek further eval at that time

[redacted] RN

2-18-97

Here for eval. of infected (L) 3rd finger present since 2/15/97 Referred from Training Room Meds - Dicloxacillin 250mg QID Vatrex 500mg BID for STAPH infec.

[redacted]

To Dr [redacted]

[redacted]

000010

[redacted]

1-12-98 [redacted]

NAME [redacted] SS# [redacted]

Date
2-18-97 cont.

SUBJECTIVE: [redacted] is a 21-year-old male who presents complaining of an infection located around his nail on his left middle finger. This seemed to begin on 2/15/97. He is [redacted] and presently is on Dicloxacillin 250 mg. p.o. q.i.d. This was started on 2/15/97 because of back infection going around the team. All the [redacted] have been placed on Voltrex 500 mg. p.o. b.i.d. because of herpes simplex infection, also going around the team. The patient denies any drainage from the area, no fever or chills. He is right handed.

OBJECTIVE: Examination of right hand, third digit reveals moderate swelling and erythema of the distal phalanx. This concentrated around the nail base. Flunctuance is appreciated. CMS intact.

ASSESSMENT: Paronychia, left third digit.

PLAN: 1. Under sterile technique the area was incised and moderate amount of slightly pussy serosanguineous fluid was obtained. The wound was then dressed with Polysporin and a sterile dressing. He was instructed to soak his finger 3-4 x a day in warm water for 10-15 minutes. He should continue on the Dicloxacillin as prescribed. Would like to see him for a recheck tomorrow. He should see a physician sooner if he would have any worsening symptoms.

[redacted] M.D. [redacted] 02/21/97 [redacted]

FEB 19 1997

Recheck left finger #3. States this is improving on antibiotics and soaks. To [redacted]

[redacted] 2/25/97

SUBJECTIVE: [redacted] returns for a recheck of his paronychia. He states he has been soaking this and he has noticed some drainage. He does feel things are improving. He continues on an antibiotic.

OBJECTIVE: Left third digit with some slight swelling remaining around the base of the nail plate. Also there is erythema however, the area is much improved compared to previous examination. He also has much less tenderness.

ASSESSMENT: Paronychia, resolving.

PLAN: 1) Continue with frequent warm soaks and full course of antibiotics. 2) I would like to see him for a recheck early next week.

[redacted] M.D. [redacted] 2/25/97 [redacted]

MAY 01 1997

C/o sore throat, body aches x 24 hours.

T-100 Allergies Ō Med Ō

Rapid Strep to lab.
To MD

[redacted]

JUN 10 1993

hit mouth (against friends shoulder) while running last PM — Has no memory for the event or next 30-60 min — Not unconscious now
This AM — Sore jaw — ~~[illegible]~~ remember event 30 min after & all before
No emesis
No visual problem
No other pain — etc

BP 128/80
Rf — ENT ht lungs ~~[illegible]~~ pupils, fundi
SOC — F to N ht & ↑ & gross neuro seems fine
Head is fine
Minor tenderness (L) mandible but chews etc is pain & no swelling etc —

JP Mild Concussion

Lt Reassurance
No sports for 2 wk
pm if not OK

FEB 8 19

Injury (R) ear — [redacted] 10 ¢
JP

PE Hem[illegible] (R) ext ear — superior — 1 × 0.5 cm cystic mass — easily movable
Mild erythema —
Does not appear infected

JP Hematoma of ext ear
Lo Cent
Recheck 2 wk if not ↓

2-10-94
Written referral to Dr. [redacted] for hematoma in external ear
appt date 2-11-94

000012

[redacted]
JAB
12/30/97
Exhibit # 2
Page# 11 of 17

[redacted]

SEP 1 6 [illegible] [redacted]

COMPLETE EXAM

HT 67"
WT 158#
BP 111/58
VISION 20/25 R 20/40 L
HB 14.4
AUDIO OK
UA Neg
AGE 16 yrs

ENT
EYES
HRT
LUNGS
ABD
EXT
NP
GEN
BACK
IMMUNIZATIONS

Social - OK
Acad - fine
Coord - good
No problem
Stuffy nose today
Frequently -
Chlortrimeton helps
No Negative
M Well ☺
To opt. for refraction

[redacted]

OCT 7 1992

COMPLETE EXAM

HT 67"
WT 158#
BP 126/80
VISION glasses
HB 16.5
AUDIO OK
UA OK
AGE 17 yrs

ENT
EYES
HRT
LUNGS
ABD
EXT
NP
GEN
BACK
IMMUNIZATIONS

Social - good
Acad - ok
Coord - OK
No problem
No Negative
M Well ☺
1 yr
WT + development disc

[redacted]

JAB 12/30/97
Exhibit # 2
Page # 13 of 17

Provided courtesy of [redacted]

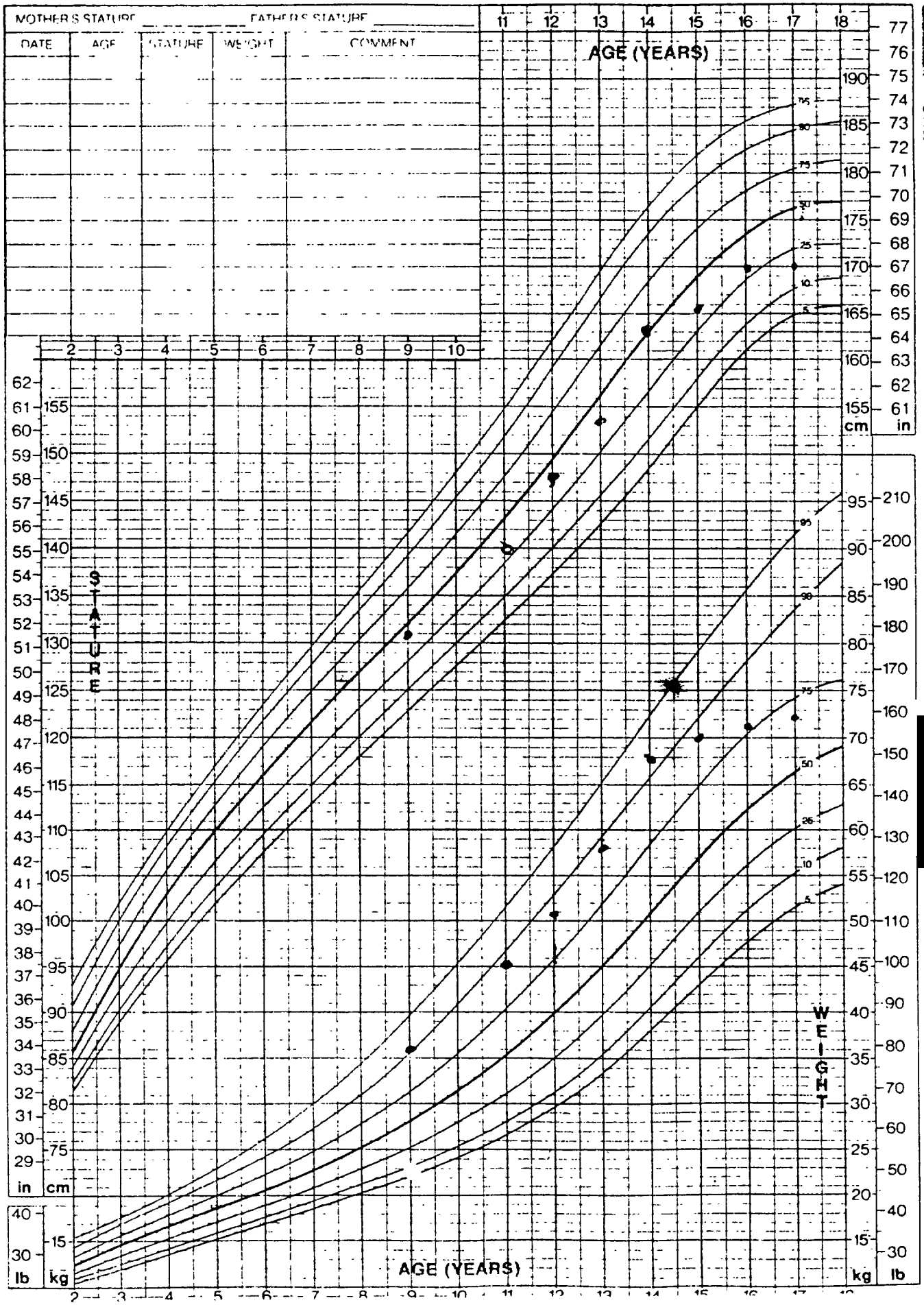
[redacted]

BOYS: 2 TO 18 YEARS
PHYSICAL GROWTH
NCHS PERCENTILES*

NAME [redacted] RECORD #

MOTHER'S STATURE _____ FATHER'S STATURE _____

DATE	AGE	STATURE	WEIGHT	COMMENT



Ross Growth & Development Program

[redacted]

JAB 12/30/97
Exhibit # 2
Page# 15 of 17

Adapted from Hamill PW, Drizd TA, Johnson CL, Reed RB, Roche AF, Moore WM Physical Growth National Center for Health Statistics Percentiles

000014

MOUNT THE FOLLOWING REPORTS ON THIS CHARTING SHEET:

- MISCELLANEOUS
- IMMUNOLOGY
- SEROLOGY
- CYTOPATHOLOGY
- SURGICAL PATHOLOGY
- OTHER

3

2

[redacted]

JAB 12/30/97
Exhibit # 2
Page# 17 of 17

MISCELLANEOUS LABORATORY

DATE ORDERED	DATE & TIME TO BE DONE	NURSE
8/25/94	0950	

REQUESTING PHYSICIAN [redacted]

PHLEBOTOMIST

AND TEST CODE X -

☐ 31000750 VENIPUNCTURE
☐ 31000505 CAPILLARY
☐ 31001226 STAT

M[redacted]ATIENT ACCOUNT NO

N

D

P

OUTPATIENT

Specimen SKIN

Examination Desired KOH

REPORT: Patient Result Normal Range

No fungal elements seen

☐ 31001013 TEST IS REFERRED TO:

MEDICARE NUMBER:

PATIENT ADDRESS:

DIAGNOSIS:

TECH [redacted] DATE 8/25/94 1000 CALLED BY:

000015

52170 10/86

[redacted]

UNIVERSAL CHARTING SHEET

[redacted]

MISCELLANEOUS LAB

[redacted]

[redacted]

INTERNAL MEDICINE MAR 11 1994 (ND) - chest congestion c coughing X2 wks

Ht. 67"
wt 172 c shoes T 98.1°F
BP 110/80
allergies WKPA
Meds ∅

PROBLEM: Bronchitis

S: Over the past couple of weeks he has had upper respiratory symptoms and the most prominent symptoms now are chest congestion and cough productive of some greenish/brownish phlegm. He is a nonsmoker. He denies any high fevers, facial discomfort, or purulent nasal discharge.

O: Does not appear in any respiratory discomfort. HEENT exam reveals normal tympanic membranes and no facial discomfort to palpation. Pharynx is unremarkable. Neck is supple. Lungs reveal a few scattered inspiratory rhonchi but are otherwise clear. Cardiac exam reveals regular rate and rhythm, S1 and S2.

A: 1. Probable bronchitis.

P: 1. Symptomatic measures discussed and given bronchitis patient education sheet.
2. E-Mycin 333 mg po t.i.d. times ten days.
3. Phenergan with Codeine 1-2 teaspoons po q 4-6 hrs prn cough to use at night.
4. Warned of side effects of E-Mycin and Codeine. RTC prn.

[redacted] M.D.

[redacted]

d-3/11;t-3/14/94

7/15/94 Records received, reviewed [redacted]

[redacted]

JAB 12/30/97 Exhibit # 2 Page# 3 of 17

INTERNAL MEDICINE AUG 25 1994 19 yr. physical
wt. 175 c boots
BP 130/84 last tetanus 4-5 yrs.

000016

Meds allergy meds
10-17-94 Refill Lamisil 1% Cream 15 gm. ref. Apply bid. [redacted]

12-22-94
P.C. rash around neck still present - never went away - would like new ℞. Triamcinolone 0.5% Cream 45 Gm + 1 refill. Use 2-3 x's daily to involved area till clear. [redacted]

PROGRESS NOTES RECORD PATIENT INFORMATION ON ONE SIDE ONLY

COMPLETE PHYSIC E... [redacted]

Chief Complaint

CE

[redacted] Graffam 7th Grade

diet: good

caffeine occ soda

sleep: good

Date of Exam INTERNAL MEDICINE ...V 2 5 1994

REVIEW OF SYSTEMS: (-)f/c/s cost sx (-)HA

HEENT: (-)

CHEST: (-)

CARDIOVASCULAR: (-)

GASTROINTESTINAL: (-)

GENITOURINARY: (-)

MUSCULOSKELETAL: (-)

NEUROLOGIC: (-)

SKIN: rash (mildly pruritic (R) base of neck x 1mo.)

ENDOCRINE: (-)

Exercise: baseball

Graffam - Land of Lakes

years

PAST MEDICAL HISTORY:

SURGERY: (R) ear cauliflower ear 1994 Dr. [redacted]

HOSPITALIZATIONS: Ø

PREGNANCIES NA

MEDICATIONS: OTC allergy med

ALLERGIES: NKDA

IMMUNIZATIONS: TD 1989 (up to date)

PAP/PROCTO/MAMMO: Ø

SOCIAL HISTORY: school @ UW-M (entering 2nd year)

WORK: for dad during summer

TOBACCO: Ø

ALCOHOL: Ø

FAMILY HISTORY:

FATHER: 41 > A+W (4 living grandparents)

MOTHER: 41 > A+W

SIBLINGS: bro 14 sis 16 · sis 8 good health [redacted] CAH

CHILDREN: Ø

OTHER: [redacted]

[redacted]

JAB JAR
12/30/97
Exhibit # 2
Page# 5 of 11

[redacted]

000017

[redacted]

[redacted]

INTERNAL MEDICINE OCT 1 1 1996 care appt'd Dr [redacted]

Noted [redacted]

8-18-97 Requesting Hepatitis B Vaccine - OK'd per Dr [redacted]

[redacted]

JAB TAP
12/30/97
Exhibit # 2
Page# 1 of 17

000018

PROGRESS NOTES RECORD PATIENT INFORMATION ON ONE SIDE ONL

Name [redacted] Birth Da[redacted] Date First Seen

Race [redacted] Insurance [redacted]

Hospital [redacted] Address [redacted] Phone [redacted]

Obstetrician [redacted] Address [redacted] Phone [redacted]

Referred by [redacted]

Father's Name [redacted] Address [redacted] Phone

Mother's Name [redacted] Address [redacted] Phone

FAMILY HI[redacted]

	Age	Health
Mother	23	
Father	22	
Siblings		
Siblings	0	
Siblings		

Miscarriages 0 Month Cause

Tuberculosis 0 TBC Contacts

Allergy 0

Diabetes 0 Convulsive Disease 0

Mother's Blood Type RH A Baby's Blood Type

BIRTH AND DEVELOPMENT

Term Delivery Birth Weight 8-10

Condition at Birth Apgar Score

Condition 1st Week

Feeding 0 Cyanosis 0

Convulsions Jaundice

Sat Up Stood Walked Words

Short Sentences First Teeth Bladder Bowel

FEEDING HISTORY

Breast Formula Vitamins

Soft Food Present Diet Feeding Habits

Appetite Likes Dislikes

Vomiting Stools Sensitivity Hives

IMMUNIZATION AND SKIN TESTING

	DATE	DOSE
DTP (Diphtheria, Tetanus, Pertussis)	10-22-75	
	12-23-75	
	2-21-76	
	12-29-76	
	8-24-79	
OPV (Trivalent)	10-22-75	
	12-23-75	
	2-21-76	
	12-29-76	
	8-24-79	
MEASLES (Live attenuated without ISG)		
TD (Tetanus, Diphtheria) (Adult type)		
Tetanus Booster		

	DATE	DOSE
MUMPS		
RUBELLA		
OTHER: MMR	8-24-76	
OTHER: MMR	9-16-89	
OTHER: DT	9-16-89	

	DATE	MATERIAL	METHOD	RESULT
SMALLPOX				
TUBERCULIN				
OTHER				

ILLNESSES

- Pertussis
- Measles
- Rubella
- Mumps
- Chickenpox
- Scarlet Fever
- Diphtheria
- Operations
- T. and A.
- Allergy
- Appendix
- Glands
- Rheumatic Fever
- Otitis
- Colds
- Tonsillitis
- Convulsions
- Constipation
- Diarrhea
- Asthma

000019

JAB JAB 12/30/97 Exhibit # 2 Page# 2 of 17

IMMUNIZATION RECORD

[redacted]

IMMUNIZATION Type	DATE LOT#	DATE LOT#	DATE LOT#	DATE LOT#	DATE LOT#	DATE LOT#	DATE LOT#
D.P.T.							
D.T. PEDIATRIC							
Td ADULT	1989						
TETANUS							
Hib VACCINE							
ORAL POLIO (TRIVALENT)							
SALK POLIO							
MEASLES/MUMPS/RUBELLA (LIVE)							
MEASLES (RUBEOLA - LIVE)							
RUBELLA (LIVE)							
MUMPS (LIVE)							
MEASLES/RUBELLA (LIVE)							
MUMPS/RUBELLA (LIVE)							
TUBERCULIN MONOVAC							
TUBERCULIN PPD (INTERMEDIATE)							
TUBERCULIN PPD							
TYPHOID							
CHOLERA							
TYPHUS							
INFLUENZA							
HEPATITIS B. VACCINE							
PNEUMO VAX							

000020

[redacted]

JAB JAB
12/30/97
Exhibit # 2
Page# 9 of 17

21"

Name ..... Birth date .....

Height ..... Weight ..... Tem[redacted]

Head 9/24/75 - See [redacted]

Eyes

Ears - records for rail

Nose

Mouth 1 month

Teeth

Throat focuses heavy

Neck lifts head rolls

Chest

Heart happy

Lungs Appetite good

Abdomen Cnf OFC 11#

26 oz 22"

Genitalia C#

Extremities

Skin Skin IX

Back Neospora

Adenopathy

Deep reflexes Colder

Superficial reflexes

Nuchal rigidity Prostaphlin

Posture PO

Development Phisohex bath

Nourishment daily - dilute

Blood count (1 tsp / qt)

Urinalysis

Trachea chiropraxis

Rest OK

[redacted]

Cont med

1 month

clicking

OCT 22 1975 1 mo for rail

DPT #1

DP #1

12# 15 oz

23" 2 mo

smiles, laughs, follows, heavy

lifts head happy

Appetite good

Cnf and OFC

1 cm daily

Skin fin

[redacted]

Well Baby

1 month

[redacted]

JAB 7AB
12/30/97
Exhibit# 1
Page# 2 of 19

000021

[redacted]

FEB 21 1976

wt 19#
ht 27"

DPT #3
OP #3

6 mo
rolls, reaches, grasps
trunks — squeals
consonants
happy
appetite good
WM — 3x8
Baby & table

[redacted]

Well Baby

2 mo

APR 21 1976
20#5 oz
28 1/4"

+8 mo
sits, crawls, cruises
consonants, happy
appetite good
WM — 24 oz —
table

No problem except
rash

[redacted]

Well Baby

[redacted]

JUN 25 1976 22# 13 oz 28 1/2"
Hb 11
TB

10 mo
crawls, walls,
consonants, happy
appetite good
WM — 2x8
Table
No problem

[redacted]

Well Baby

[redacted]

[redacted]

JAB TAB
12/30/97
Exhibit# 1

000022

[redacted]

APR 29 1977 27# - 33"

20

runs climbs

talks

[illegible]

PO Well [illegible]

4

AUG 29 1977

29#

34"

HB 12

2 yr

Social - OK

Acad - good

Coord - good

Appetite fine

Well [redacted]

OK

[redacted]

MAR 61.8

Ht 36½"

Wt 33#

2½ yr

Social - none

Acad - OK

Not [illegible]

Coord - fine

appetite - OK

URI - x 7d

Well Baby - URI

[illegible]

MAY 31 1978

37½ 34# 8 oz.

Hg, Culture, TB

Hb. 14 [illegible]

~~Audio~~

~~Vision~~

almost 3 yr

Social fine

Acad - OK

Coord - good

appetite fine

No problem

[redacted]

Well [illegible]

1 yr

[redacted]

JAB 34B
12/30/97
Exhibit# 1
Page# 7 of

000023

JUN 17 1981

Bulging BOM & URX
rest on
Lx Pen PO x 10d
Call if not
better
10d recheck

JUN 24 1981

Audio OK

AUG 25 1981

44½ Wt. 48 lbs. 95/50

Culture, TB

Wt. 12.5 Gm. Now

Audio: fine

Vision

6 yr

Social on

Acad - On

Coord fine

Appetite good

B. problem

Well

NOV 10 1981

Impetigo in
nares

Lx Soaks

Neosporin

Dentist

Call if not
better

MAR 1 1982

3 cm cerv node
red tint

Acute cerv
adenitis -
Pen PO x 10d

JAB
12/30/97
Exhibit# 1
Page# 9 of 19

OCT 5 1984

51½" Wt. 82#

Culture, TB

Hb. 13.4 Imm.

Audio OK

Vision

110/62

Gy

Social
Acad
Coord
Appeal
) good

Dr Post cew nodes enlarged as before - to .6-.8 cm - mamoran - otherwise well except wt

Jp Cervical adenitis
Rx TO surgeon
Wt disc
1 m

DEC 28 1984

4 RI - glands ↑ -
1 wk go
rash on face

Saw Dr Henry -
TO watch nodes

Dr - increased adenopathy
ant + post cew.
Mutoc
L + S not enlarged
impetigo on face
(4-5 spots)
Lectoc

Jp " "

Lx CBC
Thrust ~~[illegible]~~
Skin cultures
Nebul 2 wk
Pen PO x 10 d

DEC 29 1984

Pos Beta Strep
No Allergy
Rx Given above

000025

JAB 74B
12/30/97
Exhibit# 1

Minimal discomfort
4 Heat - Tylenol
Call

5/9/86
Still very slight complaint
of stiff neck
full ROM 5 pain
Mild sprain -
resolution
Continue heat -
Call if not OK

SEP 3 1986

Ht. 55" Wt. 103#
Ua, Culture, [illegible]
Hb. 14.4 Imm.
Audio OK
Vision

88/60

11 yr
Social
Acad } good
Coord
appetite good
No problem

PC my
Well ad
1 yr

10/22/86
Red thrust c̄ nodes
ears & chest
[illegible]
Call
Call

SEP 8 1987
COMPLETE EXAM-EVALUATION
Ht. 58" Wt. 112
UA, Culture, B.P. 98/68
Audio OK Vision 20/20 TB
Hb. [illegible] Imm.
History: Age 12 yr
Social
Acad } good
Coord
appetite good
No problem

Exam: Neg
Well bay
Wt disc
1 yr

JAB JAB
12/30/97
Exhibit# 1
Page# 1 of 16

000026

[redacted]

MAR 21 1990

SEP 15 1990

COMPLETE EXAM

HT	65 1/4"	WT	154 1/2 #
BP	122/80	VISION	20/25 left 20/20 rt
HB	14.9	AUDIO	OK
UA	OK	AGE	15 yrs

ENT	0	EYES	0	HRT	0
LUNGS		ABD		EXT	
NP		GEN		BACK	

IMMUNIZATIONS

Social
Acad
Coord
OK

Pr
Well 00
1 yr

NOV 30 1990

Injured back in [redacted]
2d ago
Pr - full ROM of back
tender muscles
1-2" to ⊕ of midline
mid back -
Walks s distr
W Muscle sprain -
back
Yr heat
Tylenol
Cold

[redacted]

JAB JAB
12/30/97
Exhibit# 1
Page# 15 of 19

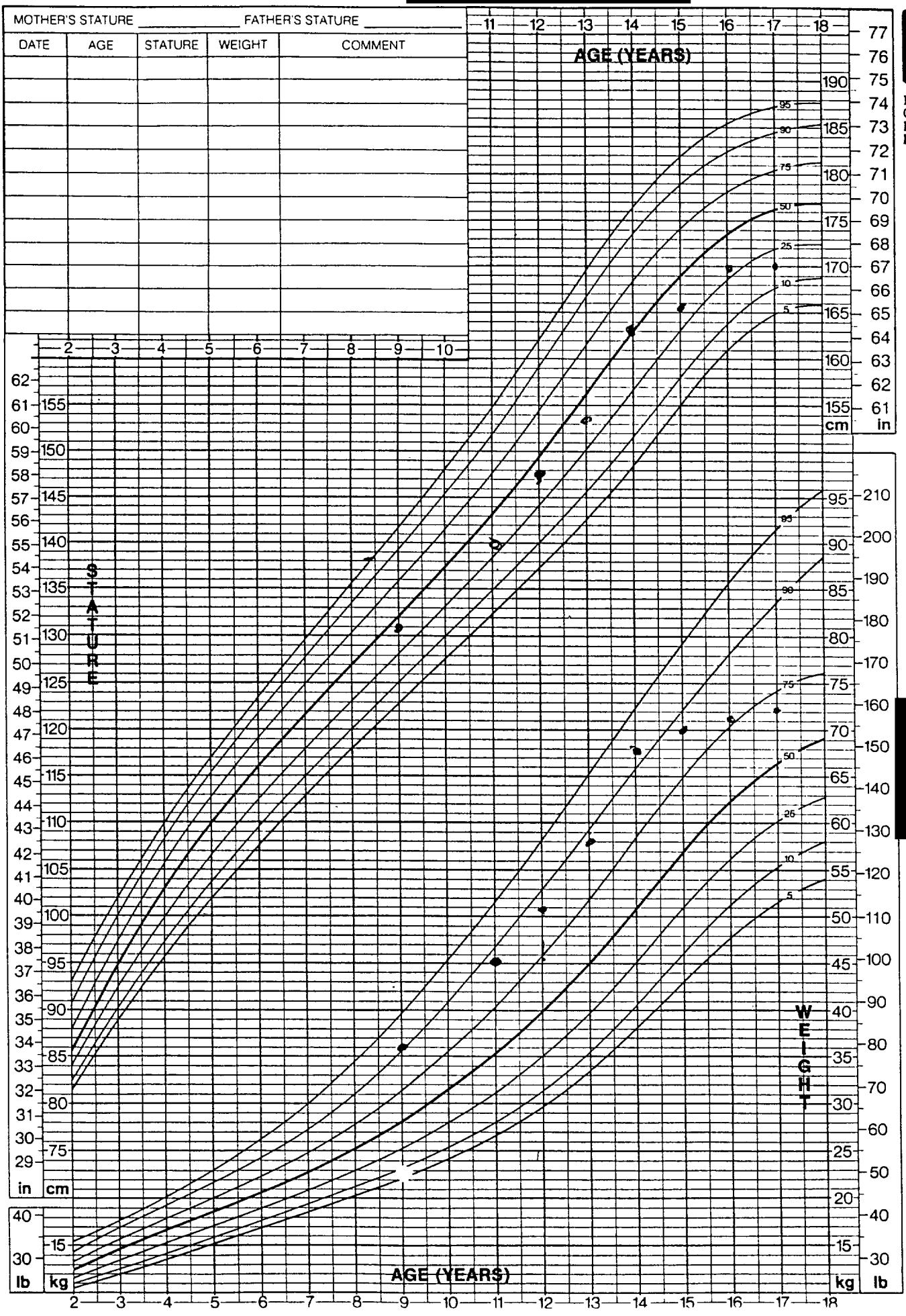
000027

BOYS: 2 TO 18 YEARS
PHYSICAL GROWTH
NCHS PERCENTILES*

NAME [redacted] RECORD # _____

MOTHER'S STATURE _____ FATHER'S STATURE _____

DATE	AGE	STATURE	WEIGHT	COMMENT



Ross Growth & Development Program

000028

JAB 7AB
12/30/97
Exhibit# 1
Page # 19 of 19

*Adapted from Hamill PVV, Drizd TA, Johnson CL, Reed RB, Roche AF, Moore WM Physical growth National Center for Health Statistics percentiles AM J CLIN NUTR 32 607-629, 1979 Data from the National Center for Health Statistics (NCHS) Hyattsville, Maryland

© 1982 ROSS LABORATORIES