

The original documents are located in Box 37, folder “Ford, Gerald - Interval Six - Month Physical - January 28, 1974” of the Betty Ford White House Papers, 1973-1977 at the Gerald R. Ford Presidential Library.

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THE ATTENDING PHYSICIAN
CONGRESS OF THE UNITED STATES

FREEMAN H. CARY, M.D.
F.A.C.P., F.A.C.C., F.A.C.C.P.

FORD, Gerald R.

Vice President of the U. S.

PHYSICAL EXAMINATION - PART I

January 28, 1974

This physical examination is not prompted by any health problems. A review of his previous known problems reveals:

PROBLEM #1 - MENISECTOMY, LEFT KNEE, 1929, RIGHT KNEE, JULY 1972, INACTIVE.

SUBJECTIVE: With knee surgery in July 1972, and meticulous attention to strengthening exercises, he has had very little trouble with either knee and during the Christmas Holidays had two weeks of vigorous skiing with only minimal swelling of both knees.

OBJECTIVE: The previous operative scars are noted. There may be very minimal swelling of the right knee, otherwise the knee appearance and function appears to be normal.

PLAN: Continued intermittent knee strengthening exercises.

PROBLEM #2 - BURSITIS RIGHT AND LEFT SHOULDERS, INACTIVE.

SUBJECTIVE: There has been no recurrence of this problem.

PROBLEM #3 - RIGHT MEDIAL EPICONDYLITIS, INACTIVE.

SUBJECTIVE: There has been no recurrence of this problem.

PROBLEM #4 - FRACTURED RIGHT CLAVICLE, AGE 14, INACTIVE.

PROBLEM #5 - NASAL SEPTAL DEVIATION, INACTIVE.

SUBJECTIVE: Occasionally he has post-nasal discharge and some stuffiness of his nose, which is attributed to this problem and pipe smoking.

OBJECTIVE: Deviation of the nasal septum to the right. No other abnormalities noted.

PLAN: Continued observation.

PROBLEM #6 - EXTERNAL HEMORRHOIDS, INACTIVE.

SUBJECTIVE: Occasionally, he notices blood on the stool or on the toilet tissue when he cleans himself. This is related, he thinks, to some constipation or hardening of the stool or use of alcohol the night previously.

OBJECTIVE: External hemorrhoidal tags. Good sphincter tone. Feces is tan and hemoccult test negative.

PLAN: Routine annual proctosigmoidoscopy.



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PHYSICAL EXAMINATION - PART I (CONT).

January 28, 1974

PROBLEM #7 - CHRONIC SINUSITIS, RHINITIS, INACTIVE.
SUBJECTIVE: See PROBLEM #5.

PROBLEM #8 - CRYPTITIS, INACTIVE.
SUBJECTIVE: This problem remains inactive. See PROBLEM #6.

PROBLEM #9 - HYPERCHOLESTEROLEMIA, HYPERTRIGLYCERIDEMIA.
SUBJECTIVE: He is attempting to use corn oil margarine, avoid desserts and whole milk products. He has not really been on a specific diet for this problem. He takes his Atromid-S approximately twice daily. Has not had any symptoms related to Atromid-S.
OBJECTIVE: No evidence of atherosclerosis either by history or by physical examination.
PLAN: Pending laboratory results but will continue Atromid-S. He should take it Q.i.d.

PROBLEM #10 - HYPERURICEMIA, PREVIOUSLY.
SUBJECTIVE: He has previously had elevated uric acid but he has never had clinical gout. Because of his high xanthine intake, namely, approximately 10+ cups of tea or coffee a day, this may be a factor and would recommend a change should he have symptoms.
PLAN: Continued observation.

PROBLEM #11 - APPENDECTOMY, CHILDHOOD, INACTIVE.

PROBLEM #12 - ABNORMAL DENSITY, LEFT FIRST INTERSPACE
JANUARY 1972.
a). NEGATIVE TOMOGRAPHY.

NEW PROBLEMS TODAY:

PROBLEM #13 - WHITENING OF THE MUCOSA OF THE HARD
PALATE.
SUBJECTIVE: He is a pipe smoker, using six or more bowls full of pipe tobacco per day. In 1969, he had an area of leukoplakia treated on his lip by liquid nitrogen without recurrence. He is not aware of any soreness of his tongue or lip and recently had a dental exam in Grand Rapids and apparently was given a clearance.



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PHYSICAL EXAMINATION - PART I (CONT). January 28, 1974

OBJECTIVE: There is diffuse whitening with some hypertrophy of the mucousa of the hard palate.

PLAN: EENT Consultation.

PROBLEM #14 - PAIN IN THE UPPER NECK, LEFT AND SHOULDER.

SUBJECTIVE: Recently he has noticed particularly while lying in bed and trying to get comfortable for sleep a discomfort in his neck and left upper shoulder. There has been no radiation of the pain, numbness or tingling of the upper extremities.

OBJECTIVE: Apparent normal range of motion in the neck without grinding or crepitation.

PLAN: Although there is not sufficient time today, would like to get a cervical spine series. Suspect he may have cervical degenerative arthritis.

FAMILY HISTORY:

Unchanged. His father died of a stroke at age 72. His mother died at age 71 of an acute myocardial infarction, she was also diabetic. His three half-brothers are in good health except for one having asthma. He has four children all of whom are healthy except one who has slight allergy.

SOCIAL HISTORY:

Smoking history revealed above. He drinks three alcoholic drinks each evening.

REVIEW OF SYSTEMS:

EYES: He continues to have difficulty with near vision and his brother, who is an optometrist, prescribed reading glasses to aid with this problem. This apparently is slightly progressive. He has no other visual symptoms.

EARS: No problem with hearing, ringing in his ears, dizziness, faintness. In World War II he was on a carrier exposed to some excess noise.

PULMONARY: He denies ever having serious lung problem, asthma, hemoptysis, severe bronchitis, pleurisy.

CARDIOVASCULAR: In December, he skied at 10,000 feet and underwent vigorous physical activity without any cardiovascular symptoms. Denies having angina or equivalent, awareness of his pulse beat, skipped beat, claudication, faintness etc.



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PHYSICAL EXAMINATION - PART I (CONT).

January 28, 1974

GASTROINTESTINAL: Sauerkraut causes him to have a desire for a BM. He has previously had a barium enema and G.I. Series because of blood in his stool with negative results. At one time he thought perhaps he was suspected of having an ulcer. See problem list.

GENITOURINARY: Nocturia one time per night with rare occasional hesitancy under stressful situations. Never had a kidney infection nor hematuria.

PHYSICAL EXAMINATION:

BLOOD PRESSURE: 110/60.

PULSE: 64 and regular.

RESPIRATIONS: 14.

EYES: Pupils round regular and react to light and accommodation. Extraocular movements normal. Visual fields normal by confrontation. Ocular fundi normal.

EARS: Normal external ear canals. No tophi. Small amount of wax. Ear drums appear to be normal. Rinne and Weber test negative.

NOSE: See PROBLEM #5.

MOUTH: Tobacco stained teeth with evidence of considerable dental work but good dental repair. The thickening and whitening of the mucosa of the palate is noted.

NECK: Supple without palpable thyroid or lymph nodes. Carotid artery pulsations equal without bruit.

LYMPH NODES: None palpable.

BREASTS: Negative.

LUNGS: Clear and resonant to percussion and auscultation.

HEART: Exam shows the first sound slightly greater than the second sound at the apex. A2, P2, normally split. No murmurs or gallops were heard.

ABDOMEN: Soft and non-tender without palpable organs or masses. Abdominal aortic pulsations normal. Old 1-1/2 centimeter wide, right lower quadrant scar and small horizontal scar in the epigastrium approximately 2 centimeters long.

EXTERNAL GENITALIA: Normal male with normal sized testicles, no evidence of hernia.

RECTAL: Two or three external hemorrhoidal tags. Sphincter tone good. Prostate normal sized, smooth symmetrical with only slight increase in firmness. Feces tan and hemoccult test negative.



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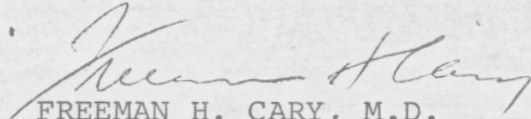
PHYSICAL EXAMINATION - PART I (CONT).

January 28, 1974

NEUROLOGICAL: All deep tendon reflexes active and equal.
Vibratory joint positional sense is normal.

SUMMARY:

On routine annual physical today, two new problems were elicited, namely the thickening of the mucousa of the hard palate and symptoms suggesting cervical osteoarthritis. He is to have routine consultations with the Eye Clinic for tonometry and refraction, G.I. Clinic for routine proctosigmoidoscopy and ENT Clinic for evaluation of his hard palate. Upon completion of these and review of his laboratory work, discussion regarding therapy will be made.


FREEMAN H. CARY, M.D. wfw



CLINICAL RECORD

RADIOGRAPHIC REPORTS

ATTACH 3D REPORT ALONG HERE ↑ AND SUCCEEDING ONES ON ABOVE LINES

ATTACH

LINE ↑

PATIENT'S LAST NAME-FIRST NAME-MIDDLE NAME

FORD, Gerald R.

V.P. (USA)

REGISTER NO.

WARD NO.

U.S. CAPITOL

AGE

SEX

(Check one)

60

M

☐ BEDSIDE, WHEELCHAIR
OR STRETCHER

☐ BED
PATIENT

☒ AMBULATORY

EXAMINATION REQUESTED

BARIUM ENEMA

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

*Periodic rectal bleeding - Previous
diverticulum (2) 1970*

FILM NO. 25-74

DATE OF REQUEST

2/22/74

REQUESTED BY

ATTENDING PHYSICIAN

RADIOGRAPHIC REPORT

U. S. CAPITOL

BARIUM ENEMA: Retrograde filling of the colon was prompt and complete. Reflux was attained with normal appearing terminal ileum. Colon from the cecum to the sigmoidoscopic level is normal. Incidentally noted is a small diverticulum in the distal portion of the descending colonic segment. This was also present on the previous study dated 1/23/70 and is unchanged. Mild osteoarthritic change is present about the L4-5 interspace.

IMPRESSION: Solitary diverticulum in the lower portion of the descending colonic segment, otherwise normal study.

DATE OF REPORT:

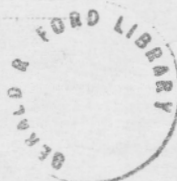
C. W. OCHS, CAPT MC USN

rlm

U. S. Capitol, Washington, D.C. 20515

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

grade; date; hospital or medical facility)



Standard Form 519, Rev. Aug. 1954
Prescribed by Bureau of the Budget
Circular A-32, Rev.
RADIOGRAPHIC REPORT
519-106

RADIOGRAPHIC REPORTS

Standard Form 519
519-106

CLINICAL RECORD

RADIOGRAPHIC REPORTS

PATIENT'S LAST NAME-FIRST NAME-MIDDLE NAME

REGISTER NO.

WARD NO.

FORD, Gerald R.

V.P. (USA)

DOB: 7-14-13

U.S. CAPITOL

AGE SEX (Check one)

60

M

☐ BEDSIDE, WHEELCHAIR
OR STRETCHER

☐ BED
PATIENT

☒ AMBULATORY

EXAMINATION REQUESTED

SINUS SERIES

CERVICAL SPINE FILMS

(Above space for mechanical imprinting, if used)

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

Mucopurulent discharge at. Nostril
Request of Dr. DeTres. LT NECK + SHOULDER DISCOMFORT

FILM NO.

25-74

DATE OF REQUEST

2/22/74

REQUESTED BY

ATTENDING PHYSICIAN

RADIOGRAPHIC REPORT

U. S. CAPITOL

CERVICAL SPINE: Vertebral bodies and interspaces are well maintained in height with the exception of mild early narrowing of C5-C6 interspace. Moderately prominent hypertrophic degenerative osseous change is present about this interspace with impingement upon the left intervertebral foramina at this level, as well as about the left intervertebral foramina at the C4-5 level. The remaining portions of the cervical spine are normal.
IMPRESSION: Osteoarthritic change in the lower portion of the cervical spine.

PARANASAL SINUSES: Mild polypoid mucosal change is present about the (CONT)

DATE OF REPORT:

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

U. S. Capitol, Washington, D.C. 20515

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

Standard Form 519-A (Rev. Aug. 1954)
Promulgated by Bureau of the Budget
Circular A-32
RADIOGRAPHIC REPORT
519-207

infero-lateral aspect of the left maxillary sinus. This is related to sinusitis. The remaining sinuses are clear. There is no evidence of fluid in the sinuses.

IMPRESSION: Left maxillary sinusitis.

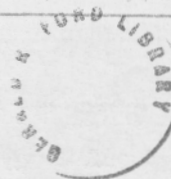
G. W. OCHS, CAPT MC USN

rlm

DATE OF REPORT:

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)



Standard Form 519-A (Rev. Aug. 1954)
Promulgated by Bureau of the Budget
Circular A-32
RADIOGRAPHIC REPORT
519-207

CLINICAL RECORD

RADIOGRAPHIC REPORTS

ATTACH 3D REPORT ALONG HERE ↑ AND SUCCEEDING ONES ON ABOVE LINES

ATTACH 2D REPORT WITH TOP AT THIS LINE ↑

PATIENT'S LAST NAME-FIRST NAME-MIDDLE NAME

REGISTER NO.

WARD NO.

FORD, GERALD R. MICH.
RETURN TO ATTENDING
PHYSICIAN US CAPITOL
DOB 07-14-13

AGE	SEX	(Check one)
60	M	<input type="checkbox"/> BEDSIDE, WHEELCHAIR OR STRETCHER <input type="checkbox"/> BED PATIENT <input type="checkbox"/> AMBULATORY
EXAMINATION REQUESTED		
PA + Lat Chest		
AP + Lat Abdomen		

PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

Annual Physical Exam 1-28-74

FILM NO. 25-74

DATE OF REQUEST 1-28-74

REQUESTED BY FREEMAN H. CARY

RADIOGRAPHIC REPORT

RADM MC USNR

PA AND LEFT LATERAL CHEST: Again are noted the hilar calcifications consistent with healed granulomatous disease. A comparison of previous films 7-11-72 and even dating back to Dec. 1968 reveal no interval change in the appearance of the chest. No active disease is identified.

AP AND LATERAL ABDOMEN: There are degenerative changes of the lower lumbar spine. Minimal calcification is noted in the abdominal aorta anterior to spine. This is not striking. There has been no interval change since films 10-30-73. NO other abnormalities are seen.

J. P. SMITH CDR MC USN

DATE OF REPORT: 1-28-74

SIGNATURE: (Specify location of laboratory if not part of requesting facility)

U. S. Capitol, Washington, D.C. 20515
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

2-5-74
0915

CLINICAL RECORD

CONSULTATION SHEET

REQUEST

TO:

EAT

FROM: (Requesting ward, unit, or activity)
ATTENDING PHYSICIAN'S OFFICE
U. S. CAPITOL

DATE OF REQUEST

1-28-74

REASON FOR REQUEST (Complaints and findings)

Evaluation of thickening of hard palate - Papi smears

PROVISIONAL DIAGNOSIS

chronic DE

DOCTOR'S SIGNATURE

[Signature]

APPROVED

FREEMAN H. CARY
RADM MC USNR

PLACE OF CONSULTATION

☐ BEDSIDE ☐ ON CALL

☐ EMERGENCY

☐ ROUTINE

CONSULTATION REPORT

Palate shows mild thickening of mucosa but no obvious focal areas which look premalignant or dysplastic.

pt. complains of chronic @ max sinus symptoms

Exam reveals crusting of @ nasal mucosa & some dried blood.

Imp: @ chronic max sinusitis

Rec: xray of sinuses, further rx as indicated.

M. O. D. H.



(Continued on reverse side)

SIGNATURE AND TITLE

DATE

IDENTIFICATION NO.

ORGANIZATION

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

REGISTER NO.

WARD NO.

FORD, GERALD R. NICH.
RETURN TO ATTENDING
PHYSICIAN US CAPITOL
DOB 07-14-13

CONSULTATION SHEET
Standard Form 513
5131-104-02

RETURN TO

ATTENDING PHYSICIAN

ROOM H-166

U. S. CAPITOL

Vice President of U.S.

10-1-75

2-5-74
0830

CLINICAL RECORD

CONSULTATION SHEET

TO: <i>Eye</i>	REQUEST FROM: (Requesting ward, unit, or activity) ATTENDING PHYSICIAN'S OFFICE U. S. CAPITOL	DATE OF REQUEST 1-28-74
REASON FOR REQUEST (Complaints and findings)		

*routine annual exam
Recent increase in difficulty in
near vision*

PROVISIONAL DIAGNOSIS

annual PE.

DOCTOR'S SIGNATURE <i>[Signature]</i>	APPROVED FREEMAN H. CARY RADM MC USNR	PLACE OF CONSULTATION <input type="checkbox"/> BEDSIDE <input type="checkbox"/> ON CALL	<input type="checkbox"/> EMERGENCY <input type="checkbox"/> ROUTINE
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CONSULTATION REPORT

*No history of eye disease or trauma
General health good - no medication Present
VA 00 20/20 R by brother OD - .75 sph - 1.00 cyl x 090
VA 05 20/20 who is an OS - 1.00 sph - 0.25 cyl x 095
optometrist.
Presby glasses fine.*

*External exam - Normal lids & adnexa
Vision - full & normal
Pupils - normal size & reaction
Cover test - No shift for near
Slit lamp - Normal corneas, lenses & vitreous
TOD 14 TOS 14*

*Fundi through dilated pupils
Normal discs, vessels & maculae
OKA senile clem*

Imp: Myopia - adequately corrected w/ glasses

(Continued on reverse side)

SIGNATURE AND TITLE <i>[Signature]</i>	DATE 5 Feb 74	IDENTIFICATION NO.	ORGANIZATION
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO. BB

CONSULTATION SHEET
Standard Form 513
513-104-02

NOPO, CEPALD E. MICH.
RETURN TO ATTENDING
PHYSICIAN U.S. CAPITOL
DOB 07-14-12

Vice President of U.S. **ROOM H-166 U. S. CAPITOL**

**RETURN TO
ATTENDING PHYSICIAN**

2-5-74
0800

CLINICAL RECORD

CONSULTATION SHEET

REQUEST

TO: SURGICAL Procto FROM (Requesting ward, unit, and activity): ATTENDING PHYSICIAN'S OFFICE DATE OF REQUEST 1-28-74
U. S. CAPITOL

REASON FOR REQUEST (Complaints and findings)

Routine proctosigmoidoscopy
External hemorrhoids see
blood in stool Prostate neg

PROVISIONAL DIAGNOSIS

normal PE

DOCTOR'S SIGNATURE

APPROVED FREEMAN H. CARP
RADM MC USNR

PLACE OF CONSULTATION

☒ BEDSIDE ☐ ON CALL

☐ EMERGENCY
☐ ROUTINE

CONSULTATION REPORT

The Vice President has had a 30 yr history of intermittent bright red blood per rectum mostly on toilet tissue, never mixed in stool, always associated to a hard stool. Had anal fistula & hemorrhoidectomy 30 yrs ago. No current changes in bowel habits no pain. Last B.E. approx 18 mos ago normal.

Proctosigmoidoscopy today normal to 25 cm except for some small, but slightly hemorrhagic internal hemorrhoids & external skin tags. Surgery is not indicated - Recommend Wygonoid HC suppos. B.D. as directed. Also was thought his bleeding problem is anal rectal I still would recommend a B.E. if not done in last one year.

(Continued on reverse side)

SIGNATURE AND TITLE

DATE

IDENTIFICATION NO.

ORGANIZATION

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

REGISTER NO.

WARD NO.

FORD, GERALD P. HIGH
RECEIVED BY ATTENDING
PHYSICIAN U.S. CAPITOL
JAN 30 07 14 15

RETURN TO

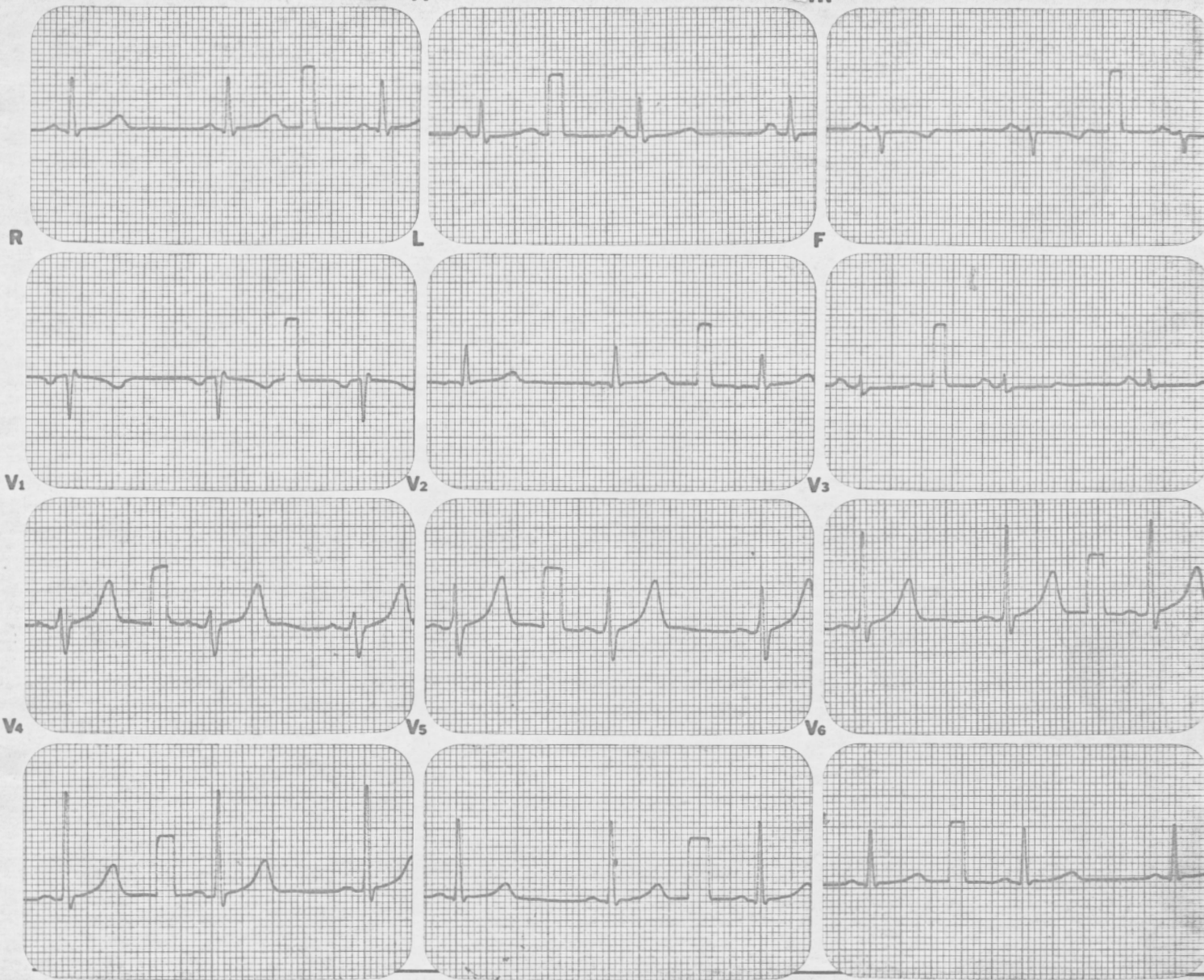
ATTENDING PHYSICIAN

U. S. CAPITOL

Vice President of U.S.

ROOM H-166

CONSULTATION SHEET
Standard Form 513
13-104-02



ELECTROCARDIOGRAPH REQUEST

PREV. ECG YES ☒ NO ☐ AMB. ☒ BED. ☐ EMERG. ☐ DIG. ☐ QUIN. ☐ AGE 60 SEX M B.P. 122/78 DATE 1-28-74
CLIN. DIAG.: P.E. HT 6' WT 208 ORDERED BY

ELECTROCARDIOGRAPH REPORT

RHYTHM: SINUS ☐ OTHER: ☐

RATES:

ATR. 60 VENTR. 60

INTERVALS:

P-R, .18 QRS, .08 QTc, .40

AXIS:

+15° - 0°
T axis 0°

DESCRIPTION:

LIMB LEADS

P

QRS

S-T

T, U

INTERPRETATION, SERIAL CHANGES, IMPLICATIONS:

1. Normal sinus rhythm
2. No significant changes since 10-30-73
3. Within normal limits

PATIENT'S IDENTIFICATION

FORD, GERALD R. (VICE PRESIDENT U.S.A.)

FREEMAN H. CARY, M.D.
ATTENDING PHYSICIAN
U. S. CAPITOL
WASHINGTON, D.C.

INTERPRETED BY

FREEMAN H. CARY, MD.

ECG NO.

WARD

RM.

DATE

THE ATTENDING PHYSICIAN
CONGRESS OF THE UNITED STATES

FREEMAN H. CARY, M.D.
F.A.C.P., F.A.C.C., F.A.C.C.P.

February 5, 1974

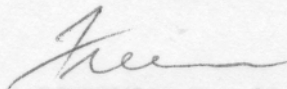
Rear Admiral William M. Lukash, MC, USN
Chief of Gastroenterology
National Naval Medical Center
Bethesda, Maryland 20014

Dear Bill:

Vice President Ford has now completed his physical examination except for the barium enema, sinus films and cervical spine films. I am sending you a copy of his most recent physical examination, consolidated laboratory report, report of his x-ray findings, timed vital capacity and a copy of his most recent electrocardiogram. Copies of his ENT, Eye and Surgical Procto Consultations are also included.

As the results of his barium enema, sinus films and cervical spine films become available, these will also be forwarded to you.

Yours sincerely,



FREEMAN H. CARY
Rear Admiral, MC, U. S. Naval Reserve

FHC:wfw

Enclosures



THE ATTENDING PHYSICIAN
CONGRESS OF THE UNITED STATES

FREEMAN H. CARY, M.D.
F.A.C.P., F.A.C.C., F.A.C.C.P.

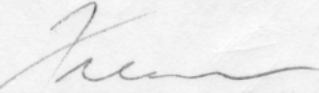
March 14, 1974

Rear Admiral William M. Lukash, MC, USN
Chief of Gastroenterology
National Naval Medical Center
Bethesda, Maryland 20014

Dear Bill:

I am enclosing the report of Vice President
Ford's barium enema, cervical spine and sinus
series to be included with his other medical
records that you have.

Yours sincerely,



FREEMAN H. CARY
Rear Admiral, MC, U. S. Naval Reserve

FHC:wfw

Enclosures



AUDIOMETRIC EVALUATION RECORD

AUDIOMETRY VALUATION STATION **AUDIOLOGY DIVISION**
USNH PETH, MD.

TEST #1 TESTER **EBROWN** DATE **5 Feb 74** TIME **6900** AUDIOMETER **MA24** ROOM # **102**

RIGHT EAR

LEFT EAR

ISO/ASA	15	15	10	10	10	10	5	10	10	dB Diff	15	15	10	10	10	10	5	10	10	dB Diff
HZ	250	500	1000	1500	2000	3000	4000	6000	8000	SFA	250	500	1000	1500	2000	3000	4000	6000	8000	SFA
A/C	10	10	5	0	0	10	15	20	20	(5)	10	5	5	0	5	10	25	25	25	(5)
A/C Mask																				
Mask Level																				
B/C																				
B/C Mask																				
Mask Level																				

STENGER TEST

WEBER TEST

TYPE OF MASKING
(for pure tones)

DOERFLER-STEWART TEST

TYPE: R L TYPE: R L HZ R M L HZ R M L

(+) (-)

SPEECH AUDIOMETRY (Rm #)

RECOMMENDATIONS & REMARKS

Live Voice:	PB-SRT	EAR	SRT (dB)	PB#	PB LEVEL	PB% SCORE
Phono:		R				
Tape:		L				
Mask Level:		BIN PH				
Mask Type:		SF				
RE:		MASKED				
<input type="checkbox"/> Sound Pressure Level						
<input type="checkbox"/> Hearing Threshold						

Px: Hearing IS within Normal Limits for Speech

TEST #2 TESTER DATE TIME AUDIOMETER ROOM #

RIGHT EAR

LEFT EAR

ISO/ASA	15	15	10	10	10	10	5	10	10	dB Diff	15	15	10	10	10	10	5	10	10	dB Diff
HZ	250	500	1000	1500	2000	3000	4000	6000	8000	SFA	250	500	1000	1500	2000	3000	4000	6000	8000	SFA
A/C																				
A/C Mask																				
Mask Level																				
B/C																				
B/C Mask																				
Mask Level																				

STENGER TEST

WEBER TEST

TYPE OF MASKING
(for pure tones)

DOERFLER-STEWART TEST

TYPE: R L TYPE: R L HZ R M L HZ R M L

(+) (-)

SPEECH AUDIOMETRY (Rm #)

RECOMMENDATIONS & REMARKS

Live Voice:	PB-SRT	EAR	SRT (dB)	PB#	PB LEVEL	PB% SCORE
Phono:		R				
Tape:		L				
Mask Level:		BIN PH				
Mask Type:		SF				
RE:		MASKED				
<input type="checkbox"/> Sound Pressure Level						
<input type="checkbox"/> Hearing Threshold						



PATIENT IDENTIFICATION

PATIENT INFORMATION

KEY

*Ford, Gerald R.
Vice President of US-
DOB 07-13*

BETTER EAR		TINNITUS	
<input type="checkbox"/> Right	<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Left
		<input type="checkbox"/> No	
TROUBLE HEARING			
<input type="checkbox"/> No	<input type="checkbox"/> Phone	<input type="checkbox"/> Radio	<input type="checkbox"/> TV
<input type="checkbox"/> Groups	<input type="checkbox"/> Individuals	<input type="checkbox"/> Other	
AUDIOGRAM PLOTTED ON BASIS OF			
<input type="checkbox"/> 1951 ASA Reference Threshold			
<input type="checkbox"/> 1964 ISO Reference Threshold			

HZ - Hertz (CPS)
A/C - Air Conduction
B/C - Bone Conduction
SF - Sound Field
SFA - Speech Frequency Average
(500, 1000, 2000 HZ)
BIN - Binaural
Conversion:
ASA to ISO: add dB of Diff.
ISO to ASA: subtract dB of Diff.

TONE DECAY TEST

HZ	EAR	-10	-5	0	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	100	105	110
	R																									
	L																									
	R																									
	L																									
	R																									
	L																									
	R																									
	L																									

COMMENTS

ALTERNATE BINAURAL LOUDNESS BALANCE TEST

HZ		-10	0	10	20	30	40	50	60	70	80	90	100	110
	R													
	L													
	R													
	L													
	R													
	L													
	R													
	L													

COMMENTS

RIGHT EAR

ELECTRO-DERMAL AUDIOMETRY

LEFT EAR

ISO/ASA	15	15	10	10	10	10	5	10	10	dB Diff	15	15	10	10	10	10	5	10	10	dB Diff
HZ	250	500	1000	1500	2000	3000	4000	6000	8000	SFA	250	500	1000	1500	2000	3000	4000	6000	8000	SFA
A/C																				
A/C Mask																				
Mask Level																				
B/C																				
B/C Mask																				
Mask Level																				

COMMENTS

SISI TEST

HZ	EAR	Thres- hold PT	LEVEL	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	PERCE
	R																							
	L																							
	R																							
	L																							
	R																							
	L																							
	R																							
	L																							

COMMENTS

BEKESY TEST

RIGHT EAR: Type _____

LEFT EAR: Type _____

COMMENTS