



Pensions Appeal Tribunals (PAT) Medical Member

June 2016

Assessment Centre – Case Study

Applicant Booklet

Instructions to Applicants

You have 30 minutes to read and prepare your responses to the attached Case Study.

Please read the information attached and prepare your answers to the set questions that follow.

After your 30 minutes preparation time, the Selection Committee will allow you up to 15 minutes to respond to the set questions in the interview. They will also use this time to ask you a further unseen question on the Case Study.

When your 15 minutes question and answer time is up, the Selection Committee will move on to the interview questions. The interview questions will last for a further 25-30 minutes.

The questions asked in the Case Study are intended to primarily assess the following areas of the Personal Profile (but may also address other aspects of the Personal Profile):

Intellectual Capacity, Knowledge and Expertise

- i) Medical Expertise and the ability to deal with complex problems.
- ii) An ability to quickly absorb and analyse information and extract relevant facts in accordance with the applicable rules of evidence and procedure.
- iii) An ability to understand the underlying principles of and operate within unfamiliar areas (e.g., the law).

Personal Qualities

- i) Sound judgement and decisiveness.

Understanding and Fairness

- i) A commitment to justice and fair treatment.

Communication

- i) An ability to express and succinctly explain matters of procedure and judgement and to listen with patience and courtesy to a wide range of people, including personal litigants.
- ii) An ability to produce timely, clear and reasoned written and oral decisions.

Management Skills

- i) An ability to organise own and others' time and manage available resources for the effective disposal of business.

You may write notes during the 30 minute preparation time and bring them into the interview to aid you in responding to the questions.

The Case Study is provided overleaf.

Your Role

You have been asked to sit on a War Pensions Appeal Tribunal. The appellant is Private G.D. He has two appeals for consideration. Please read the following documentation and consider the question at the end.

- (1) Entitlement Appeal
- (2) Assessment Appeal
- (3) GP Report (20.01.15) Pages A-G
- (4) War Pension Medical Examination
- (5) Entry Medical Examination Report 30.05.85
- (6) Medical Board Record 23.11.87

Documentation attached.

Service History

Part-time UDR from 25/06/1985 to 21/02/1989

END OF CASE STUDY

Please prepare your answers to the set questions below:

1a) What further evidence do you need to address the issues raised regarding the rejection of the entitlement appeal and assessment of disability for the accepted conditions?

Would you uphold the S.O.S's decision?

What do you feel would be the decision of the Tribunal?

WAR PENSIONS APPEAL

Entitlement Appeal

Service Pensions Order

Surname:		Other Names:	
NI Number:		Date of Claim:	30/07/2014
Date of Decision:	02/07/2015	Date of Appeal:	13/08/2015
Scheme:	Service Pensions Order	Article:	41

Summary for issues for Determination:

This appeal is brought under Section 1(1) of the Pensions Appeal Tribunals Act 1943 ("PAT Act 1943") which applies where a decision has been made concerning a claim made under the Naval, Military and Air Forces etc (Disablement and Death) Service Pensions Order 2006 (as amended) ("SPO").

The appeal lies against the Secretary of State's decision dated 02/07/2015 rejecting Abrasion Left Medial Ankle (2013) + Left Knee Pain as being neither caused by, nor made worse by service. The Tribunal is required to consider whether the Secretary of State's decision is rightly made. (Section 1(1) PAT Act 1943).

In determining the appeal, the Tribunal is bound by any relevant terms of the SPO (Section 6(4) PAT Act 1943). The Tribunal need not consider any issue that is not raised by the appellant or the Secretary of State in relation to the appeal and shall not take into account any circumstances not obtaining at the time when the decision appealed against was made (section 5B PAT Act 1943). The appellant is required to show, on balance of probabilities, that he/she/ is disabled within the meaning of the SPO.

Terms of Reference:

The appeal lies against the Secretary of State's decision dated 02/07/2015 rejecting Abrasion Left Medial Ankle (2013) + Left Knee Pain as being neither caused by, nor made worse by service. The Tribunal is required to consider whether the Secretary of State's decision is rightly made. (Section 1(1) PAT Act 1943).

The Tribunal is asked to decide if this decision is correct and if not to substitute its own decision.

WAR PENSIONS APPEAL

Assessment Appeal

Service Pensions Order

Surname:		Other Names:	
NI Number:		Date of Claim:	30/07/2014
Date of Decision:	02/07/2015	Date of Appeal:	13/08/2015
Scheme:	Service Pensions Order	Article:	42,44

Summary for issues for Determination:

This appeal is brought under Section 5(1) & 5(2) of the Pensions Appeal Tribunals Act ("PAT Act 1943") which applies where an assessment has been made concerning a claim made under the Naval, Military and Air Forces etc (Disablement and Death) Service Pensions Order 2006 (as amended) ("SPO").

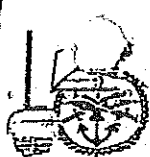
The appeal lies against the Secretary of State's decision dated 02/07/2015 awarding an interim assessment of 6-14% for Fracture Right Ulna, Lacerations Right Side of Face + Fracture Lateral Malleolus of Left Ankle, accepted as attributable to service. The Tribunal is required to consider whether the Secretary of State's decision is rightly made Section 5(1) & 5(2) PAT Act 1943).

In determining the appeal, the Tribunal is bound by any relevant terms of the SPO (Section 6(4) to the PAT Act 1943). The Tribunal need not consider any issue that is not raised by the circumstances not obtaining at the time when the decision appealed against was made (section 5b PAT Act 1943).

Terms of Reference:

The appeal lies against the Secretary of State's decision dated 02/07/2015 awarding an interim assessment of 6-14% for Fracture Right Ulna, Lacerations Right Side of Face + Fracture Lateral Malleolus of Left Ankle, accepted as attributable to service.

The Tribunal is asked to decide if this assessment is correct and if not to substitute its own assessment for the period under appeal.



Ministry
of Defence

Veterans UK
War Pensions Scheme
Tomlinson House
Norcross
Thornton-Cleveleys
FY5 3WP

Freephone: 0808 1914 2 18
Overseas: +44 1253 866043
Textphone: 0800 169 34 58
Email: Veterans-UK@mod.uk

Dr [REDACTED]
[REDACTED]
Linnenhall Street
Lisburn
BT28 4LU

6535
326/50

PID 4/2/15

MC	PH	VC
TELL PATIENT NORMAL TO MAKE APPOINTMENT		
19 JAN 2015		
PRESCRIPTION TO RING US		
ACTIONED		

Re:

Surname
Other names
NINO
Address

D [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
Co Antrim
[REDACTED]
Date of birth
04/07/1965

RECEIVED

29 JAN 2015

DEFENCE BUSINESS SERVICES
POSTROOM BLACKPOOL

Request for Medical Information

Dear Dr [REDACTED]

War Pension is a scheme by which compensation is paid for injuries or conditions attributable to, or aggravated by, military service or specific war experiences. We are considering an award, or a review of award for your patient. We have written permission to ask you for evidence.

Will you kindly supply a report on this form, based on your knowledge of the patient and their records. A special examination is not required. Please include in your report any relevant information contained in letters or reports from hospitals or consultants:

Please note, this is not a report to which the Access to Medical Reports Act 1988 applies. The Ministry of Defence (of which the Veterans UK is a part) will show it to the patient in certain circumstances, but the patient does not have to see it before you return it to us.

Name: [REDACTED]

Nino: N[REDACTED] 66 [REDACTED] D

N.B. If there is any information, which you consider, might be harmful or cause distress to your patient please give this information on the last page.

As your patient's entitlement to payment of pension is involved, an early reply would be appreciated. Please sign and date your report, and return it in the envelope provided. A stamp is not required.

Yours sincerely,

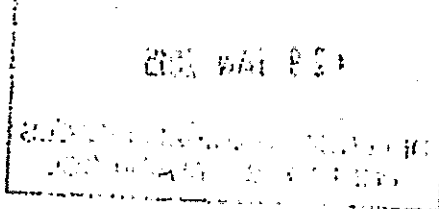
GILL YARWOOD

Mrs G Yarwood
pp Medical Adviser, Veterans UK

Please note:

Your fee for completing this report is now £39.09.

You have my written assurance as an officer of a government department that we hold your patient's written consent to ask you for this evidence. Please see GMC guidance "Confidentiality: Protecting and Providing Information", April 2004. Frequently Asked Questions (Q13) (A) which states that "You may, however, accept written assurances from an officer of a government department that the patient's written consent has been given".



Name: [REDACTED]

Nino: [REDACTED]

Claimed Conditions

We need information regarding the following symptoms and/or conditions based in your records and knowledge of your patient. For each condition please indicate below the diagnosis, date of first consultation with the condition, the history given at the time and details of any current treatment.

If there has been a hospital referral for any of the conditions please provide details. Copies of any relevant letters or reports would be most helpful.

Condition or symptom claimed	Diagnosis	Date first recorded with brief history
Problems left knee Please state date of first consultation recorded in your notes and history given at that time. Do you have any documentary evidence regarding any previous injuries? If so, please give the date this information was first recorded.		[REDACTED] [REDACTED]
Date of referral, if any, with name of specialist and hospital number	None	Name and address of hospital - Copies of any relevant letters or reports would be very much appreciated (old hospital records have often been destroyed).

Please comment on any other details, including treatment, regarding the conditions listed above which you think might be helpful to us.

Currently has pain from a leg ulcer and requires crutches.

Name: [REDACTED]

Nino: [REDACTED]

B: Conditions already accepted as being caused or made worse by military service:

For each condition please indicate below the current problems, and any treatment or hospital referral.

If there has been a hospital referral for any of the conditions please provide details. Copies of any relevant letters or reports would be most helpful.

Condition under review	Brief history of progress since 1994	
Fracture right ulna	[REDACTED]	
Are there any significant changes in this condition?	no	
Date of referral, if any, with name of specialist and hospital number	/	Name and address of hospital - Copies of any relevant letters or reports would be very much appreciated (old hospital records have often been destroyed).

Condition under review	Brief history of progress since 1994	
Fracture left lateral malleous (1988)	no note of this	
Are there any significant changes in this condition?		
Date of referral, if any, with name of specialist and hospital number		Name and address of hospital - Copies of any relevant letters or reports would be very much appreciated (old hospital records have often been destroyed).

(F)

3 (continue)

32

Ning: NH266702D

C: Other Information

1. When do your patient records date from?

6/ Aug 65

2. How long has Mr Dawson been your patient?

11 years

3. Please list any other significant conditions and date of onset.

Leg ulcer - persistent May 2014

4. Please list all prescribed medication.

See sheet

Name: D [redacted]

Nine [redacted]

Harmful Information – do not copy

We will withhold certain information if it appears to the adjudicating authority that its disclosure would be harmful.

Please give such information below:

Are there any diagnoses of which the patient is unaware? Yes ☐ No ☒

If yes, please specify, with brief reasons.

Thank you. Please complete bank details overleaf / below and sign to claim your fee (please use practice stamp).

I understand that in certain circumstances, this report will be released to the patient, their legal representative and any authority deciding on appeal in relation to the entitlement to benefit.

Signature

[Handwritten signature]

Date

20/1/15

Please print or stamp here the surname, initials and address of the person we should pay

Health Centre, Linenhall St
Lisburn BT28 1LU
Tel: 028 92 603333
Fax: 028 92 501313

For official use

I authorise payment of

£39.09

FEST (WP) Sale no.

[redacted]

Signature

W.D. Wells

Date

4.2.15

3 continued 33

Re: [REDACTED] G [REDACTED] D [REDACTED] - DOB 04/07/65:

This man has six entries in his notes pertaining to left knee and left ankle.

- 1983: Struck left knee during a hockey match. Resulted in an arthroscopy - no treatment given.
- 1984: Fell onto both knees from a ladder. Attended Accident and Emergency - X-Rays revealed no fracture.
- June 2013: Inversion injury to left ankle. Attended GP - Anti-Inflammatories supplied.
- November 2013: Further injury to left ankle. Attended Accident and Emergency.
- May 2014: GP appointment, complaining of pain in left knee and ankle.

D. S. G.

100-100-100

(A)
Service Personnel and Veterans Agency
War Pension Medical Examination

4 22 E2. Link.
25

PP

Surname

D [REDACTED]

Other names

[REDACTED] [REDACTED] G

Date of Birth

4.7.65

National Insurance Number

N	H	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
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Time Examination and Interview Started

9.30 AM

Time Examination and Interview Ended

:

Time Report Complete

:

Date of Examination

21.5.15

Place of Examination

Belfast

Doctor's Name

Dr A [REDACTED]

B

Section 1a – Accepted disablements (as advised by SPVA on form WPA0851)

Give the history since the last WPME or leaving service (whichever is most recent). Include treatment history, by whom and where, also note if currently under active management, include all treatments, for example physiotherapy, counselling (talking therapies), osteopathy, mental health team supervision and actual or proposed surgery.

49 yr old man – last board 1990

1. Fracture R ulna – no change client states.
2. Lacerations to face – no change client states.
3. Fracture L lateral malleolus – client states over the years his ankle has felt weak. Sore if he has been on his feet all day. Approximately 2 yrs ago client went over on this ankle again and had swelling, bruising and soreness for months. Since then his ankle has been very sore at times. On one occasion he collapsed at work and an ambulance was called. He was taken to hospital and diagnosed with an ulcer inner aspect of ankle joint. The ankle was strapped and client given crutches. Following this client attended his GP and the ulcer clinic at the surgery. He was referred for an MRI which was within normal limits, client states. Client has not been back at work since.

The ulcer finally healed approx. 3 months ago and client has attended his GP and been told he is fit for work. However management at work feel he is not fit to do his job which involves him standing for hours each day and for 3-4 hours at a time. They have referred him to Occupational health.

L ankle is still sore on a daily basis, the skin is discoloured. Client's GP has told him his circulation is poor secondary to his fracture in service. He wears support tights. Mr D takes daily medication for pain – paracetamol 2 TID, ibuprofen 2 TID and tramadol 50 mg bd and 200 mg lunch and teatime. These help.

Section 1b – Stated functional limitations/ restrictions caused by the accepted disablements

1. Fracture R ulna – no problems these days.
2. Lacerations to face – no functional effects.
3. Fracture L lateral malleolus – sore on prolonged walking. Client does walk 1 – 1 1/2 miles into town slowly on a regular basis. His L ankle is sore at times. Also sore using the stairs. Client does not drive and travels by bus or train.

(C)

4 continued

Section 4 – Occupational history

Retired at pensionable age	x	Of working age but ceased working	
Due to		Free Text	

Give the occupational history since last WPME or leaving the services, whichever is the most recent:

Client has worked as a Civilian Security Officer in the same company for 10 yrs. He has been off sick with his L ankle ulcer for a year and is hoping to get back to work soon although work are saying he is not fit. Client is very frustrated by this .

If currently working, give the main tasks and activities involved:

Section 5 – Recreational and other relevant activities including frequency and time spent

Enjoys researching World War Two history.
Watches rugby and is a season ticket holder for Ulster Rugby .
Collects Irish and Scottish whiskey .
Enjoys music

Section 6 - Assessment, miscellaneous

Record height and weight as stated to you in metric units

Height:

1.82 m :

Weight:

107 kg :

Describe any clinical hearing impairment if deafness noted at sections 1 & 2 unless referral indicates this is not required (on form WPA0851):

Note if hearing aids used when testing, give range at which CV can be heard and if lip reading employed

If relevant to sections 1 & 2, are both the external auditory canals and tympanic membranes otoscopically normal?

If not, describe any apparent abnormalities:

**Record corrected visual acuity if relevant
(with aids using a Snellen's chart at standard distance):**

Right:

Left

Record other relevant gross ocular abnormalities at section 7.2. e.g. scars, strabismus, aphakia

Describe any scarring, if relevant: include site, length, breadth, colour, skin texture, tethering and any other abnormalities. Note the effectiveness of any camouflage used.

Any resulting functional impairment should be noted at section 8.1

Free Text

Section 8.1 – SPVA recording of MSO

Please use this section for a detailed examination of:

- all musculo skeletal conditions noted at section 1, 2 and 8

Clinical findings should include, where relevant, joint deformity, joint instability, range of movements against normal, power, tone, reflexes, wasting and sensory changes.

If full range of movement, please tick the normal box, if abnormal, please detail the functional range of movement (e.g. for knee flexion, reduced to 90°, reduced to 45°, <45°) or comments. Further detail can be provided in the 'other comments' box overleaf.

Lower Back Examination

	Normal	Range of movement (°)/ comment
Spinal curves		
Palpation		
Forward flexion (to mid shin = normal)		
Squat and rise (full = normal)		
Straight leg raising (≥70° = normal)		

Lower Limb Examination

Right Leg	Normal		Range of movement (°)/ comment	Left leg	Normal		Range of movement (°)/ comment
Hip flexion	≥ 130°			Hip flexion	≥ 130°		
External hip rotation	≥ 45°	x		External hip rotation	≥ 45°	x	
Knee flexion	≥120°	x		Knee flexion	≥120°	x	
Knee extension	Full	x		Knee extension	Full	x	
Quads Muscles		x		Quads Muscles		x	
Ankle plantar flexion	≥50°	x		Ankle plantar flexion	≥50°		40 deg
Ankle dorsiflexion	≥20°	x		Ankle dorsiflexion	≥20°	x	
Hallux plantar flexion	≥40°	x		Hallux plantar flexion	≥40°	x	
Hallux dorsiflexion	≥60°	x		Hallux dorsiflexion	≥60°	x	
Tone		x		Tone		x	

F

Power

x

Power

4+/5

Other comments/ clinical examination findings e.g. reflexes, sensation etc.

L ankle – mild swelling

Varicose veins L calf and discolouration of skin lower calf – erythematous and haemosiderin deposition .

Dark purple discolouration inner aspect of ankle over medial malleolus where ulcer has healed .

Thin skin and some scar tissue .

Peripheral pulses present.

L knee – FROM crepitus +

Please provide an opinion on likely walking ability.

This means walking on level ground with a walking stick or other aid if normally used.

No walking problem

Cannot walk at all

Cannot walk more than a few steps without stopping or severe discomfort

Cannot walk more than 50 metres without stopping or severe discomfort

Cannot walk more than 200 metres without stopping or severe discomfort

Cannot walk more than 400 metres without stopping or severe discomfort

Cannot walk more than 800 metres without stopping or severe discomfort

Neck Examination

Neck	Normal	Comment/ Range of movement if abnormal
Neck tenderness	None	
Neck crepitus	None	
Chin to chest	No gap	
Neck extension	$\geq 80^\circ$	

(G)

4 continued.

Client walked in and out of the room (approx 20m) with normal speed and a slight limp .
Sat for 30 mins and got up from the chair unaided .
Stood for a few mins and climbed on and off the couch unaided.

Section 10 Mental State Examination

Use this section to record your mental health assessment if one is indicated by the conditions noted at sections 1 and 2.

Appearance:

Behaviour:

Speech:

H

Mood (inc appetite, weight and sleep):

Thoughts:

Perceptions:

Substance misuse:

Insight:

Cognitive function:

Memory and concentration:

Section 10 Mental Health Summary

Please describe the effects of the condition on the occupational, social and family environment.

Against each of the conditions claimed or accepted give a summary of the associated functional impairment caused by each and which is your opinion based on the findings described above. Please indicate whether any significant improvement in each condition is likely in the future and if so when. Please give your reasons. Where, in your opinion, the claimed effects of conditions differ from your assessment give details and identify evidence for your opinion.

1. Fracture R ulna – no change identified .
2. Lacerations to face – no change identified.
3. Fracture L lateral malleolus – client states over the years his ankle has felt weak and sore if he had been on his feet all day . Approximately 2 yrs ago he went over on this ankle and had swelling and bruising and pain for months . On another occasion client collapsed at work with pain in his ankle .He was taken to hospital and diagnosed with an ulcer inner aspect of ankle joint . The ankle was strapped and client given crutches which he used for 7-8 months . Following this client attended the ulcer clinic at the GP surgery.. He was referred fro an MRI which was within normal limits,. Client has not been back at work since.

The ulcer finally healed approx. 3 months ago and client has attended his GP and been told he is fit for work . However management at work feel he is not fit to do his job which involves him standing for hours each day and for 3-4 hours at a time. They have referred him to Occupational health . He feels he has not been treated fairly .

L ankle is still sore on a daily basis and he takes daily painkillers. . Client's GP has told him his circulation is poor secondary to his fracture in service.. On examination there were varicose veins lower leg with haemosiderin deposition and purple discoloration over healed ulcer with thin skin and scar tissue . Client does need to take care not to cause this to re open . He wears support stockings if on his feet a lot and has been advised not to wear steel capped boots. Mild / moderate functional effect.

Deterioration claims only

Accepted Condition	No Change Since Last Examination	Change Since Last Examination	Not Applicable

EDIC EXAMINATION REPORT

MEDICAL—IN CONFIDENCE

ACCEPTED
11 JUN 1985

F/MED/1
(Revised 3/84)

N.B. To prevent impersonation, the medical examiner should take positive steps to identify the person presenting for examination.

Reason for examination (tick box) ENTRY ☒ RELEASE OR DISCHARGE ☐ SPECIAL ☐

SECTION 1 — This section to be completed by the applicant (Boxes Marked * by the Service Authorities)

Service No.*	2. Rank/Rating*	3. Surname (BLOCK LETTERS)	D [REDACTED]	
Christian or Forename(s)	G [REDACTED] D [REDACTED]	5. Regt/Corps/RAF Command*	6. Ship/Unit/Station	
Branch or Trade	8. Total Full Time Service Yrs Mths	9. Type of Enlistment/Commission	10. Married/ Single/ Widowed	11. Age Yrs 10Mths
Date of Birth 1-07-1965	13. Born in: BANBRIDGE	Town Down	County	14. NHS Number
Civilian Occupation UNEMPLOYED	16. Place of Examination.	Date	17. Enlisted on	RN/ARMY/RAF

Complete paras 18-21 only if you are being examined for entry to HM Forces

Tick "Yes" or "No" as appropriate

- Have you ever been medically examined for any branch of HM Forces?
- Have you ever been discharged as medically unfit from any of HM Forces?
- Are you or have you been in receipt of a disability pension or gratuity?
- Are you registered under the Disabled Person (Employment) Act 1944?

YES	NO
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you have answered YES to para 18, give details here:

Number _____

Dates _____

SECTION 2 — This section to be completed by the Medical Examiner

PERSONAL HISTORY

Has the applicant ever attended hospital for illness or injury? If so, state:—

Nature of illness or injury with dates	Address of hospital or nursing home
Dec : 83. Arthroscopy (L) Knee	Musgrave Park Hosp. Belfast

FAMILY MEDICAL HISTORY

1. Have any members of the applicant's family ever suffered from any of the following:—

Tick "YES" or "NO"
If the answer is "YES" to any item, give details here:—

- Tuberculosis
- Diabetes
- Mental disorder or nervous breakdown
- High blood pressure
- Heart disease
- Any other serious illness

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. Last chest X-ray

Date _____ Place _____

25.

RESULT

Normal	Abnormal	Not Known
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Name and address of applicant's family doctor

Dr. G. [REDACTED]

Has the applicant ever suffered or is he now suffering from any of the following; (Tick "YES" or "NO")

	YES	NO
27. Rheumatic fever		✓
28. Bronchitis or pleurisy		✓
29. Haemoptysis		✓
30. Tuberculosis		✓
31. Asthma or hay fever		✓
32. Discharging ears or deafness		✓
33. Epilepsy, fits or faints		✓
34. Migraine or severe headache		✓
35. Bedwetting since age 10		✓
36. Nervous breakdown or mental disease		✓
37. Genito-urinary disorders		✓
38. Gastro-intestinal disorders		✓
39. Jaundice or malaria		✓
40. Haemorrhoids		✓
41. Head injury or concussion		✓
42a. Any severe sprain or fracture		✓
42b. Pain in the knee or other joints	✓	
43. Any skin disease		✓
44. Any severe reaction to drugs or injections	✓	
45. Any eye trouble, squint or need for glasses	✓	
46. Any other injury or illness		✓

Give details below of any item ticked "YES"

Join cartilage @ knee 1983

allergic to Penicillin
Keratocorns @ Cornea. Does not need glass

SECTION 3

CERTIFICATE TO BE SIGNED BY THE APPLICANT/EXAMINEE

47. I Certify that I have answered as fully as possible all the questions about my family and personal health, and that the information I have given is true to the best of my knowledge. I have no objection to the Service Medical Authorities having access to any of my previous medical history.
Release only — If I decide later to apply for commutation of pension, I understand that this report may be considered along with my other medical documents and I may be required to undergo a further examination.

Signature [Signature]
Date 30.5.85

Witness [Signature]
Date 30.5.85

SECTION 4

MEDICAL EXAMINATION AND SUMMARY

48. Medical Examiner's summary and comments on Serials 18-46:—

49. Race <u>European</u>	50. Colour of hair <u>Dark</u>	51. Colour of eyes <u>Blue</u>	52. Height <u>5' 11 1/2</u> cm	53. Weight <u>118.7 lb</u>
54. Chest Measurement Full inspiration <u>34 1/2</u> cm Full expiration <u>33</u> cm		55. Identifying marks (scars, tattoos etc.) <u>Scar on @ eye. + on @ knee</u>		
Reaction <u>✓</u>		Spec. Grav. <u>✓</u>		Comments
Protein <u>✓</u>		Sugar <u>✓</u>		

B.P. Sitting

70	
120/70	m.m/Hg

Tick appropriate box. (If abnormal enter relevant serial No. below and give details)

	NORMAL	ABNORMAL
Head, face, neck, scalp	✓	
Nose	✓	
Mouth, teeth, throat, speech	✓	
Chest and lungs	✓	
Heart	✓	
Vascular system	✓	
Abdomen	✓	
Genital orifices	✓	
Ext. genitalia	✓	
Anus	✓	
Endocrine system	✓	
Upper extremities	✓	
Lower extremities	✓	
Feet	✓	
Spine	✓	
C.N.S.	✓	
Lymphatic system	✓	
Skin	✓	
Mental capacity	✓	
Emotional stability	✓	

JOHN

Breasts

Menstrual history

~~Date on N.M.P.~~

PECIAL SENSES

Eyes—general

Vision (R) Eye $\frac{6}{5}$. (L) 6/18.

R	L
6/5	6/18
Do not wear glass	

Distance unaided

Distance aided

Near unaided

Near sided

	SPH	CYL	AXIS
RT			
LT			

RN ONLY

Manifest Hypermetropia (Highest +Spheres giving 6/6 binocularly).

Binaocular Vision (Bar Test)

Present/Absent.

COLOUR PERCEPTION

Normal

Isihaya

Giles-Arthur Lamp

Martin Luther Test

11

CP.

PLANS-GENERAL

Normal

Condition of tympanic membranes

Euatachian tubes—patent/non-patent

Complaints made of ill effects of ear syringing—~~Yes~~/No

Whisper/C.V. Test

	Hears F.W. at	Hears C.V. at
R Ear	M	M
L Ear		

STAY
Scoring: R Ear
L Ear

PASS/FAIL/NOT DONE
PASS/FAIL/NOT DONE

778

Self-recording

		Hearing level (dBA)						
		0.5 KHz	1 KHz	2 KHz	3 KHz	4 KHz	6 KHz	8 KHz
Ear								
Ear								

		Sum of Hearing Levels (dBA)	
		Low frequency (0.5-2 KHz)	High frequency (3-6 Hz)
Ear			
Ear			

FIT/UNFIT FOR ENROLMENT IN UDR
PES LE 1006 65
SIGNED COL [Signature]
MBChB MFCM DPH DRCOG F
COMD. MED NORTHERN IRELAND

7. Following specialist reports on F Med 7/14 are attached as indicated (if applicable)
Form DATE SPECIALIST

M.R.	Result	Blood Group
Serial No.	Date	
acc		

MEDICAL EXAMINER'S SUMMARY

SABILITIES DISCOVERED - Diagnosis	DISABILITIES CLAIMED FOR WHICH NO CLINICAL EVIDENCE CAN BE FOUND

ONLY CANDIDATES FOR COMMISSIONING ONLY:
he examinee is within/outside the current standards for officers/RMAS entry. Fit/Unfit for
commissioned service,

igned Date: Name (BLOCK CAPITALS) RANK

SECTION 5: PULHEEMS ASSESSMENT

PRE-SERVICE		INITIAL		SERVICE/RELEASE/SPECIAL	
10's Signature, Name and Date				<u>[Signature]</u>	1006 65
YOB	P U L H H E E M S		P U L H H E E M S		P U L H H E E M S
ft cm		Ht cm		Ht 182 cm	3 2 3 2 2 1 4 2
CP	P U L	CP	P U L	CP 2	P U L
Wt Kg	S	Wt Kg	S	Wt 75 Kg	S
Employment standard (RAF)	A G Z	PES (Army)	LE		

Release only.
NO CHANGE IN CONDITION AS RECORDED ABOVE.
CONDITION HAS CHANGED AND A MEDICAL BOARD HAS BEEN HELD. } Delete whichever is inapplicable.

Date: Rank: Appointment: Signature of M.O.

No. of enclosure
in F/Med/4

FOR STATS (GI 4 USE ONLY

FIME
Revised

MEDICAL BOARD RECORD

MEDICAL-IN-CONFIDENCE

Branch/Trade INF	Total full-time service 2 yrs. 5 mths	Married/Single Widowed S	Surname
Type of enlistment/commission PART TIME UDR	Date of birth	Christian or Forename(s)	
Authority for board PAP 1972	Date of board 231187	Service No.	Rank/Rating PTE
Place of board MIL WING MPH	Ceased duty on	Regt. Corps/R.A.F. Command	Service
Principal disability FRACTURE (R) ULNA	Date/place of origin PORTGLENONE	Ship/Unit/R.A.F. Station	
Other disabilities LACERATION (R) CHEEK			
INJURY AND WOUNDED CASES ONLY			
Enemy action or non-enemy action NEA	Nature of weapon or cause of injury FALL FROM FENCE GATE	Activity at time of injury ON OPERATIONAL DUTY	

This part time UDR soldier was on an operational duty near Portglenone when he fell down while climbing a fence gate to reach the helicopter. The sustained laceration of (R) cheek and painful swelling over his (R) forearm.

He was taken to the Medical Centre at RAF Aldergrove where he was initially seen and treated and was sent home with his arm in a sling.

Three days later, while on a holiday in the Isle of Man the patient noticed the right arm swollen and very painful. He went to the Nobles Hospital, Isle of Man, where x-ray showed fracture of (R) ulna. The arm was not manipulated but put in POP for 6 weeks. He has also been seen and treated at Waveney Hospital, Ballymena for his fracture.

O/E: A young fit soldier. The fracture and laceration over the face is well healed. No deformity of the arm. Good power and tone with normal reflexes upper limbs.

Pulse 88/min BP 140/90 mm Hg

FINDINGS OF THE BOARD

Y.O.B.	P	U	L	H	H	E	E	M	S	Employment standard. Add any specific res on employability.
1965	2	2	2	2	2	1	4	2	2	FE
Ht. 83 cms	P									Probable period of unfitness for duty from dt Board. Normal date of termination of full tlr if within this period. N/A
C.P.	U									
Wt. 90 kgs	L									
BP 140/90	S									

Further treatment/investigation required
NIL

Instructions given to individual
To resume normal duties

Period of sick leave
recommended (if any) NIL

Place, type and date of next medical board
NONE

MAJOR [Signature] (President)
STANDING MEDICAL BOARDS

Date 1/12/87 *

Members

MAJ [Signature] MAJ BM BH
CONSULTANT SURGEON SEN. SPEC.
MEDICINE

CERTIFIED TRUE COPY*/EXTRACT* OF F/MED/19

*Delete as necessary

Signature of MO

Rank

Name (block letters)

Date