

SET		I C--EXAMINATION (Examinee must be stripped.)			
20. HEIGHT 5' 8"	21. WEIGHT 149 LBS.	22. MAX. WT. PAST YEAR 149 LBS.	23. BUILD AND STATE OF NUTRITION	24. TEMPERATURE	
25. CARRIAGE	26. POSTURE	27. GAIT	28. RIGHT-OR LEFT-HANDED—HOW DETERMINED	AT	AM PM
29. SKIN—INCLUDING APPENDAGES (Describe type, area, and extent of lesions. Report injuries, including burns, under item 41)					
30. LYMPHATIC AND HEMIC SYSTEMS (Describe local or generalized adenopathy, enlargement, tenderness, suppuration, blocking of lymphatic circulation, etc.)					
31. HEAD, FACE, AND NECK					
32. NOSE, SINUSES, MOUTH, AND THROAT (Include gross dental findings)					
33A. EARS (Describe canals, drums, perforations, discharges. Specify tests made for air and bone conduction and attach audiometric test chart, if made)				33B. HEARING (In feet)	
				BEFORE CORRECTION	CORRECTED BY AID
R (WV)					
L (WV)					
R (CV)					
L (CV)					
34A. EYES (Describe external eye, pupil reaction, movements and field of vision)				34B. DISTANT VISION	
				R 20'	CORRECTED TO 20'
				L 20'	CORRECTED TO 20'
35A. CARDIOVASCULAR SYSTEM (Describe thrust, size, rhythm, sounds, and condition of peripheral vessels)					
		35B. PULSE	35C. BLOOD PRESSURE	35D. RESPIRATION	35E. IF NOT EXERCISED, GIVE REASON
SITTING		S	D		
RECUMBENT		S	D		
STANDING		S	D		
SITTING AFTER EXERCISE		S	D		
2 MIN. AFTER EXERCISE		S	D		
36A. VARICOSE VEINS (Describe location, size, extent, ulcers, soars, and competency of deep circulation)					36B. ARE ELASTIC STOCKINGS NECESSARY?
					36C. IS OPERATION RECOMMENDED?

CLINICAL RECORD

Report on _____
or
Continuation of S. F. _____
(Strike out one line) (Specify type of examination or data)

Date of Examination: 9/5/52 (Sign and date)

GENERAL ORTHOPEDIC EXAMINATION:

This veteran gives a history of injuring his foot when he was struck by shrapnel. His boot came off his left foot and he landed on concrete wearing an electrically heated airman's slipper on the right foot and nothing on the left.

At the present time he states that his foot hurts considerably, increased on moderate periods of standing, walking.

EXAMINATION:

There is localized tenderness over the attachment of the plantar fascia to the os calcis. There is no definite swelling palpable in this region. Dorsalis pedis and posterior tibialis are palpable. There is some tenderness over the metatarsal head. There is some flattening of the longitudinal arch. Range of motion is complete.

DIAGNOSIS:

Pes planus, second degree, foot, left. ~~Possible fracture of the os calcis.~~

RECOMMENDATION:

X-ray of the left foot. *initial*

George M. Kirkwood
GEORGE M. KIRKWOOD, M.D.

(Continue on reverse side)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME
SCHAD, Edward

REGISTER NO.
C# 5 450 700

WARD NO.
Pen. Ex.

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

REPORT ON _____
or
CONTINUATION OF _____

COPY MADE FROM
VETERANS CLAIM FOLDER

CLINICAL RECORD

Report on _____
or
Continuation of S. F. _____
(Strike out one line) (Specify type of examination or data)

Date of Examination: 9/5/52 (Sign and date)

SURGICAL EXAMINATION:

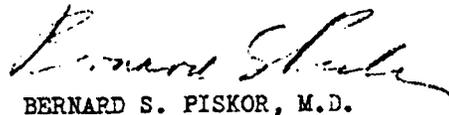
This patient had some trauma of the right zygoma produced by shrouds of a parachute aiding the right zygomatic area and debriding this skin over this area. He states that he does have some discharge over this area chronically.

EXAMINATION:

There are multiple, very small, minute scars, with some depressions over the right zygomatic and maxillary areas inferior to the right eye. The zygoma itself appeared to be intact, in good position and well healed. The scarring on the face is composed of the minute areas of pock marks and scar. It is slightly disfiguring.

DIAGNOSIS:

Traumatic right zygoma with subsequent scar disfiguring. There is no evidence of cellulitis or drainage in this area at the present time.


BERNARD S. PISKOR, M.D.

(Continue on reverse side)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME
SCHAD, Edward H.

REGISTER NO.
C# 5 450 700

WARD NO.
Pen. Ex.

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

REPORT ON _____
or
CONTINUATION OF _____

CLINICAL RECORD

Report on _____
or
Continuation of S. F. _____
(Strike out one line) (Specify type of examination or data)

Date of Examination: 10/8/52 (Sign and date)

GENERAL MEDICAL EXAMINATION:

A 32 year old white male who was a POW in Austria during WWII. At that time, due to the food he had considerable gastric upsets, diarrhea and so on. After liberation he was hospitalized in the States for a period of three months for rehabilitation. At that time he was having several loose movements a day and after a three months period it cleared up and since then he has been having one normal well formed movement a day. He will have some gas during the evening, no bloating, no cramps. Occasionally he will have periodic outbursts of loose movements. He will have three to four movements per day, it will last a couple of days and clear. During recent re-evaluation examinations in this clinic his stools were found to have contained cysts of E. coli.

PHYSICAL EXAMINATION:

Well developed, well nourished male.
Abdomen: Soft, not distended. There are no scars. There are no areas of tenderness. There are no masses palpable.
Rectal: Perianal region is clear. There is increased sphincter tone. Prostate is normal. There are no rectal masses. Mucosa feels normal on examining finger.

DIAGNOSIS:

Parasitic infestation with E. coli on the basis of three stool examinations. These organisms are not considered as the incitant of any particular disease, although some authors believe that they may cause mild intestinal complaints and may be the cause for some of his loose movements currently. In any event, they should be eradicated.

RECOMMENDATIONS:

Either treatment with carbarsons or milibis.

F. L. Weber
F. L. WEBER, M.D.,
Exam. Phys.

(Continue on reverse side)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME SCHAD, Edward	REGISTER NO. C# 5 450 700	WARD NO. Pen. Ex.
REPORT ON _____		
CONTINUATION OF _____		
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)		

COPY MADE FROM
VETERANS CLAIM FOLDER

CLINICAL RECORD

RADIOGRAPHIC REPORTS

ATTACH 2D REPORT ALONG HERE ↑ AND SUCCEEDING ONES ON ABOVE LINES

ATTACH 2D REPORT WITH TOP AT THIS LINE ↑

<input type="checkbox"/> (Check one) BEDSIDE WHEEL CHAIR OR STRETCHER <input type="checkbox"/> BED PATIENT <input type="checkbox"/> AMBULATORY EXAMINATION REQUESTED	PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME <i>Sched Edward H.</i>	REGISTER NO. <i>5-450-700</i>	WARD NO. <i>Leve</i>
	REQUESTED BY <i>Kerkerwood</i>	DATE OF REQUEST <i>5 Sept 52</i>	
	EXAMINATION REQUESTED <i>left foot</i>	AGE <i>32</i>	SEX <i>M</i>
PERTINENT CLINICAL HISTORY, OPERATIONS, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS <i>Evidence of old fracture of os calcis.</i>			
	<i>34278</i>	<i>9/9/52</i>	<i>10-1</i>
RADIOGRAPHIC REPORT	FILM NO.	DATE OF REPORT	

AP and lateral views of the left foot reveal no definite evidence of fracture of any of the bones of the tarsus, and no pathology.

L S HENRY MD *R.S.H.*

SIGNATURE: (SPECIFY LOCATION OF LABORATORY IF NOT PART OF REQUESTING FACILITY)

VARO SYRACUSE NY

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

SFD 16-58908-6

Standard Form 819A (Rev. Feb. 1951)
 Prescribed by Bureau of the Budget
 Circular A-33

RADIOGRAPHIC REPORTS

COPY MADE FROM VETERANS CLAIM FOLDER

CLINICAL RECORD

LABORATORY REPORTS

<input checked="" type="checkbox"/> BED PATIENT <input type="checkbox"/> AMBULATORY	PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME SCHAD, EDWARD H.	REGISTER NO. 5-450-700	WARD NO. Pens
	REQUESTED BY D. R. ROSENBERG	DATE OF REQUEST 9-5-52	DATE AND TIME OF PASSAGE
CHECK (✓) EXAM. REQUESTED	RESULTS	CHECK (✓) EXAM. REQUESTED	RESULTS
<input type="checkbox"/> APPEARANCE		<input type="checkbox"/> MUCUS	
<input type="checkbox"/> CONSISTENCY		<input checked="" type="checkbox"/> PARASITES	
<input type="checkbox"/> BLOOD		<input type="checkbox"/> BILE	
<input type="checkbox"/> MUS			

OTHER MICROSCOPIC FINDINGS (Specify)
 OTHER TESTS OR EXAMINATIONS (Specify) **X-3**
CYSTS OF ENDAMOEBIA COLI WERE FOUND.

RECEIVED
 SEP 9 1952

(DATE OF REPORT)
 (REPORT MADE BY—Initials)

Voluntary Administration
 MEDICAL
 Syracuse, N. Y.
 (NAME OF HOSPITAL OR OTHER MEDICAL FACILITY) GPO 16-50913-2

Standard Form 514g Promulgated August 1948
 By Bureau of the Budget—Circular A-32
FECES

Voluntary Administration
 MEDICAL
 Syracuse, N. Y.
 (NAME OF HOSPITAL OR OTHER MEDICAL FACILITY) GPO 16-50913-2

Standard Form 514g Promulgated August 1948
 By Bureau of the Budget—Circular A-32
FECES

SEP 12 1952

(REPORT MADE BY—Initials)

Voluntary Administration
 MEDICAL
 Syracuse, N. Y.
 (NAME OF HOSPITAL OR OTHER MEDICAL FACILITY) GPO 16-50913-2

Standard Form 514g Promulgated August 1948
 By Bureau of the Budget—Circular A-32
FECES

ATTACHING MARGIN

STANDARD FORMS 514g THROUGH 514m WILL BE ATTACHED TO THIS SHEET

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	REGISTER NO.	WARD NO.
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)		

GPO 16-50913-2

LABORATORY REPORT
 Standard Form

COPY MADE FROM
 VETERANS CLAIM FOLDER

Attach Continuation Sheets, Specialists' Reports, Laboratory Reports, etc., in this space.

37A. RESPIRATORY SYSTEM (Describe cough, expectoration, mobility, palpation, percussion, and auscultation and specify area)	37B. SHAPE OF CHEST
	37C. EXPIRATION INCHES
	37D. INSPIRATION INCHES
38. DIGESTIVE SYSTEM (Describe findings on inspection and palpation, enlargements, masses, tenderness, rigidity, hemorrhoids (internal or external), fissures, strictures, prolapses, etc.)	
39. HERNIA (Describe type, location, size, whether complete, reducible, recurrent, retained by truss, and whether operable)	
40. GENITO-URINARY SYSTEM (Describe kidneys, bladder, prostate, seminal vesicles, testes, cord, penis, and appendages; evidence of past or present venereal disease; in females report pelvic exam., if indicated)	
<p>41. MUSCULO-SKELETAL SYSTEM</p> <p>A—DISEASES and INJURIES, include effect of gunshot wounds and other injuries on skin and underlying structures.</p> <p>B—SCARS, describe location, measurements, depression, type of tissue loss, adhesion, displacement, and tenderness.</p> <p>C—FUNCTIONAL EFFECTS, describe location, swelling, atrophy, tenderness, degree of limitation of flexion and extension, angle of fixation, fracture or dislocation, fibrous or bony residual, and specify mechanical aid used and benefit.</p> <p>D—FEET, describe objective evidence of pain at rest and on manipulation, rigidity, spasm, circulatory disturbances, swelling, callus, strength, mobility of ankles, feet, toes, and limitation in degrees and indicate whether right or left, acquired or congenital.</p> <p>E—BURNS, degree and area in square inches.)</p>	
42. ENDOCRINE SYSTEM (Describe disease of thyroid, pituitary, adrenals, pancreas, gonads, etc.)	

16-5080

COPY MADE FROM VETERANS CLAIM FOLDER

118 A

NERVOUS SYSTEM

(A—**NEUROLOGICAL**, describe motor status, coordination, reflexes, sensory status, equilibrium, and give exact location.
B—**PSYCHIATRIC** and **PERSONALITY**, describe behavior, comprehension, coherence of response, emotional reaction, orientation, memory, signs of tension and status as to social and industrial capacity.)

44. REMARKS (Cite number of item continued in this space)

45A. LABORATORY TESTS, X-RAYS, BMR, EKG, ETC.	45B. DATE MADE	45C. URINALYSIS		
		SPECIFIC GRAVITY	ALBUMIN	SUGAR
		MICROSCOPIC		

45D. OTHER TESTS RECOMMENDED, ETC.

46. DIAGNOSIS

47A. IS EXAMINEE BEDRIDDEN?	47B. IS HOSPITALIZATION NEEDED?	47C. WILL EXAMINEE ACCEPT HOSPITALIZATION?
48A. IS EXAMINEE ABLE TO TRAVEL?	48B. ALONE?	48C. WITH ATTENBART?

49. SPECIALISTS' EXAMINATIONS RECOMMENDED

50. SIGNATURE OF PHYSICIAN	NAME AND SPECIALTY (Type or print)	DATE SIGNED
51. SIGNATURE OF PHYSICIAN	NAME AND SPECIALTY (Type or print)	DATE SIGNED
52. SIGNATURE OF PHYSICIAN	NAME AND SPECIALTY (Type or print)	DATE SIGNED
53. SIGNATURE OF REVIEWING OFFICER	NAME AND TITLE (Type or print)	DATE SIGNED

54. ATTACHMENTS MADE A PART OF THIS EXAMINATION (List by number or describe)

filled hkf
7/31/52



VETERANS ADMINISTRATION
Regional Office
Chimes Building
Syracuse-2-NY.

July 31, 1952

YOUR FILE REFERENCE:
IN REPLY REFER TO: 3071-8AA

C- 5 450 700

Mr. Edward H. Schad
611 Plymouth Ave.,
S.D. 42
East Syracuse, N.Y.

*Readdressed
to Syracuse 11, N.Y.
to 8-6-52*

Dear Sir:

This is in reference to your application for compensation. ~~Arrangements~~
Arrangements are being made for your physical examination by this
Administration in connection with your claim. You will be informed
at a later date of the time and place of examination.

Very truly yours,

A. O. HYERSON
Adjudication Officer

2 cc: JTW
RH/hkf

FL 8-6
Mar 1950

An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number, whether
C, XC, K, N, or V. If such file number is unknown, service or serial number should be given.

COPY MADE FROM
VETERANS CLAIM FOLDER

7-21
UFW

DEFERRED RATING SHEET

LAST NAME—FIRST NAME—MIDDLE NAME OF VETERAN COHAD EDWARD H			CLAIM NO. 5459700	
ACTIVE DUTY DATE	DATE R. A. D.	TYPE DISCHARGE	DATE OF LAST EXAMINATION -	DATE OF RATING 7-18-52

RATINGS (Check reason(s) below)

RATING DEFERRED PENDING RECEIPT OF THE DATA INDICATED BELOW

- EXAMINATION REPORT
- SOCIAL SERVICE REPORT
- HOSPITAL REPORT
- SUPPLEMENTAL RECORDS FROM SERVICE DEPARTMENT
- HOSPITAL OBSERVATION
- EVIDENCE REQUESTED FROM VETERAN
- FIELD EXAMINATION REPORT
- EVIDENCE REQUESTED FROM OTHERS
- OTHER REASONS (Give details)

200/200 vision

Paw
 S. Trauma to right zygomatic
 disfiguring?
 another - very - left foot condition
no other claim necessary

*med. stat., rec'd 6.23.52, noted
 this condition not shown during service*

RATING SPECIALIST (Medical) <i>William</i>	RATING SPECIALIST (Claims) <i>W. K. Reynolds</i>	RATING SPECIALIST (Occupational) <i>E. J. Mansack</i>
RATING BOARD NO.	VETERANS ADMINISTRATION (Name of station)	

VA FORM 8-564c
MAY 1950

16-51972-1 U. S. GOVERNMENT PRINTING OFFICE

COPY MADE FROM
VETERANS CLAIM FOLDER



SERVICE OFFICE
DEPARTMENT OF NEW YORK
VETERANS OF FOREIGN WARS OF THE UNITED STATES

DATE June 23, 1952

NAME Sched, Edward H.

C No. 5 450 700

TO

ADJUDICATION ~~xxxxx~~
FINANCE
INSURANCE
REHABILITATION
MEDICAL
DENTAL
ORTHOPEDIC
CONTACT
OTHER

Submitted herewith, in the above captioned case, are the following:

Supplemental claim

Statement from Dr. William I. Schiffman, Stop 3, Brewerton Rd., Syracuse

A. W. DeLaney
A. W. DeLaney, S. O.
Department Service Officer

horn

COPY MADE FROM
VETERANS CLAIM FOLDER

C# 5 450 700

SUPPLEMENTAL QUESTIONS 32 and 33 TO ORIGINAL APPLICATION FORM 526 FILED
AT PLATTSBURG BARRACKS, NEW YORK, October, 1945, BY EDWARD H. SCHAD,
SERIAL NO. 32 378 461.

32. Nature of disease or injury on account of which claim is made and the
date each began.

arch on left foot
condition on right side of face -
17 August 1943

33. If you received any treatment while in the service, give the name,
number, or location of the hospital, first aid station, etc., dates of
treatment, nature of sickness, disease or injury:

none

Edward H. Schad
SIGNATURE OF CLAIMANT

Subscribed and sworn to before me on
this 9th day of June, 1952.

Porter J. Schermerhorn
NOTARY PUBLIC

PORTER J. SCHERMERHORN
Notary Public in the State of New York
Qualified in Onon. Co. No. 34-3491550
My Commission Expires March 30, 19-53

COPY MADE FROM
VETERANS CLAIM FOLDER

WILLIAM L. SCHIFFMAN, M. D.
STOP 2, BREWERTON ROAD
SYRACUSE 6, N. Y.
TELEPHONE 2-2012

JUN 19 REC'D

June 13, 1952

RE: SCHAD--Edward, Sr.
611 Plymouth Ave.
Syracuse 11, N.Y.
S# 32378461
C# 5450700
Born: 8/24/20

To Whom It May Concern:

Edward Schad, Sr. was a member of the 279th Bomb Group. He bailed out of a B17 over Germany on August 17, 1943, following which he was a P.O.W. at Stalag 17B in Austria for a period of approximately 17 months. This man was discharged from the Service on October 6, 1945 with a 10% pension for nervous disability as a result of service.

He gives the history that when he parachuted at an altitude of about 28,000 ft., he was using a small chest pack. The descent was very rapid and the shrouds ripped across the right side of his face, laying open the skin over the zygoma. His boot came off his left foot in the course of his descent, and he landed on concrete, wearing electrically heated airmen's slipper on the right foot and no wear on the left.

While a P.O.W. the wounds and injuries healed without treatment by a M.D. Since that time, he claims that every 6 or 7 weeks the right cheek swells, breaks down, and drains foul smelling material, that after 6 or 7 hours of work his left heel begins to pain and a tight sensation draws up the back of his right leg.

On examination this date, which is the first examination by me, I find the skin over the zygoma indurated, with multiple openings of sebaceous nature. The skin is seborrheic and it is my opinion that he had a nest of multiple sebaceous cysts which was traumatized by the injury, resulting in frequent infection and discharge. Examination of the feet shows marked epidermaphytosis bilateral, which the patient states developed while in service and is now chronic. There is tenderness referred to the heel and tendo-achilles on percussion over the calcaneus. There is second degree pes planus of the left foot which apparently is due to trauma at the time of his hard landing on the concrete. In addition, this man obviously presents the tense, moderately disturbed picture of anxiety state which is apparently a result of his experience while in service.

COPY MADE FROM
VETERAN'S CLAIM FOLDER

WILLIAM L. SCHIFFMAN, M. D.
STOP 2, BREWERTON ROAD
SYRACUSE 6, N. Y.
—
TELEPHONE 3-9018

- 2 -

SCPAD--Edward Sr. (cont'd)

To sum up, we have here:

1. Old trauma to the right cheek over the area of the zygoma,
2. Epidermaphytosis, chronic, bilateral
3. Pes planus, second degree, cause--traumatic, left foot.
4. Psychoneurosis, anxiety state, caused by experiences in combat.
5. Possible old fracture of the left os calcis.

The patient states that he loses approximately three weeks of work each year because of these disabilities and that he has in the past lost a number of jobs, specifically, the A & P and the D.L.& W. Railroad, because of the combination of physical injuries and nervous condition.

The prognosis in this case is static. as regards the nervous condition and as regards the pes planus and probably as regards the epidermaphytosis. The prognosis as regards the physical condition depends upon the advisability of plastic repair. In the absence of the plastic repair, the condition will slowly and progressively deteriorate so that the infection will occur more frequently.

I hereby certify that the information I have given above is true and correct to the best of my knowledge and belief.

Sincerely,

William L. Schiffman
WILLIAM L. SCHIFFMAN, M. D.

WLS/ez

COPY MADE FROM
VETERANS CLAIM FOLDER



VETERANS ADMINISTRATION
Regional Office
Chimes Building
Syracuse 2, New York

June 5, 1952 *ll* YOUR FILE REFERENCE:

IN REPLY REFER TO: 3071-8AA
C-5 450 700

Mr. Edward H. Sched
611 Plymouth Avenue
Syracuse 11, New York

Dear Sir:

Your claim for disability benefits has been carefully reviewed based upon all the evidence of record including the report of your recent physical examination.

It has been determined that no change is warranted in the prior rating action, which is hereby confirmed and continued.

You were represented in this action by the Veterans of Foreign Wars, recognized as your representative before the Veterans Administration.

If you have no further evidence to submit but have substantial reason to believe that the decision is not in accordance with the law and the facts in your case, you may appeal to the Administrator of Veterans Affairs at any time within 1 year from the date of this letter. If you wish to appeal, you should so inform this office, and you will be furnished with VA Form P-9 for that purpose.

Very truly yours,

A. C. RINEARSON
Adjudication Officer

cc: VFW (2)
RA

RH:llh
FL 8-103
Mar 1949

An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number, with C, XC, K, N, or V. If such file number is unknown, service or serial number should be given. VA-D.C.

COPY MADE FROM
VETERANS CLAIM FOLDER

527
VFW

CONFIRMED AND CONTINUED RATING SHEET

LAST NAME—FIRST NAME—MIDDLE NAME OF VETERAN <i>Schaal, Edward H</i>			CLAIM NO. <i>C-5450700</i>	
ACTIVITY DUTY DATE <i>7-31-42</i>	DATE R. A. D. <i>10-6-45</i>	TYPE DISCHARGE <i>Hon</i>	DATE OF LAST EXAMINATION <i>4-23-52</i>	DATE OF RATING <i>5-27-52</i>

RATINGS

This case has been carefully reviewed on the basis of evidence consisting of:

Scheduled VA exam. Veteran remains tense, uneasy and anxious. Complaints of severe headaches and is very restless. Vet was a POW. He likely heard of no tactical improvement.

which was received subsequent to rating action dated *4-11-47*

This data does not warrant change in service-connected status or evaluation of any disability or contain any new and material evidence relevant to the question at issue which was not on file when the previous decision was made. Such decision is therefore CONFIRMED AND CONTINUED.

REPRESENTED BY *VFW* *A. J. DeLaney*

1108-2507

RATING SPECIALIST (Medical) <i>A. [Signature]</i>	RATING SPECIALIST (Claims) <i>R. [Signature]</i>	RATING SPECIALIST (Occupational) <i>acting J. W. [Signature]</i>
RATING BOARD NO.		
VETERANS ADMINISTRATION (Name of station)		

COPY MADE FROM VETERANS CLAIM FOLDER

VETERANS ADMINISTRATION
**REPORT OF MEDICAL EXAMINATION
FOR DISABILITY EVALUATION**

1. CLAIM NO.
c-5-450-700
2. INSURANCE FILE NO. (N, V, or H, if pertinent)

INSTRUCTIONS FOR PREPARING THIS FORM.—This report must be completely executed. Describe the results of a general examination of every system and body part including, but not restricted to, the systems and body parts involved in the history and present complaints. Wherever indicated, specialists' examinations, X-rays, laboratory examinations, etc., should be recommended. If additional space is needed, comments may be continued in item 44 or on separate sheets attached to this form.

3. LAST NAME—FIRST NAME—MIDDLE NAME OF VETERAN (Type or print)
SCHAD, Edward H.

4. PURPOSE OF EXAMINATION
Comp

5. DATE OF EXAMINATION
4-23-52

6. HOME ADDRESS (Street or RFD number, city, zone, and State)
611 PLYMOUTH AVE
SYR. II, NY.

7. PLACE OF EXAMINATION
VARO Syracuse, NY

8. BRANCH OF SERVICE

9. DATES OF ACTIVE SERVICE

10. SEX
m

11. RACE
w

12. AGE
31

13. DATE OF BIRTH
Aug 20, 1924

SECTION A—OCCUPATIONAL HISTORY SINCE LATEST DISCHARGE FROM MILITARY SERVICE OR LATEST VA EXAMINATION

NAME AND ADDRESS OF EMPLOYER (If unemployed, enter "None")	TYPE OF WORK	MONTHLY WAGES	DATES OF EMPLOYMENT		TIME LOST
			FROM	TO	
14A. Crucible Steel Co.	labor	200 ⁰⁰	1 year		3 weeks
14B.					
14C.					

14D. REASON FOR TIME LOST (If any)
due to nerves

SECTION B—MEDICAL HISTORY SINCE LATEST VA EXAMINATION AS RELATED BY PERSON EXAMINED

15. NARRATIVE HISTORY (Include manner and date of origin)

RECEIVED
MAY 12 1952

NAME AND ADDRESS OF DOCTOR OR HOSPITAL	CONDITION TREATED	FROM	TO
16A. none in the past year			
16B.			
16C.			

17. PRESENT COMPLAINT (Symptoms only, not diagnosis)

"Adequate for rating"
"Referred for action"

MAY 8 1952

Lee Egan

W. H. BADAINES, M.D.
Act'g Chief Medical Officer

I HEREBY CERTIFY that the entries under Occupational and Medical History are complete and correct to the best of my knowledge.

18. DATE SIGNED
4-23-52

19. SIGNATURE OF PERSON EXAMINED (Do not print)
Edward H. Schad

PENALTY.—The law provides that whoever makes any statement of a material fact, knowing it to be false, shall be punished by a fine of not more than \$1,000 or by imprisonment for not more than 1 year, or both.

VA FORM 10-2545 SUPERSEDES VA FORM 2545, DEC. 1945 WHICH WILL NOT BE USED.

16-53047

COPY MADE FROM
VETERANS CLAIM FOLDER

SECT		C—EXAMINATION (Examinee must be strip)			24. TEMPERATURE		
20. HEIGHT 5'8 1/2"	21. WEIGHT 149 LBS.	22. MAX. WT. PAST YEAR 149 LBS.	23. BUILD AND STATE OF NUTRITION		AT	AM PM	
25. CARRIAGE	26. POSTURE	27. GAIT	28. RIGHT- OR LEFT-HANDED—HOW DETERMINED				
29. SKIN—INCLUDING APPENDAGES (Describe type, area, and extent of lesions. Report injuries, including burns, under item 41)							
30. LYMPHATIC AND HEMIC SYSTEMS (Describe local or generalized adenopathy, enlargement, tenderness, suppuration, blocking of lymphatic circulation, etc.)							
31. HEAD, FACE, AND NECK							
32. NOSE, SINUSES, MOUTH, AND THROAT (Include gross dental findings)							
33A. EARS (Describe canals, drums, perforations, discharges. Specify tests made for air and bone conduction and attach audiometric test chart, if made)				33B. HEARING (In feet)			
					BEFORE CORRECTION	CORRECTED BY AID	
				R (WV)			
				L (WV)			
				R (CV)			
33A. EYES (Describe external eye, pupil reaction, movements and field of vision)				33B. DISTANT VISION			
				R 20'	CORRECTED TO 20'		
				L 20'	CORRECTED TO 20'		
34. CARDIOVASCULAR SYSTEM (Describe thrust, size, rhythm, sounds, and condition of peripheral vessels)							
	35B. PULSE	35C. BLOOD PRESSURE		35D. RESPIRATION	35E. IF NOT EXERCISED, GIVE REASON		
SITTING		S	D				
RECLINENT		S	D				
STANDING		S	D				
SITTING AFTER EXERCISE		S	D				
2 MIN. AFTER EXERCISE		S	D				
36A. VARICOSE VEINS (Describe location, size, extent, ulcers, scars, and competency of deep circulation)					36B. ARE ELASTIC STOCKINGS NECESSARY?		
					36C. IS OPERATION RECOMMENDED?		

16-48041-1

CLINICAL RECORD

Report on _____

or

Continuation of S. F. _____

(Strike out one line) (Specify type of examination or data)

Date of Examination: 4-23-52

(Sign and date)

PRESENT COMPLAINTS:

"I am very tense. Right now my stomach is so tight I can't even talk". Irritable, severe headaches, restless, tense, shaky.

HISTORY OF ILLNESS:

This man does not think he was ever high strung or unstable. Was a good mixer. He worked as manager of A&P store previous to induction. Was inducted 7-31-42. Was a gunner and shot down on his 8th mission in August 1943. He says he injured the arch of his left foot in parachuting down and received lacerations of his face due to the parachute. He was taken prisoner for 2 years. Says he lost 30 lbs. After his release he was treated in Plattsburg Barracks and at a rest camp until his discharge 10-6-45. He returned to his job with A&P, but says he could not take it. It made him too nervous. Then worked for 2 1/2 years as a railroad fireman and for the past year and 3 months has been working in the shipping room of a steel mill. Says he loses on the average of 1 day per month. He is married and has 4 children. Marriage congenial. He drinks a great deal of beer. Says he drinks some nearly every night and is frequently intoxicated.

NEUROLOGICAL EXAMINATION:

Essentially negative except for tremor of fingers and he shows old scar on right face from lacerated wound. Cranial nerves normal. Pupils equal, regular, react to light and accommodation. No disorder of special senses. All skin and tendon reflexes normal. Coordination good. Gait and station normal.

MENTAL STATUS:

This man appears very uneasy, tense and mildly anxious. He sits on the edge of his chair. Moves about a great deal. Says his stomach tightens up so that he can't talk at times. Gets very irritable and has some trouble with fellow employees because of it. Says he sleeps fairly well if he takes a great deal of beer. Complains of severe headaches. Is very restless. Shows normal affect. Well oriented. Sensorium clear. No memory defect. Insight fairly good. Judgment good.

DIAGNOSIS:

1. Anxiety reaction, moderate severity, characterized by tenseness, restlessness, irritability and somatic complaints.
- B. Stress: Severe. Battle experience.
- C. Premorbid Personality: Unknown.
- D. Estimated Incapacity: Moderate impairment. Loses about a day a month. Economically competent.

(Continue on reverse side)

H.G. HUBBELL, M.D., Neuropsychiatrist

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

SCHAD, Edward H.

REGISTER NO.

WW2

5 450 700

WARD NO.

Pens.

REPORT ON _____

or

CONTINUATION OF _____

SYRO - Pension Unit
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

COPY MADE FROM VETERANS CLAIM FOLDER

Attach Continuation Sheets, Specialists' Reports, Laboratory Reports, etc., in this space.

<p>20. RESPIRATORY SYSTEM (Describe cough, expectoration, mobility, palpation, percussion, and auscultation and specify areas)</p>	<p>27B. SHAPE OF CHEST</p>
	<p>27C. EXPIRATION INCHES</p>
	<p>27D. INSPIRATION INCHES</p>
<p>21. DIGESTIVE SYSTEM (Describe findings on inspection and palpation, enlargements, masses, tenderness, rigidity, hemorrhoids (internal or external), fissures, strictures, prolapso, etc.)</p>	
<p>22. HERNIA (Describe type, location, size, whether complete, reducible, recurrent, retained by truss, and whether operable)</p>	
<p>23. GENITO-URINARY SYSTEM (Describe kidneys, bladder, prostate, seminal vesicles, testes, cord, penis, and appendages; evidence of past or present venereal disease; in females report pelvic exam., if indicated)</p>	
<p>24. MUSCULO-SKELETAL SYSTEM A—DISEASES and INJURIES, include effect of gunshot wounds and other injuries on skin and underlying structures. B—SCARS, describe location, measurements, depression, type of tissue loss, adhesions, disfigurement, and tenderness. C—FUNCTIONAL EFFECTS, describe location, swelling, atrophy, tenderness, degree of limitation of flexion and extension, angle of flexion, fracture or dislocation, fibrous or bony residual, and specify mechanical aid used and benefit. D—FEET, describe objective evidence of pain at rest and on manipulation, rigidity, spasm, circulatory disturbance, swelling, callus, strength, mobility of ankle, foot, toes, and limitation in degrees and indicate whether right or left, acquired or congenital. E—BURNS, degree and area in square inches.)</p>	
<p>25. ENDOCRINE SYSTEM (Describe disease of thyroid, pituitary, adrenals, pancreas, gonads, etc.)</p>	

16-58041-1

COPY MADE FROM VETERANS CLAIM FOLDER

REGIONAL OFFICE
CHIMES BUILDING
SYRACUSE 2, NEW YORK

FINANCE

FILE

4/13/51

April 13, 1951

CF 5 450 700,

TRACED
10B

Mr. Edward H. Schad
611 Plymouth Avenue
R. D. #2
East Syracuse, New York

Dear Mr. Schad:

This is in reply to your letter dated April 7, 1951.

Your March 1951 Check #82 441 050 of \$15.00, which was mailed to your former address in Mattydale, New York, has been returned as being undeliverable. The check will be remailed to your current address in East Syracuse, New York, and you should receive it within ten days.

Very truly yours,



G. H. MC DERMOTT
Chief, Beneficiaries
Accounts Section



AL:kjm

COPY MADE FROM
VETERANS CLAIM FOLDER

FINAN
FILE
Date
No.

C No 54-50-700
Edward Harold Sched

611 Plymouth Ave
RD 2 East Syracuse N.Y.

April 7/1951

Veterans Administration

Comms Bldg.

Syracuse N.Y.

Dear Sirs:

Am writing about the delay of my pension check witch I have not, as of yet, received. Please send me any information on why I haven't received my check for this month yet.

Sincerely,

Edward Harold Sched

611 Plymouth Ave

RD 2 East Syracuse N.Y.

COPY MADE FROM
VETERANS CLAIM FOLDER

NOV. 22 9/27/48



VETERANS ADMINISTRATION
Regional Office
Chimes Bldg., Syracuse, N.Y.

September 9, 1948

YOUR FILE REFERENCE:

IN REPLY REFER TO: **FLNY 3-48**
SCHAD
RE: ~~SCHAD, Edward~~

~~Mr. Stanley A. Vestburgh
20 Market Street
Auburn, New York~~

Dear Mr. Vestburgh:

This office has received your letter dated August 11, 1948 regarding the above named veteran.

We regret that we cannot take proper action on this document, as it does not give sufficient information to identify the claim to which it pertains. In order that we may take further action, please supply us with as much of the following information as you can on the enclosed carbon copy of this letter.

VETERAN'S IDENTIFYING INFORMATION

	<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>
FULL NAME while in service and CHANGE IN NAME, if any:	Schad	Edward	Harold

Serial Number: 32378461	Date of Enlistment: 7/27/42	Date of Discharge: 10/6/45	Claim No. C-5 450 700
Date Claim Filed: (Enter after type of claim filed)	Education: <u>Pension Apr. 1947</u>	Hospitalization: _____	Retirement: _____
	Dental: _____	Waiver or Premiums: _____	Compensation: _____

Address of Veterans Administration Office where application was filed: Auburn, New York

Address of Veterans Administration Office that has claim now, if other than shown above: Syracuse, New York

Please return the carbon copy of this letter with the desired information to this office without delay. We will then take prompt action.

Very truly yours,

E. H. KLEBAL
Chief, Administrative Division

Encl:
Copy of Letter
FLNY 3-48
Dec 1947

An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number, whether C, XC, K, N, or V. If such file number is unknown, service or serial number should be given.

COPY MADE FROM VETERANS CLAIM FOLDER

REFERENCE SLIP

TO THE FOLLOWING IN ORDER INDICATED

	NAME OR TITLE	ORGANIZATION	BLDG. AND ROOM NO.	INITIALS
1.	<i>Adjudication</i>			DATE
2.				INITIALS DATE
3.				INITIALS DATE
4.				INITIALS DATE

- APPROVAL
- NECESSARY ACTION
- RECOMMENDATION
- RECOMMEND SIGNATURE

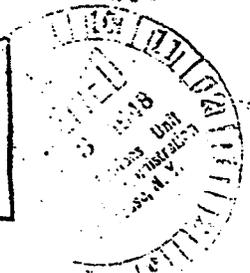
- PREPARE REPLY
- NOTE AND FILE
- NOTE AND RETURN
- INFORMATION

REMARKS:

*For file in veterans
C file.*



SEARCHED _____ INDEXED _____
 SERIALIZED _____ FILED _____
 VARIOUS OFFICES, U. S. DEPT. OF VETERANS AFFAIRS
 Received Found Record Found
 Date _____ Initials _____



FROM *Mrs. Russell*
 (NAME AND ORGANIZATION)
M. 21 Clinic
 (BUILDING AND ROOM NUMBER)

DATE *8/2/48*
 PHONE *258*

COPY MADE FROM VETERANS CLAIM FOLDER

PHONES (BUSINESS 2888
RESIDENCE 3599-J)

STANLEY A. VOSBURGH

Contractor

20 MARKET STREET •

AUBURN, NEW YORK
INDEX UNIT

August 11, 1948

BY FO

5450700

NO RECORD

Initials Date

TO WHOM IT MAY CONCERN:

SCHAD
Mr. Edward Shad has been in our employ since May, 1947. When first came to work he was a steady and willing worker. Since January, 1948 he has had considerable absence which has been caused by a nervous stomach condition. Other employees who have worked with Mr. Shad, have told me that some days at the noon hour he has been unable to eat his lunch. I have called to his attention his inconsistency in the past three months, and he informed me that this stomach condition he acquired while a prisoner of war in Germany, that he does not want to loose any more time than he has to, but sometimes he has to take time off in order to rest and quite his stomach.

The writer is very interested in Mr. Shad, as he has found him to be a willing and conscientious worker and hope that the Veterans' Bureau will be able to help him regain his health by possible medical treatment. Mr. Shad is a married man with family and has no means of support other than his weekly wages, which if he was forced to loose time, would create a hardship on his wife and family.

Hope the above information will explain his employer's feeling as to his condition, I am,

Very truly yours,

Stanley A. Vosburgh

by *Florinda Ciozza*
Sec.

SAV/fc



COPY MADE FROM
VETERANS CLAIM FOLDER



FILED 7/2/47 KKT

VETERANS ADMINISTRATION

500 SOUTH SALINA STREET
CHIMES BUILDING
SYRACUSE, N. Y.

JULY 2, 1947

YOUR FILE REFERENCE: SY2-AA

IN REPLY REFER TO:

File No. C- 5 450 700

Mr. Edward N. Sched
105 State Street
Auburn, New York

Dear Sir:

Your claim for disability benefits has been carefully reconsidered on the basis of all evidence of record. ~~Your physical examination at Syracuse, New York on May 6, 1947 was noted and considered.~~
It has been determined that no change is in order in the monthly rate of monetary benefits you are now receiving for your service connected disability.

If there is evidence available to you which in your opinion would warrant a different decision, such evidence should be immediately submitted to this office for reconsideration of your claim. If you have no further evidence to submit, but have substantial reason to believe that the decision is not in accordance with the law and the facts in your case, you may appeal to the Administrator of Veterans Affairs at any time within one year from the date of this letter. In the event you feel that appellate consideration is justifiable, further correspondence relating to the matter should be addressed to this office.

Very truly yours,

A. C. KYEARSON
Adjudication Officer

200; VFW
E.N.S.

FLNY 8-2
Apr 1946

An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number, whether C, XC, K, N, or V. If such file number is unknown, service or serial number should be given.

COPY MADE FROM
VETERANS CLAIM FOLDER

RATING SHEET

Claimant's name:

Schad, Edward H

C-545670 D

Date 6-19-47

✓

Consideration has been accorded all evidence of record including the findings contained in the most recent examination report.

5-6-47

Rating-board decision dated 4-11-47 is hereby confirmed and continued.

Re-examination scheduled for 2507-10/11/49 P. R.
(date) 5-6-52

Reviewed Instr. 2 Pub. 458-
79 Congress.

R

W. S. Hawood
(Rating Specialist, Medical)

E. H. Blacklock
(Rating Specialist, Claims)

(Rating Specialist, Occupational)

Rating Board No. _____

Veterans Administration

COPY MADE FROM
VETERANS CLAIM FOLDER

Read carefully, INSTRUCTIONS, page 8. Use "Additional," page 7, when the space under any caption is not sufficient for notations.

REPORT OF PHYSICAL EXAMINATION

Date of admission to hospital 01/5/47, 1947 C-No. 5 450 700
(See par. 7, page 8)

Date of discharge from hospital _____, 19____
(See par. 8, page 8)

1. Claimant's name Schach Edward H. Address 105 State St Auburn N.J.
(Last) (First) (Middle)

2. Rank and organization _____ Enlistment _____
(Date)

Discharge _____ 3. Birthplace Syracuse, N.Y.
(Date)

Age 26 Race W Color of eyes blue Color of hair black

4. Height 5'8 inches. Weight (weigh him) 160 Highest weight in past year 160

5. Examined Syracuse, N.Y. (Place) (Began—date) (Ended—date)

6. Permanent marks and scars other than described below:

see dates report

7. Origin and date of incurrence of disability as alleged by claimant:

8. Brief medical and industrial history:

(In first examinations, this history must cover sufficiently the time elapsing since date of discharge from military service. When previous examinations have been made, the examiner will record only the medical and industrial history covering the period since the most recent previous examination, thereby bringing it up to date of his examination. If, for any reason, such history cannot be obtained, the reason therefor must be stated. The data to be noted are: When, where, by whom, and for what condition has the veteran received medical treatment? When, where, by whom, and at what occupation and wages was he employed, and how continuous was the employment?)

Employed by Arden Construction Co. in Auburn N.J. earns about 40 per week, he lost considerable time due to disability, plus 3 jobs. Received treatment from Dr. Hammond in Auburn.

adequate for rating:
referred for action.

N.H.B.
N. H. RADAINES, M. D.
Ass't Medical Director

ABSTRACTED

ABSTRACTED

COPY MADE FROM VETERANS CLAIM FOLDER

9. Present complaint (subjective symptoms, not diagnosis):

STATEMENT BY CLAIMANT. My answers to questions 8 and 9 have been read to me, and I hereby certify that the medical and industrial history are correct and the complaints recorded are all that I am suffering from, to the best of my knowledge and belief.

Signature of claimant (or his mark) Edward H. Schaefer

For the physical examination the claimant must be stripped.

10. Temperature _____ Respiratory rate: Seated _____; standing _____; immediately after exercise _____; 3 minutes after exercise _____ Pulse rate: Seated _____; standing _____; immediately after exercise _____; 3 minutes after exercise _____ Any arrhythmia of pulse? _____ (If so, describe: _____)

_____) Blood pressure: (Taken 3 minutes after exercise) Systolic _____, diastolic _____ (The exercise test will consist of 24 hops, alternately, on each foot)

11. General appearance _____; nutrition _____; muscular development _____; carriage _____; posture _____; gait _____

12. Eyes: External structures, each eye _____ Internal structures, each eye (if practicable) _____

Vision (Snellen chart): Uncorrected R- 20/ L- 20/ Corrected R- 20/ L- 20/

13. Ears: Auditory canals: Normal? _____ Discharge? _____ From external canal or middle ear? _____ Mastoidectomy scar? _____ Appearance of membrana tympani? _____ Ordinary conversation heard: Right _____ feet; left _____ feet.

(Test only at prescribed distances—1, 2, 5, 10, 15, 20 feet.) Tests for bone conduction

(Specify Rinné, Weber, Schwabach):

COPY MADE FROM VETERANS CLAIM FOLDER

NO. 3-11839

AUTHORIZATION, RECORD AND CERTIFICATION FOR MEDICAL CARE

NAME OF VETERAN <u>[illegible]</u>	CLAIM NUMBER <u>5 232 700</u>
ADDRESS <u>[illegible]</u>	SERVICE SERIAL NUMBER

NUMBER OF VISITS	PERIOD		MAXIMUM FEE FOR EACH VISIT	TOTAL
	FROM	TO		
1	May 6 1947	May 23, 1947	\$10.00	\$10.00

DIAGNOSES AND SPECIFIC INSTRUCTIONS TO PHYSICIAN
 301A—Psychiatric examination for compensation rating only rendered on May 6, 1947 at 1:30 p.m. to complete the diagnosis for pension purposes.

SUSPENSE DATE 5-28-47
 Initials: W

Clinical findings to be recorded on triplicate form NY10-104.

Dr. Arthur H. Fleiss
 718 E. Jefferson Street
 Syracuse, New York

REGIONAL OFFICE TO WHICH COMPLETED FORM IS TO BE MAILED
 Coordinator
 Veterans Administration
 428 S. Warren St.
 Syracuse 2, New York

AUTHORIZED BY
W.V. Brown 29-1880
 VA AUTHORIZING PHYSICIAN
 DATE May 6, 1947

PHYSICIANS FINDINGS AND REPORT

DATE	CLINICAL FINDINGS	NATURE OF EXAMINATION OR TREATMENT	INITIALS OF VETERAN
5/6/47	See attached report	Psychiatric examination	

I CERTIFY THAT THE ABOVE SERVICES WERE RENDERED TO THE ABOVE NAMED BENEFICIARY AND THAT THE FEES CLAIMED ARE NOT IN EXCESS OF FEES CHARGED NON-VETERAN PATIENTS.

FEE PER VISIT \$10.00 TOTAL FEE \$10.00

DATE 5/12/47
 PHYSICIAN'S SIGNATURE _____

PHYSICIAN'S NAME AND ADDRESS (TYPE OR PRINT)
 Dr. Arthur H. Fleiss
 718 E. Jefferson St.
 Syracuse, N.Y.

COPY MADE FROM VETERANS CLAIM FOLDER

ARTHUR N. FLEISS, M. D.
718 EAST JEFFERSON STREET
SYRACUSE 2, NEW YORK

May 6, 1947

Dr. N. H. Badaines
Veterans Administration
428 S. Warren St.
Syracuse, N.Y.

Dear Dr. Badaines:

Re: Edward H. Schad
105 State St.
Auburn, N.Y.

The following is the report of my neuropsychiatric examination of Mr. Schad done today for pension purposes.

The veteran related that he has been troubled by "nerves" since 1943. Since his discharge from the service in 1945 his symptoms, he believes, are essentially the same. Prominent are his complaints of stomach difficulties with recurrent nausea and occasional vomiting. He is sick with this about once a week but describes almost daily transient morning nausea. He also describes a feeling of tension and easy excitability. He sleeps well and his appetite is good.

The patient displays adequately appropriate and labile emotional responses. Depressive and paranoid trends are not evident. He appears preoccupied with his stomach disturbances and displays resentment about being referred to a psychiatrist when he wishes medical treatment.

There is no past history of head injury, syphilis, or excessive alcohol. For the most part, he has worked fairly steadily, although on occasion his stomach trouble has caused him to lose some time. For recreation, he fishes, bowls, hunts, plays cards, etc. He has many friends and is "happily married" with three children.

Neurologic examination is normal. Cranial nerves, reflexes, motor, sensory, and coordinating systems are intact.

Impression: Psychoneurosis Mixed Type (mild).

Thank you for referring this patient.

Very truly yours,

Arthur Fleiss

Arthur N. Fleiss, M.D.

ANF:har

COPY MADE FROM
VETERANS CLAIM FOLDER

14. Nose, throat, sinuses: Normal? _____ If not, record findings:

15. Cardio-vascular system: Normal? _____
(If not, record area of heart dullness, murmurs, thrills, dyspnea, cyanosis, edema. Any aneurism? (If so, describe.) ANY arteriosclerosis? (If so, what degree?) Record any electrocardiographic examination made under "Laboratory examinations.")

16. Respiratory system: Normal? _____
(If not, give shape and measurements of chest on inspiration, expiration, and at rest. Any difference in mobility on or contour of sides? Record physical signs in each lung separately, upon palpation, percussion, and auscultation. State quality and location of rales during inspiration following expiratory cough. State areas of infiltration, consolidation, and cavities, by lobes; record area of adhesions or fluid. Any cough, expectoration, or hemorrhage? Record sputum examinations under "Laboratory examinations.")

16-9070-1

COPY MADE FROM
VETERANS CLAIM FOLDER

17. Digestive system: Are mouth, teeth, gums, stomach, intestines, liver, gall bladder, and

rectum normal? _____
(If not, describe findings. Record X-ray gastro-intestinal series and examination of stomach contents or feces under "Laboratory examinations.")

18. Spleen; lymphatic glands: Normal? _____ If not, record findings.

19. Nervous system: Are brain, spinal cord, peripheral nerves, and mentality normal? _____

(If not, record mental and neurological findings: intelligence, school and general knowledge, memory for remote and recent events, orientation, retention, mental trends, emotional reactions; state of thinking processes, including attention; insight, cooperation, and deportment; hallucinations, delusions; stigmata and gait; Romberg's sign, deep and superficial reflexes, muscular atrophies, senile disorders, tremors, paralysis, contractures, etc. Any endocrine disorders? If so, describe symptoms in full respect to competency? In expressing this opinion, the provisions of R & P, 6901 to 6903 inclusive and Manual for Medical Examiners pages 51 and 52, will be carefully considered, and these criteria kept in mind in arriving at an approximation between a psychotic state as a medical concept and incompetency as a pragmatic legal determination.)

20. Genito-urinary system: Kidneys, bladder, prostate, penis, testicles normal? _____

(Record urine analysis (color, reaction, sp. gravity, albumin, sugar, casts, pus, blood, shreds) and permeability tests under "Laboratory examinations.")

COPY MADE FROM VETERANS CLAIM FOLDER

21. Rheumatism: Articular or muscular? _____ What joints affected? _____
_____ Swelling, crepitus, atrophy deformity, limitation of motion, ankylosis?

22. Hernia: Inguinal, femoral, ventral, umbilical? _____ Side? _____ Size? _____
If inguinal, complete or incomplete? _____ Truss worn? _____
Retained by truss? _____ Operable? _____

23. Hydrocele? _____ Varicocele? _____ Side? _____ Size? _____

24. Varicose veins? _____ Size and location? _____
Sacculated or ruptured? _____ Scars or ulcers? _____
Elastic stocking worn? _____ Operable? _____

25. Pes planus (flat or weak foot)? _____ Side? _____ Degree—first, second,
third? _____ Abduction (eversion)? _____ Inner border bulged? _____
Painful? _____ Limp? _____ Stand on toes? _____ Pes cavus (hollow
foot)? _____ Side? _____ High arch? _____ Dorsal flexion at ankle lim-
ited on active and passive motion? _____ Associated equinovarus? _____
Hallux valgus (bunion)? _____ Side? _____ Painful? _____ Describe:

26. Skin (location, type, extent of lesions):

12-9579-1

COPY MADE FROM
VETERANS CLAIM FOLDER

27. Residuals of gunshot wounds or other injuries:
(Level of injury, location and character of scars, limitation of motion, muscle injury, effect on functions.)

28. Evidence of effects of past or present vicious habits (alcohol, narcotics, venereal infections):
(Report laboratory tests under "Laboratory examinations.")

29. Laboratory examinations:
(X-ray, including gastro-intestinal series; urine analyses; kidney permeability; sputum examinations; blood counts; blood sugar determinations; Wassermann test or modifications for blood and spinal fluid; other spinal fluid examinations; basal metabolism; electrocardiographic examination; examination of stomach contents; of feces, etc., if made.)

16-5079

COPY MADE FROM
VETERANS CLAIM FOLDER

30. Additional:

(This space to be used for further details of medical or industrial history or additional description of disabilities if the space in the foregoing pages was not sufficient.)

31. Diagnoses:

32. Is the claimant bedridden? _____ Is he able to travel? _____ Does he need hospitalization? _____ Will he accept it? _____ Is an attendant necessary for travel? _____ Did you examine him yourself? _____
Date _____

Name of examiner _____ Title _____

(See instructions as to signatures in composite reports)

COPY MADE FROM
VETERANS CLAIM FOLDER

INSTRUCTIONS

1. This form, of 8 pages, is in 4 sheets which may be separated by removing the one-stitch fastening. This arrangement is to facilitate the execution of the composite report, the typing of the necessary copies, and the filing of the form when completed. Medical examiners will be sure that the total of 8 pages are carefully executed and reassembled before forwarding to the regional office; and upon receipt of these sheets in field offices or in Central Office, care will be taken to assure their completeness and that they are correctly reassembled and bradded or pinned securely in the upper left corner before they are filed in the claimant's folder.

2. Designated physicians making examinations for purposes of Government insurance, compensation, or pension, will complete such parts of the form as accord with instructions. Specialists in field stations, or designated physicians who are requested to make special examinations, will concern themselves with the pertinent questions in Form 2545. When a composite report of examination is made, each examiner will sign his name and date of his examination immediately below his findings.

3. It is preferred that replies in this form be typewritten but, if this is not possible, handwritten reports, in ink, will suffice, *provided the handwriting be made legible.*

4. All medical examiners will use the Nomenclature of Diseases and Conditions, Veterans Administration, copies of which will be supplied to designated physicians through the regional offices of the area in which they reside. Heads of field stations will be furnished sufficient copies of the publication to supply their personnel, upon requisitions to Central Office. Copies of the Manual for Medical Examiners will be similarly supplied all medical examiners. Its instructions must be studied and observed.

5. A clear, sufficiently full record of the symptoms and physical findings is essential to permit of visualization of the relative functional loss resulting from the disease or injury, and the evaluation of the disability in percentage terms. No fee will be paid unless the report made by a designated physician is satisfactory.

6. Physicians making examinations will refrain from recording or communicating to the claimant any percentage estimate of actual disability.

7. C-No., at right of top of page 1, refers to a claim for disability compensation or pension.

8. Use space 30, "Additional," page 7, for any data which cannot be fitted in the space provided under other captions.

9. Hospitals, in rendering physical examination reports, will type in the left-hand corner, first page, the dates of admission and of discharge of patients.

U. S. GOVERNMENT PRINTING OFFICE 16-9079-1

Veterans Administration
Washington, D. C.

MAY 28 1947

RECEIVED

COPY MADE FROM
VETERANS CLAIM FOLDER

DEPARTMENT OF VETERANS AFFAIRS
 AUTHORIZATION, RECEIPT AND CERTIFICATION FOR MEDICAL CARE

NAME OF VETERAN

SEMA Stewart E.

1 1 1 1

NO. **5-11199**

ADDRESS

305 West Street, Auburn, New York

CLAIM NUMBER
5 498 700

SERVICE SERIAL NUMBER

NUMBER OF VISITS

1

PERIOD FROM

May 6 1947

TO

May 23, 1947

MAXIMUM FEE FOR EACH VISIT

\$10.00

TOTAL

\$10.00

DIAGNOSES AND SPECIAL INSTRUCTIONS TO PHYSICIAN

1911-1914 Multiple examination for compensation for disability only rendered on May 6, 1947 at 1911-1914 to complete the process for pension purposes.

Clinical findings to be recorded
 on VA Form 100-10b.
Dr. Arthur Z. Plaine
718 E. Jefferson Street
Syracuse, New York

REGIONAL OFFICE TO WHICH COMPLETED FORM IS TO BE MAILED

Geopolintop
Internal Administration
428 E. Warren St.
Syracuse 2, New York

AUTHORIZED BY

H. T. Brown

VA AUTHORIZING PHYSICIAN

27.1.1950

DATE

May 6, 1947

VA NT10-104

REPORT

For Use of VA Office

The report on the form below is to be made if you are unable to report, or if you have moved to another locality, please notify this office and RETURN THIS AUTHORIZATION IMMEDIATELY. Change of address or inability to report on date indicated may be noted in the blank space on the reverse side of this form.

DATE

Name and address of VA Office of Veterans Administration
Syracuse Regional Office
428 South Warren Street
Syracuse, New York

(Name and address of Veteran)

Signature & Title of Authority

James E. [unclear]
[unclear] State St.
[unclear], New York

W. A. TAYLOR
Medical Administrator

Claim No.

City

Address

428 South Warren Street
Syracuse, New York

For (Specify purpose)

When to Report

Physical examination for pension purposes.

DATE May 9, 1954

TIME 8:15 A.M.

Remarks

You and I are not authorized to travel at Government expense.

This report for use only. Do not transport at Government expense.

The following items are enclosed: (Any unused items should be presented when you report. See reverse side.)

COPY MADE FROM VETERAN'S CLAIM FOLDER

INSTRUCTIONS WHEN TRANSPORTATION IS CLAIMED

1. You may pay your own travel expenses and claim reimbursement as follows:

a. 34 per mile will be paid you for the total mileage involved. This includes mileage for the incoming and return trip. (This is in place of all expenses which you have had or will have while traveling, including expenses for meals, lodging, etc.)

OR

b. You may claim reimbursement for actual necessary expenses of travel, including lodging and subsistence. (If you decide to ask reimbursement for actual and necessary expenses instead of the 34 per mile, you must secure receipts IN DUPLICATE for all your expenses which exceed \$1, except bus, boat, or railroad fares. However, if you use a Pullman you must secure a Pullman receipt.)

2. If you are unable to pay your own expenses and claim reimbursement therefor, or decide to have Government transportation furnished you. Please indicate in blank space below that you desire Government Transportation and return the Authorization immediately. Indicate in the blank space below the type of transportation desired (bus, train, boat, etc.). Government transportation request and, where applicable, meal and/or lodging request will then be forwarded to you.

CERTIFICATE TO BE SIGNED ON ARRIVAL AT STATION IF MILEAGE ALLOWANCE IS CLAIMED

"Having obtained no subsistence, lodgings, or transportation through the use of Government requests, tickets, or tokens; and having neither used any Government-owned conveyance nor received any meals or lodgings at Government expense, nor incurred any expenses, which may be presented as charges against the Veterans Administration, for transportation, meals, or lodgings in connection with my authorized travel from _____ to _____ and return, and with the understanding that no part of the actual and direct expenses for transportation, subsistence and lodgings in connection with the uncompleted portion of my authorized travel is to be borne by the Veterans Administration, I hereby elect to claim mileage allowance in lieu of actual expenses of travel for this entire trip."

Signature of veteran

Date

INFORMATION FOR THE VETERAN

1. The blank space below may be used for the following purposes:

a. To notify the issuing office when on the other side of this card you are unable to report on date indicated. Give present address and telephone number of this report.

COPY MADE FROM VETERANS CLAIM FOLDER

filed 5/22/47 job



VETERANS ADMINISTRATION
100 South Salina Street

China Building
Syracuse, New York
May 22, 1947

YOUR FILE REFERENCE: 5 450 700

IN REPLY REFER TO SYB-AA job

Mr. Edward H. Schad
105 State Street,
Auburn, New York

Dear Sir:

In connection with your claim for disability benefits, it has been determined that an examination is necessary before rating board action can be taken. The examination has been authorized and you will be informed of the date and place to report as soon as the present schedule will permit you to be examined. This is to acknowledge receipt of Med. Statement of Dr. J. D. Hammond very truly yours, and the report of J J Travers, Contact representative.

A. G. HUNTERSON,
Adjudication Officer

VA Form FLNYS-34(AIR)
Oct 1946

An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number, whether C, XC, X, N, or V. If such file number is unknown, service or serial number should be given.

COPY MADE FROM
VETERANS CLAIM FOLDER

COMMISSION
Form 554
Sept. 1949

RATING SHEET

Claimant's name:

S CHAD, EDWARD, H

C 5450700

Date 5-19-47

Rating action deferred pending receipt of the date indicated below:

- Supplemental hospital report.
- Supplemental 3101 series:
- Complete service clinical data.
- Form 527 (Unemployment affidavit).
- Social Service Report.
- Period of Hospital observation.

Make special
G-1-NP-5-0-

Additional medical evidence from 2007 - at one ~~stage~~

Remarks: Veterans pow

Remarks: Contact report and medical statement
of Dr. D. Davis Hammond dated 4-28-47
noted.

Diary for 7-19-47
(date)

A. L. Hawwood

Rating Specialist, Medical (Specialist)

R. P. [Signature]

COPY MADE FROM
VETERANS CLAIM FOLDER

VETERANS ADMINISTRATION
Form 2507 - Rev. Sept. 1945

Pending 2507 At Once
REQUEST FOR PHYSICAL EXAMINATION

*Filed
5/1/46*

For notation of receiving station: _____

Date of receipt _____

Date exam. ordered _____

Date completed _____

In reply refer to SYB-AA/AJS
C-No. 5 450 700

PRISONER OF WAR CASE

This cancels all previous 2507's on file

AT ONCE

Name of veteran: SCHAD, Edward H.
Address of veteran: 105 State Street, Auburn, New York

It is requested that you arrange for a physical examination of the above-named claimant * (specify in line of duty, or if in receipt of compensation or pension for service-connected disability)

~~It is possible that one of the following () for Compensation (Pension, compensation, insurance, etc.)~~
Type of examination desired SPECIAL O.M. & N.P. & SURG & OTHER

Diseases or injuries: 1. Service connected Pending

2. Not service connected 7/31/48

Rank S/SGT Organization 1010thAAF Base Unit Date entered service 7/31/48

Date of discharge 10/5/45 Character of discharge Honorable

NY II
(Specify wartime or peacetime service. Check if discharged from service in line of duty, or if in receipt of compensation or pension for service-connected disability)

* Strike out APPROPRIATE NAME, YORK 5/19/47 A.G. HYNEMAN, ADJUTANT, ON OFFICER

COPY MADE FROM
VETERANS CLAIM FOLDER

BLUE COPY

POW

REPORT OF CONTACT

Office Contact - Auburn, N.Y.

Date 4-28-47

Name Schad, Edward H. No. C# 5 450 700
(Of ex-serviceman) (C, X, K, etc.)

Address 105 State Street, Auburn, New York

Person contacted Same

Address Same Telephone No. _____

Personally Telephone _____ Mail _____ Place of contact _____

Give brief statement of information requested and given:

ASN - 32 378 461
Rank & Org. - T/Sgt, unassigned
Enl. - 7-12-42
Disch. - 10-6-45

The above named veteran called at this office on the above date and submitted the attached affidavits from:

Dr. J. Davis Hammond, and his own personal swornstatement

The veteran requests that his claim for compensation be re-opened and reviewed on the basis of this new and material evidence.

Filed 4-28-47, J. James Travers, Contact Representative, Contact Office, Auburn, N.Y.
(Date) (Signature) (Designation) (Division or section)

(This form must be filled out in ink or on typewriter, as it becomes a permanent record in ex-servicemen's files.)

APR 29 1947
for Chief Office
Strategic Regional

COPY MADE FROM
VETERANS CLAIM FOLDER

J. DAVID HAMMOND, M. D.
14 WILLIAM STREET
AUBURN, N. Y.

April 28, 1947

To Whom It May Concern:

Mr. Edward Shad consulted me on April 24, 1947, complaining of "nervousness" which began in 1943 following his first bombing mission over Germany. This has increased gradually since, especially during his twenty-two months as a prisoner of war and more rapidly the last few months. His symptoms at present are insomnia, easy "loss of temper", irritability, dyspepsia and vomiting after meals. He recently left a factory job "because it made him nervous".

Complete physical examination revealed nothing of significance except general muscular tenseness, mild finger tremors, and hyperactive deep reflexes throughout. His blood pressure was 135/85, and pulse 88. Hemoglobin 95%, and complete urinalysis was normal.

Mental examination revealed a tense, anxious, agreeable individual, who was cooperative, and neat in appearance. He was well oriented and gave no evidence of hallucinations or delusional thought. His mood was neither elevated nor depressed and showed no "flattening".

A diagnosis of anxiety state, chronic, severe, with conversion symptoms due to combat and prisoner status, in a personality moderately predisposed was made.

Very truly yours,

J. David Hammond
J. David Hammond, M.D.

JDH:GD

COPY MADE FROM
VETERAN'S CLAIM FOLDER

TO WHOM IT MAY CONCERN

THIS IS TO CERTIFY:

1. That I am the same Edward H. Schad who enlisted in the U.S. Army July 12, 1942 and discharged October 6, 1945, ASN 32 378 461, Rank, T.Sgt. unassigned at time of discharge from the Flattsburg Convalescent Hospital, Flattsburg, New York.
2. That on August 17, 1943, while on duty on a combat mission in a B-17, commanded by Lt. Sexton of the 379th Bomb Group, 526th Sqdn. over Aufschafensburg, Germany, I was shot down by flak fighters.

I was captured by the civilian police and turned over to the Luftwaffe and Gestapo. I was taken to a schoolhouse and held for a few hours while other airmen were captured. About four of us were taken in a station wagon to a Gestapo jail where we were held three days and interrogated. At that time we were transferred to the Franklin Interrogation Camp, a distance of about 30 miles by automobile. During this period we were given bread and water and a British Red Cross parcel.

About August 25th 90 of us were loaded into boxcars and sent to Mooseburg, a trip of about five days. We travelled at night and were not allowed out of the car during the day. We were fed only bread and water during this trip. I stayed at Moseberg about three months at which time all airmen were evacuated. We were given an American Red Cross package and loaded once again into boxcars and transferred to Stallag, 17B, at Krems outside of Vienna. I was imprisoned here 18 months. During this 18 months I was fed a bowl of soup and bread once a day and issued a water ration. Occasionally I was given potato, carrots or turnips.

Due to Russian and American advances we were marched across Austria toward the American lines. We were taken into a woods outside of Braunau, Austria and kept about eight days and we were liberated by the American on May 3, 1945.

While I was imprisoned I lost approximately 30 lbs., suffered dysentery and scabies. Since my discharge I have suffered from insomnia, loss of appetite and have become irritable and nervous.

Signed Edward H. SchadAddress 105 State St AuburnSubscribed and sworn to before me this 28day of April, 1947.

James P. [Signature]
Contact Representative
V.A. Authority Form 4505b

COPY MADE FROM
VETERANS CLAIM FOLDER

RATING SHEET

Date 8 4-11-47

Claimant's name: SCHAD, Edward H., c- 5 450 700
105 State St., Auburn, New York

Occupational determination _____

Dates enlisted 7-31-42 Dates discharged 10-6-45

Character of discharges Honorable Dates of last examination _____

In stating the ratings below, the effective Administration's Regulations and Instructions applicable shall be followed

Rated 1945 S - Class 5 -

Ten Percent (10%) from 10-7-45 to 3-31-46
Ten Percent (10%) from 4-1-46

A. 9105 Incurred in service in WW II VR I(a), Part I, Par. I(a).
ANXIETY NEUROSIS
(oo) Not in Combat.

C. Disability not incurred in or aggravated by service
in WW II VR I(a), Part I, Par. I(a).
DEFORMITY OF LEFT 5 FINGER

2507 scheduled.

ABSTRACTED

(oo) no Combat Disability.

76.14.11.11

B.S. Harwood
B.S. HARWOOD, MD
(Rating Specialist, Medical)

E.H. Bealook
E.H. BEALOOK
(Rating Specialist, Claims)

(Rating Specialist, Occupational)

Rating Board No. 1 Syracuse, N.Y. mjt 3 cc:Cl Stat: _____
Veterans Administration

COPY MADE FROM
VETERANS CLAIM FOLDER

TO WHOM IT MAY CONCERN

C# 5 450 700

THIS IS TO CERTIFY:

1. That I am the same Edward H. Schad who enlisted in the U.S. Army July 12, 1942 and discharged October 6, 1945, ASN 32 378 461, Rank, T.Sgt. unassigned at time of discharge from the Plattsburg Convalescent Hospital, Plattsburg, New York.
2. That on August 17, 1943, while on duty on a combat mission in a B-17, commanded by Lt. Sexton of the 379th Bomb Group, 526th Sqdn. over Aufschafensburg, Germany, I was shot down by flak fighters.

I was captured by the civilian police and turned over to the Luftwaffe and Gestapo. I was taken to a schoolhouse and held for a few hours while other airmen were captured. About four of us were taken in a station wagon to a Gestapo jail where we were held three days and interrogated. At that time we were transferred to the Franklin Interrogation Camp, a distance of about 30 miles by automobile. During this period we were given bread and water and a British Red Cross parcel.

About August 25th 90 of us were loaded into boxcars and sent to Mooseburg, a trip of about five days. We travelled at night and were not allowed out of the car during the day. We were fed only bread and water during this trip. I stayed at Mooseburg about three months at which time all airmen were evacuated. We were given an American Red Cross package and loaded once again into boxcars and transferred to Stallag, 17B, at Krems outside of Vienna. I was imprisoned here 18 months. During this 18 months I was fed a bowl of soup and bread once a day and issued a water ration. Occasionally I was given potato, carrots or turnips.

Due to Russian and American advances we were marched across Austria toward the American lines. We were taken into a woods outside of Braunau, Austria and kept about eight days and we were liberated by the American on May 3, 1945.

While I was imprisoned I lost approximately 30 lbs., suffered dysentery and scabies. Since my discharge I have suffered from insomnia, loss of appetite and have become irritable and nervous.

Signed Edward H. Schad

Address 105 State St Auburn

Subscribed and sworn to before me this 28

day of April, 1947.

James P. [Signature]
Contact Representative
V.A. Authority Form 4505b

COPY MADE FROM
VETERANS CLAIM FOLDER

REQUEST FOR DATA RELATIVE TO DOMICILIARY CARE, HOSPITAL OR OUT-PATIENT TREATMENT

Date May 6, 1947

FROM: (Manager) (Chief Medical Officer) (Chief, Out-Patient Service)
VARO, Syracuse, New York Name SCHAD, Edward H.
(Office) C-5 450 700 (A or N) S-

TO: (Manager) (Adjudication Officer) (Director, Veterans Claims Service)
VARO, Syracuse, New York
(Office)

(Additional Information)

Please furnish at once the following data regarding the above-named veteran:

- All dates of enlistment and discharge, rank, organization and character of discharge from each period, line of duty status. (If discharged for disability incurred in line of duty, name disease or injury.) _____

- Has applicant filed claim for monetary benefits which has been disallowed or unadjudicated? _____
- Service-connected disabilities, if any _____
- Non-service-connected disabilities, if any _____
- Amount of pension or compensation being paid for disability due to service _____
Not due to service _____
- Information relative to infractions of facility discipline occurring during the past 6 months. (If none, so state.) _____
- Has applicant ever received domiciliary care? _____ What years? _____
- Applicant's most recent (hospital treatment) (domiciliary care), as shown by (his case file) (Form P-10 filed at this station) was at _____
from _____ (Date) to _____ (Date)
- Has prosthetic or orthopedic appliance been furnished or repaired? (If so, show type and date.) _____
- Race _____ Names and addresses of dependents and fiduciary, if any _____

(Date)

(Manager) or (Adjudication Officer) or (Director, Veterans Claims Service)

U. S. GOVERNMENT PRINTING OFFICE 16-58850-3

COPY MADE FROM
VETERANS CLAIM FOLDER

REQUEST FOR DATA RELATIVE TO
DOMICILIARY CARE, HOSPITAL OR OUT-PATIENT TREATMENT

Date May 6, 1947

FROM: (Manager) (Chief Medical Officer) (Chief, Out-Patient Service)
VARO, Syracuse, New York

Name SCHAD, Edward H.

(Office)

C- 5 450 700 (A or N) S- _____

TO: (Manager) (Adjudication Officer) (Director, Veterans Claims Service)
VARO, Syracuse, New York

(Office)

(Additional Information)

Please furnish at once the following data regarding the above-named veteran:

1. All dates of enlistment and discharge, rank, organization and character of discharge from each period, line of duty status. (If discharged for disability incurred in line of duty, name disease or injury.) _____

2. Has applicant filed claim for monetary benefits which has been disallowed or unadjudicated? _____

3. Service-connected disabilities, if any _____

4. Non-service-connected disabilities, if any _____

5. Amount of pension or compensation being paid for disability due to service _____
Not due to service _____

6. Information relative to infractions of facility discipline occurring during the past 6 months. (If none, so state.) _____

7. Has applicant ever received domiciliary care? _____ What years? _____

8. Applicant's most recent (hospital treatment) (domiciliary care), as shown by (his case file) (Form P-10 filed at this station) was at _____
from _____ to _____
(Date) (Date)

9. Has prosthetic or orthopedic appliance been furnished or repaired? (If so, show type and date.) _____

10. Race _____ Names and addresses of dependents and fiduciary, if any _____

(Date)

(Manager) or (Adjudication Officer) or (Director, Veterans Claims Service)

COPY MADE FROM
VETERANS CLAIMS FOLDER

Advisement and Guidance Section Form
RECORD OF 1900 PROCESSING
(to be filed in C Folder)

Form 1900 ----- 4-28-47 ----- Processed ----- MAY 1 ----- 1947
(Date) (Date)

AGO Form 20 withdrawn ----- (Date) ----- and placed in Rehab. folder

AGO Form 100 withdrawn ----- 5/5/47 ----- and placed in Rehab. folder

Note: Date stamped in indicates completed action.

COPY MADE FROM
VETERANS CLAIM FOLDER



VETERANS ADMINISTRATION
 500 SOUTH SALINA STREET
 CHURCH BUILDING
 SYRACUSE, NEW YORK

STB-AA

APRIL 21, 1947

FILE NO. C.

5 450 700

Mr. Edward H. Sched
 105 State Street
 Auburn, New York

Dear Sir:

Pursuant to Public Law 458, 79th Congress, enacted June 27, 1946, the record in connection with your disability claim has been reviewed under the Schedule for Rating Disabilities, 1945.

It has been determined that the evaluation previously given you for your service-connected disability is to be confirmed and continued. However, your monthly payments will include the 20% increases as provided for by Public Law 662, 79th Congress enacted August 8, 1946.

If there is evidence available to you which in your opinion would warrant a different decision, such evidence should be immediately submitted to this office for reconsideration of your claim. If you have no further evidence to submit, but have substantial reason to believe that the decision is not in accordance with the law and the facts in your case, you may appeal to the Administrator of Veterans Affairs at any time within one year from the date of this letter. In the event you feel that appellate consideration is justifiable, further correspondence relating to the matter should be addressed to this office.

Very truly yours,

NS:kk

206: VEM

A. C. KIRKMAN
 ADJUDICATION OFFICER

V A Letter
 Sep 1946 FL NTS-28

An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number, whether C, XC, K, N, or V. If such file number is unknown, service or serial number should be given.

COPY MADE FROM
 VETERANS CLAIM FOLDER

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
RECORDS ADMINISTRATION CENTER
4370 Goodfellow Boulevard
St. Louis 20, Missouri

Supplemental Report to

Veterans' Administration

C-5452700
Street

BATAVIA, N. Y.
City State

In the case of

EDWARD H. 3237890
Name A.S.N.

Claim #

E. C. Gault
E. C. GAULT
Colonel, AGO
Chief Demob. Per. Rec. Branch

AGCAC Form (Temporary)
1 Jul 1946

CAF CORVALENSIS
PLATTSBURG BARRACKS, NEW YORK

SCHAD EDWARD H.
 32378461
 25
 N.Y.

UNIT	GRADE	DATE	REMARKS
CAF R-1	O	11	
CAF R-2	N	11	
CAF R-3	N	11	
CAF R-4	N	11	
CAF R-5	N	11	
CAF R-6	N	11	
CAF R-7	DC	11	
CAF R-8	O	11	

50845

W. H. ...

COPY MADE FROM
VETERANS CLAIM FOLDER

W. D., A. G. O. Form No. 8-33
1 July 1944
(This form supersedes W. D., M. D. Form No. 84A, 21 May 1939, which will not be used after receipt of this revision.)

Overseas			Non Pilot Flying		
a. BOARD: VAF Conv Hosp Plattsburg Bks, NY			1. LAST NAME, FIRST NAME, DOUBLE INITIAL Schad, Edward H.		
b. WARD 44	c. RELIGION P	d. PREV. ADM. None	2. REGISTRY NO. 2624	3. ARMY SERIAL NO. 32378461	4. GRADE S/Sgt
e. NAME AND ADDRESS OF NEAREST RELATIVE (W) Mabel J. Schad 460 Shonnard St Syracuse, NY			5. ORGANIZATION AND ARM OR SERVICE (If AAF personnel, see below) AAF Unasgd		
6. AGE 25	7. RACE W	8. LENGTH OF SERVICE 15 Aug 42	9. DATE OF ARRIVAL 8 Aug 45		
1. DED. XD	2. ICL.	3. B/C	10. SOURCE OF ARRIVAL Fml trf AAFBS #1 Atlantic City, NJ		
4. ADDITIONAL OFFICERS RRL/alh					

11. FINAL DIAGNOSIS, ADDITIONAL DIAGNOSIS, OPERATIONS, CHARACTER OF SERVICE

LOANED TO VETERANS' ADMINISTRATION

Activity State, mild, manifested by
mild depression, insomnia, nervous, irritability.

Prepositions - now known

Stress - pure (22 months POW)

Impairment of functional capacity for flying - marked -

S & W REPORT CARD TYPED

[Faint typed text, mostly illegible]

RECEIVED

MAY 6 1946

Administrative Division
Veterans Administration
Buffalo, N. Y.

No. Entries - this copy -
Open for pay - confirmed -
Class I

12. LEAVE OF DUTY Yes	13. DISPOSITION AND DATE Duty 29-Sept-45	14. SIGNATURE OF WARD SURGEON Philip P. Quinn Castle
--------------------------	--	---

16-50778-1 * U. S. GOVERNMENT PRINTING OFFICE : 1944

COPY MADE FROM
VETERANS CLAIM FOLDER

[Faint, mostly illegible text at the top of the page, possibly a header or administrative information.]

This is to certify that I have been informed by the admitting officer that any money or valuables of considerable intrinsic value, such as watches and jewelry, retained in my possession while I am a patient in this hospital, are retained at my own risk. I have also been informed that I may and should deposit same with the Custodian of Patients' Fund and Valuables for safekeeping.

Edward H. Sched

DATE _____

Grade

ASN

--	--

COPY MADE FROM
VETERANS CLAIM FOLDER

CHIEF COMPLAINT—CONDITION ON ADMISSION—PREVIOUS
PERSONAL HISTORY

Name SCHAD, Edward H. Grade S/Sgt. Ward CAS

Chief complaint: 1. Nausea in mornings
2. Shakiness

General appearance and condition on admission: Well nourished white 25-year old male, not appearing acutely or chronically ill. Temperature 97.2.

Occupation: Civilian: Night clerk in A & P
Military: Ball turret gunner on a B-17

Tropical service: None

Habits (alcohol, tobacco, drugs): Smokes two packages of cigarettes per day. Drinks 3 to 4 bottles of beer. Denies use of drugs.

Family history: Father, 50 years, died 1925 - pneumonia - patient 5 years old at the time. Mother, 68 years, has a bad left lung for past 5 years. Four (4) brothers, 38, 34, 29, and 22 years - 34 year old brother had "sugar diabetes". Five (5) sisters, 48, 45, 42, 31, 27 - all living and well.

Previous personal history: "Touch of arthritis" - 1941 arms and left leg - lasted 1 month. Pneumonia as infant - no sequelae. Tonsillectomy and adenoidectomy 1928.

Injuries: None

Veneral disease: Denies G.C. and lues by name and symptoms

(over)

16-10011-1

COPY MADE FROM
VETERANS CLAIM FOLDER

HISTORY OF THE PRESENT ILLNESS

A 25-year old S/Sgt. with 3 years of service and 2 years overseas duty in ETO, flying as a ball turret gunner in a B-17, completing 6 missions, when he was shot down by enemy flak, August 43. One member of crew was lost. POW for 22 months without special difficulty. Liberated 3 May 45 by American. Evacuated to 21 29 May 45. Upon return to states learned that his baby had died and wife was ill. Began to experience persistent morning vomiting along with episodes of "shakiness". At present time complains of stomach trouble, diarrhea, cramps, nausea in A.M. His left foot hurts him after walking a couple of miles. Has insomnia and nightmares.

14-10815

COPY MADE FROM
VETERAN'S CLAIM FOLDER

PHYSICAL EXAMINATION

Name SCHAD, Edward E. Grade s/Sgt. Ward CAS

Height: 5'8" Normal weight: 155 Present weight: 150

Skin: Normal, except discoloration of right zygomatic area of face.

Head (including special senses, nose, mouth, throat, and pharynx): Normal

Neck: Normal

Thorax: Normal

Lungs: Clear to A & P

Vascular system (arterial and venous): Normal

Blood pressure: Systolic 108; diastolic 90

Heart: Normal

(OVER)

16-48010

COPY MADE FROM
VETERANS CLAIM FOLDER

SPECIAL EXAMINATION OR ADDITIONAL DATA

Name Schub, Edward H. Grade S/Sgt Ward 12-A

(This sheet to be used for extension from Forms 55 B and 55 C-1 when the space allotted in the regular form is insufficient. Notation of such extension will be recorded in the regular space provided in the history.)

20 Aug '45 Returned from 5 day V-T day
furlough.

22 Aug '45 - PT missed appointment.
H. Gutzel, Capt. M.C.
H.S.

27 Aug '45 PT gave excuse for missing appointment.

5 September 1945

At present time, this soldier appears to be in fairly good condition. There are no overt signs of tension or anxiety. According to the history, he was shot down on the seventh mission over Schweinfurt on 17 August 1945. At that time, he was picked up by the Germans, placed in prison and spent twenty-two months as a POW; physical privations were great. Living conditions and food were very poor. He lost a great deal of weight. On being released and being returned home, he began to notice symptoms of anxiety. He became very irritable and now wants to "forget". At present, his main difficulty seems to be with his stomach. There is nausea and some vomiting after meals, especially breakfast. He notices a definite reaction to certain rich foods such as steak, pasturis, etc. However, the above difficulty is minimal at the present time. He is to have a G.I. series and, if negative, I believe that he is adjusted sufficiently to be discharged from the hospital. At present time, he has 83 points.

Philip Briscoe
PHILIP BRISCOE, Capt., M.C.

7 Sept 45 - P-I Series Negative:

Briscoe

11 Sept 45 - Serum again - Conduction good - Heart will
be put to go to supervisor - Briscoe

(Use both sides of this sheet)

16-10012

COPY MADE FROM
VETERANS CLAIM FOLDER

INITIAL SUMMARY, WORKING DIAGNOSIS, CONTEMPLATED
LABORATORY TESTS, AND CONSULTATIONS

Name SCHAD, Edward H. Grade S/Sgt. Ward CAS

Transfer diagnosis. 1. Anxiety reaction, moderate
C.S. - severe H.E.
Predisposition - unknown

Initial summary: Patient was shot down by flak August 43. POW 22 months. Had domestic difficulties on return home. At present complains of nervous symptoms - stomach trouble

Working diagnosis or impression: 1. Anxiety state, moderate
C.S. - severe
Predisposition - unknown
Impairment functional - none

Contemplated laboratory tests and special examinations: 1. Chest X-RAY
2. Dental survey ✓
3. Urinalysis ✓ *neg.*
4. G.I. series

FINAL SUMMARY

Name Schod, Edward H Rank Sgt Ward 12A Age 25 32378461
 Part to be examined (or treated) P. I. Serum
 Clinical diagnosis (include operations) ? ulcer
 Date 4 Sep 1945 Philip P. Quinn M. C.
 Hospital AAECH, Plattsburg, NY Film No. 2761

Fluoroscopic and film examination of the upper gastro-intestinal tract shows it to be normal with no evidence of ulcer craters.

W. L. Bonnet, Capt. M. C.

Form 55 K-2
 MEDICAL DEPARTMENT, U. S. ARMY
 (Revised May 31, 1939)

RADIOLOGIC REPORT

Date 5 Sept. 45, 19

Film No. 2761 Date 4 Aug 42 W. L. Bonnet, Capt. M. C.

WD AGO Form 9-68 1 December 1944
 This form supersedes W. D., M. D. Form 65K-1, 9 June 1942,
 which may be used until existing stocks are exhausted.

RADIOLOGIC REPORT

16-43757-1 ★ GPO

COPY MADE FROM VETERANS CLAIM FOLDER

PROGRESS NOTES

Name Sched, Edward H. Grade Algt Ward 12A

(Complications and changes in diagnosis, with date in each case, should be entered on this sheet)

Final Summary of Case History

25 year old Algt with 3 1/2 years
service admitted to AAFCH, Philadelphia Pa
on 8 Aug 1945 as a formal transfer from
AAF RS # 1 Atlantic City N.J.

Subject flew 6 missions as a forward on
P17s. On the 6th mission he was shot down
and spent 22 months as a POW with
multiple interrogations. Soon after return to states
notes onset of symptoms of anxiety.

At present time it is felt that he
has adjusted sufficiently to be discharged from
the hospital.

Diag - Anxiety state, mild -

LoD - Yes -

Rec - Full Ground Duty -

Philip P. Parnice, Captain

(Use both sides of this sheet)

16-58214

COPY MADE FROM
VETERANS CLAIM FOLDER

IV. PSYCHOLOGICAL EVALUATION CASE NO 2044

Name Schad, Edward H. Rank S/Sgt. ASN 32378461
Age 25 Marital Status (M) S D W Medical Diagnosis Anxiety state, moderate,
C.S. severe, predisposition, T. O. E.T.O. Nativity N.Y.
unknown, Functional impairment, none

A. INTAKE INTERVIEW:

1. Educational Background: 1 year
high school.

2. Civilian Experience: Truck driver,
2 years; Shipping and receiving clerk, Furniture Co, 6 mos;
Window washer, 1 year; Grocery clerk, A & P Co, 3 years.

3. Military Experience: In service
3 yrs; Basic Training, Miami Beach, Fla; Madison Radio School,
3 months; Ft. Myers Gunnery School, 7 wks; Refresher Radion Course
Salt Lake City, 5 wks; England as radio gunner on B-17; Shot down
on 6th mission, POW, 22 months; liberated and returned to U.S.

4. Interests and Aptitudes: Fishing.
Horseback riding, golf.

5. Comments: Patient is still very
nervous and has nausea, diarrhea, and general stomach trouble.
He feels that hte Health Club program should do very much to help
him. He intends to apply for a discharge on points when he leaves.

P3 # 25-121b

RECOMMENDED FOR:

1. Counseling YES NO

Reason: _____

2. Fasting YES NO

Reason: _____

C. RECOMMENDED PROGRAM:

- | Activity |
|----------------|
| 1 Radio Repair |
| 2 |
| 3 |
| 4 |
| 5 |

Interviewed by: Cpl. Glasser

Date: 9 Aug 1945

Approved: E. Stangor
Chief, Program Placement
& Psychological Branch

COPY MADE FROM
VETERANS CLAIM FOLDER

PHYSICAL EXAMINATION FOR FLYING

(See AR 40-108, 40-109, 40-110)

INFORMATION COPY

1. Schad Edward R. S/Sgt. AC 32378461 25 3
(Last name) (First name) (Middle initial) (Grade and arm or service) (Serial No.) (Age) (Years service)

2. AAFPS No. 1, Atlantic City, NJ Returned from overseas May 1943 Qualified
(Address) (Purpose of examination) (Date and result last examination)

Summer Flying time as: Pilot 70; observer 70; pilot 70; observer 70
(Aeronautical rating) (Total) (Total) (Last 6 mos.) (Last 6 mos.)

3. Temperature 98.6 Vaccinations: Typhoid series, No. 1945; Last 1945; smallpox 1943; reaction ---
(Date)

4. Medical history.

(In the case of applicant include family. Has he ever had epilepsy, enuresis, headaches, dizziness, vertigo, fainting, stammering, tic, somnambulism, pavor nocturnus, migraine, insomnia, phobias, anxiety trends, irritability, apathy, elation, depression, sensory disturbances, amnesia, spasms, unconsciousness, repeated episodes of alcoholism, encephalitis, pneumonia, syphilis, renal calculi, tuberculosis, asthma, hay fever, repeated colds, mastoiditis, sinusitis, tonsillitis, arthritis in any form, malaria, severe injuries, major operations, or other pertinent history? Explain fully.)

Usual childhood diseases. Pneumonia, childhood, no sequelae, Tonsillectomy and Adenoidectomy 1928. Bailed out over enemy territory, August 1943, sustaining sprain left foot, abrasions of face, not hospitalized. POW 22 months. Denies all else.

5. Eye: Inspection Normal Nystagmus ---
 6. Associated parallel movements --- Pupils: Equality --- Reaction ---
 7. Visual acuity: R. E. 20/20, correctible to 20/ --- L. E. 20/20, correctible to 20/ ---
 8. Depth perception (uncorrected) --- mm. With correction --- mm.
 9. Heterophoria at 6 meters: Eso --- Exo --- R.H. --- L.H. --- Prism divergence ---
 10. Red lens test --- Angle convergence: PcB --- mm. Pd --- mm.
 11. Accommodation: R. --- D. L. --- D. Addition required for 50 cm. R. --- L. ---
(Jaeger type): Right J. 1-50, correctible to J. ---; Left J. 1-50, correctible to J. ---
 12. Color vision Normal to Holmgren Yarns
 13. Field of vision (form): R. --- L. --- Ophthalmoscopic: R. Normal L. Normal
 14. Refraction: R. reads 20/20 with S. --- CAx --- L. reads 20/20 with S. --- CAx ---
 15. Ear: History of ear trouble Denies
 16. External ear: R. Normal L. Normal Membrana tympani: R. Normal L. Normal
 17. Hearing (whisper): R. 15/15 L. 15/15 Audiometer (percent loss): R. --- L. ---
 Nares Normal Tonsils Eucleated

19. Teeth:

		Right	(Examinee's)	Left											
(a)		8	7	5	4	3	2	1	2	3	4	5	6	7	8
		16	15	14	13	12	11	10	9	9	10	11	12	13	14

Indicate: Restorable carious teeth by O; nonrestorable carious teeth by /; missing natural teeth by X.

(b) Remarks, including other defects None (d) Classification II
 (c) Prosthetic appliances None

20. History of swing, train, air, or sea sickness Denies

21. Barany chair (when indicated with results) Not done

22. Posture Good Figure Medium Frame Medium
(Excellent, good, fair, bad) (Slender, medium, stocky, obese) (Light, medium, heavy)

23. Height, 66 inches. Weight, 148 pounds. Chest: Inspiration 38 Expiration 34 Rest 36 Abdomen 32

24. Skin and lymphatics Normal Endocrine system Normal

25. Bones, joints, muscles Normal Feet Normal

26. Heart Normal Pulse immediately after exercise 1

27. Pulse rate, 84 B.P.: S. 130 D. 68 Schneider --- Character Full and regular
 Two minutes after exercise 84 Varicose veins None

28. Arteries Normal

Biannual appointment as cadet, commission in the Air Corps, commission in Air Corps Reserve, transfer to the Air Corps, or any other special procedure. I, II, III, or IV; see par. 3, AR 40-512.

W. D. A. G. O. Form No. 64
(May 30, 1941)

COPY MADE FROM VETERANS CLAIM FOLDER

118 AQ

- 29. Respiratory system Normal
- 30. X-ray of chest¹ Negative. AAFRS#1, 8/4/45
- 31. Abdominal viscera Normal
- 32. Hernia None Hemorrhoids None
- 33. Genito-urinary system Normal
- 34. Nervous system: Reflexes, gait, coordination, musculature, tension, tremor, and other pertinent tests Tension, nausea, fatigue, restlessness, anxiety.
- 35. Laboratory procedures: Kahn Negative, AAFRS#1, 8/4/45 Wassermann¹ -
 Urinalysis: Reaction Alkaline Sp. gr. 1.017 Albumin Negative Sugar Negative Microscopical Negative
- 36. Estimated adaptability for military aeronautics (if unsatisfactory, state reasons) Unsatisfactory (See 34, 37)

37. Remarks on conditions not sufficiently described Anxiety reaction, moderate, combat stress severe. HE predisposition, unknown. Temporarily disqualified for overseas service. (See attached psychiatric report) Physical Profile Serial No. 111113XT

- 38. Is the examinee physically qualified for flying duty? No If yes, in what class?
- If disqualified, indicate defects by paragraph number 34, 36, 37
- 39. Have defects been waived by The Adjutant General? No If yes, give date
- If no, is waiver recommended? No Is request for waiver attached? -
- 40. Is the examinee incapacitated for active service? Yes If yes, indicate defect by paragraph number 34, 36, 37
- 41. Corrective measures or other action recommended Dental appointment made. Transfer to Plattsburg Convalescent Hospital, for further observation and treatment.
- 42. If applicant for appointment: Does he meet physical requirements? Do you recommend acceptance with minor physical defects? If rejection is recommended, specify cause =

RS#1, Atlantic City, NJ 6 August 1945
 (Place) (Date)

EDWARD T. KEARNEY CAPTAIN MEDICAL Corps.
Roland E. Faulkner
 ROLAND E. FAULKNER CAPTAIN MEDICAL Corps.

REVIEWED AND APPROVED:

A. J. SPRENGER MAJOR Medical Corps.

JOHN W. NESTOR CAPTAIN MEDICAL Corps.

1st Ind.²

Headquarters 19
 To the Commanding General,
 Remarks and recommendations

(Name) (Grade) (Organization and arm or service)
 Commanding.

2d Ind.²

..... 19 To The Adjutant General.

¹ Required for candidates for commission, Reserve officers reporting for extended active duty, and applicants for flying cadet.
² State action taken on recommendation of the board. If incapacitated for active service, state whether action by retiring board is recommended.

NOTE.—Use typewriter if practicable. Attach additional plain sheets if required.

ASSESSMENT RECOMMENDATIONS

DATE
6 Aug 45

INSTALLATION
AAF No. 1
Atlantic City, N.J.

2. QUAL PHYS FOR 1. RECOMMENDED DUTY

NAME SCHAD, EDWARD H		PROJECT R 32 378 461		ASN	RACE White	MARITAL STATUS Married
GRADE S SGT	ROSTER I 732	AGE 25	ARM OR SERVICE		DATE OF RANK	
A.		B.		C. RECOMMENDED FOR SPECIAL REQUISITION		D. AREA PREFERRED BY RETURNEE
E. DUTY ASSIGNMENT LOCATION (IS) (IS NOT) LIMITED BY SURGEON IN PARAGRAPH 4 BELOW						
RATED OFF. & EM: <input type="checkbox"/> A. Full Fly Duty <input type="checkbox"/> B. Limit Fly Duty <input type="checkbox"/> C. Gen Ground Duty <input type="checkbox"/> D. Limit Grnd Duty						
ENL. AIR CREW: <input type="checkbox"/> A. Combat Type Aircraft <input type="checkbox"/> B. Non-Com type Aircraft <input type="checkbox"/> C. Gen Ground Duty <input type="checkbox"/> D. Limit Grnd Duty						
NON-FLY OFF & EM: <input type="checkbox"/> A. General Duty <input type="checkbox"/> B. Limited Duty						
INSTRUCTOR APITUDE TESTS: B <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> G <input type="checkbox"/> OTHER <input type="checkbox"/>						

5. DATA

4. SURGEONS REMARKS AND LIMITATIONS
Transfer to AAF Conv. Hosp., Flattsburg, N. Y. for observation and treatment. (Anxiety reaction, mod., HR) Physical Profile Serial 111115XT

RATING	COMBAT MISSIONS	TOTAL COMBAT HRS All ratings <input type="checkbox"/>	IF A PILOT	
FLYING TIME EACH COMBAT AIRCRAFT		MIL FLY HRS	TOTAL FLY EXP yrs. mo.	

6. EM DATA:		7. MILITARY EXPERIENCE:	
AGCT	YRS EDUC	SERVICE SCHOOLS	NO. OVERSEAS

8. OVERSEAS EXPERIENCE:

THEATER	SPECIFIC DUTY & SUFFIX	LEVEL	FROM	TO
A.				
B.				

9. THEATER COMMANDERS RECOMMENDED DUTY:

10. OTHER PERTINENT FACTORS:

STATION SURGEON'S SIGNATURE	CLASS. OFFICER'S SIGNATURE	ASGMT. OFFICER'S SIGNATURE
-----------------------------	----------------------------	----------------------------

(TO BE FORWARDED WITH QUALIFICATION RECORD, WD AGO FORM 20, 66-2, OR 66-3)

COPY MADE FROM VETERAN'S CLAIM FOLDER

ARMY AIR FORCES REDISTRIBUTION STATION NO. 1

DATE 4 August 1945

1 732

PERSONALITY ESTIMATE

NAME Schad, Edward H. ASN 32378461 MOS 757 AGE 25
 AF 8th RANK S/Sgt THEATER England DATE OF LAST MISSION 17 Aug 45
 NO. MISSIONS 7 NO. COMBAT HRS. 70 TYPE OF PLANE B 17

Previous Emotional Instability: Yes No Family: _____

Specific traumatic experiences, or pathogenic factors: _____

SYMPTOMS: (Severity indicated by x or xx)

<input checked="" type="checkbox"/> Restlessness	<input type="checkbox"/> Excessive Drinking	<input type="checkbox"/> Sweating of hands
<input checked="" type="checkbox"/> Tenseness	<input type="checkbox"/> Startle Reaction	<input checked="" type="checkbox"/> Psychosomatic symptoms
<input checked="" type="checkbox"/> Tremors	<input type="checkbox"/> Preoccupation w. combat	<input type="checkbox"/> Nausea and vomiting.
<input checked="" type="checkbox"/> Restless sleep	<input type="checkbox"/> Apathy	<input type="checkbox"/> Hysterical conversion
<input type="checkbox"/> Insomnia	<input checked="" type="checkbox"/> Loss of zest for flying	<input type="checkbox"/> Fear of flying
<input type="checkbox"/> Nightmares	<input type="checkbox"/> Inability to concentrate	<input type="checkbox"/> Speech Impairment
<input type="checkbox"/> Battle dreams	<input checked="" type="checkbox"/> Depression	<input type="checkbox"/> Mental confusion
<input checked="" type="checkbox"/> Irritability	<input checked="" type="checkbox"/> Anxiety Attacks	<input type="checkbox"/> Other: _____
<input checked="" type="checkbox"/> Physical fatigue	<input type="checkbox"/> Aggressive behaviour	
<input checked="" type="checkbox"/> Anorexia	<input checked="" type="checkbox"/> Loss of weight	

REMARKS:-

HE 7th mission. Plane struck by flak. 1 of crew lost. POW 22 months without special difficulty. Upon return to ZI learned that baby died and wife ill. Began to experience persistent morning nausea and vomiting along with episodes of "shakiness". Delayed reaction from prolonged stress, aggravated by acute familial situation.

DIAGNOSIS:-

Anxiety Reaction, moderate; combat stress-severe HE; predisposition-unknown.

RECOMMENDATION FOR DISPOSITION:-

Plattsburg C.H.

Robert J. Kaplan
 A.J. KAPLAN, Major, MC
 PSYCHIATRIST.

RS No. 1 Form 25-61 (15 June 45)

COPY MADE FROM VETERANS CLAIM FOLDER

ARMY AIR FORCES REDISTRIBUTION STATION NO. 1

PERSONALITY ESTIMATE

DATE OF RE-EXAMINATION

MARKS:-

RECEIVED
MAY 8 1946

Redistribution Division
Personnel Administration
Buffalo, N. Y.

DIAGNOSIS:

RECOMMEND:

PSYCHIATRIST.

AWARD OF DISABILITY COMPENSATION OR PENSION
(Service Connected)

APR 30 1948

TO: Mr. Edward H. Sched,
460 Shonard St.,
Syracuse, New York

Dear Sir:

In accordance with the provisions of Public #2, 73d Congress, as amended
you are hereby notified that as a Veteran who was discharged
from the Military service of the United States on the 6th day of October,
1945, you are awarded Disability Pension in the amount of \$ 11.50
from October 7th, 19 45, on account of disability resulting from the
following conditions held to have been incurred or aggravated during your WW II
Services

Nerve Condition (10%)

The monthly payments pursuant to this award will continue during the period in
which you are 10% disabled subject to the general conditions mentioned on the
reverse side of this communication to which your attention is directed. Upon the
happening of any of the contingencies mentioned the Veterans Administration should
be notified promptly.

It has been determined that service connection is not shown for the following
conditions Condition of Finger was not incurred in service

If you are dissatisfied with the findings of the Veterans Administration or the
amount of this award it is your privilege to enter an appeal therefrom within 1 year
from the date of this communication. Such appeal should be submitted to this office
for certification to the Board of Veterans' Appeals, Washington 25, D.C.

If you should change your present address the Veterans Administration must be
immediately notified.

All future communications with reference to this case should be addressed to
this office and must bear the file number 5 450 700 as well as your full
name and complete rank and organization.

Y.W. COVIELLO, Maj. Officer
V.A.C., Buffalo, N. Y.

(See other side)

Veterans Administration

Entire 1900 sent to vet.

COPY MADE FROM
VETERANS CLAIM FOLDER

NOTICE

You are hereby notified that the happening of any one of the following contingencies may affect the payment of compensation or pension.

1. Decrease in disability.
2. Failure to furnish evidence requested by the Veterans Administration.
3. If the claimant, on a temporary rating, is drawing additional compensation for a minor child or children, compensation will be reduced when the child or children reaches the age of 18 years or marries.
4. Separation of claimant and wife or children.
5. Receipt of active service or retirement pay.
6. Fraud committed by person receiving compensation or pension or with his knowledge.
7. The furnishing of hospital treatment, institutional or domiciliary care by the United States Government or any political subdivision thereof.
8. Death of the veteran or a dependent.

IMPORTANT PROVISIONS OF LAW

Title I. Section 13, Public Act No. 2, 73d Congress.--"That if any person entitled to payment of pension under this title whose right to such payment under this title or under any regulation issued under this title ceases upon the happening of any contingency thereafter fraudulently accepts any such payment he shall be punished by a fine of not more than \$2,000 or by imprisonment for not more than 1 year or both."

Section 4747. Revised Statute.--"Attachment, levy or seizure of moneys due pensioners prohibited.--No sum of money due, or to become due to any pensioner, shall be liable to attachment, levy, or seizure by or under any legal or equitable process whatever, whether the same remains with the Pension Office (Veterans Administration), or any officer or agent thereof, or is in course of transmission to the pensioner entitled thereto, but shall inure wholly to the benefit of such pensioner."

RATING SHEET

Date Apr 29, 1946

Claimant's name: SGHAD, Edward H.

C- 5 450 700.

Occupational determination _____

Dates enlisted 7/31/42 AD Dates discharged 10/6/45

Character of discharges Hon C of G Dates of last examination SR

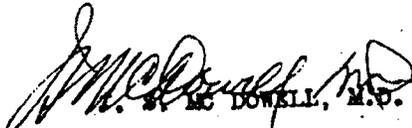
In stating the ratings below, the effective Administration's Regulations and Instructions applicable shall be followed

A. Inc. in serv. in WW II V R 1 (a) Part I Para 1 (a)
Ten percent (10%) from date of discharge
1083 ANXIETY NEUROSIS

C. Disability not inc. in serv. in WW II V R 1 (a) Part I Para 1
DEFORMITY OF LEFT 5 FINGER

2507 (4/1/47)

T. A. Eaton, VFW, representing vet.


J. M. DOWELL, M.D.
(Rating Specialist, Medical)


J. E. MC GLADE
(Rating Specialist, Claims)

(Rating Specialist, Occupational)

Claim Unit A Veterans Administration Buffalo, N.Y. isa

1945-O-870844

COPY MADE FROM
VETERANS CLAIM FOLDER

10% WF II

RC-EMI-IAA

5 450 700

SCHAD, Edward H.

400 Shennard St, Syracuse, N.Y.

////////////////////////////////////

4/2/47

////////////////////////////////////

Pension.

GM & NP

Anxiety neurosis

T/Sgt

1010 1010 BU

7/21/42 AD

10/5/45

Hon C of G

WF II

Buffalo, N.Y.

4/29/46

P. W. Cuvillo

P. W. CUVILLO, Adj. Officer

COPY MADE FROM
VETERANS CLAIM FOLDER

S-123

Auth. S.L. 9-10-42

ROUTING MEMO FOR NEW CLAIMS

5450700

*Delivered
10/16/45*

SCHAD Edward H
(Claimant's name)

(Claim number)

CLERK	RECEIVED	DISPATCHED
IH	10/10/45	10/10/45
TGC	10/11/45	10/11/45
TGC	10/11/45	10/11/45
TGC	10/11/45	10/11/45
	OCT 12 1945	

Indexed

Index card typed and routed

Abstract card inside left flap of folder

Abstract card to Abstract clerk

AGO requested from Facility

AGO requested from C.O.

Clinical records requested

Consolidated

COPY MADE FROM
VETERANS CLAIM FOLDER

DEMobilized PERSONNEL RECORDS BRANCH
Records Administration Center
AGO 4500 Goodfellow Blvd.

W. J. Graham
DISABILITY

October 24 45

St. Louis 20, Mo.
Adjudication HATAVIA, NEW YORK

5450 700

Harold

Edward

38578461

7-31-48
10-6-45

Hon.

T/SGT, 1010th AAF BU
AAF Conv. Hosp., Plattsburg Hqs, New York
460 Shonnard Street, Syracuse, New York
Syracuse, N. Y. 8-24-20

Nervousness; Left foot injury - Aug. 17, 1943
AAFCH, Plattsburg, New York - August 8, 1945

J. T. GRAHAM, Adjudication Officer
V. A. Batsavia, New York

ns

COPY MADE FROM
VETERANS CLAIM FOLDER

*File
11-5-51
130*

... New York

October 11, 1945

RC:bw
OF 5450 700

Mr. Edward H. Schad
460 Shonnard Street
Syracuse, New York

Dear Sir:

The receipt is acknowledged of your application
for compensation or pension.

Your claim is receiving consideration and when
a decision is rendered, you will be notified.

Very truly yours,

J. T. GRAHAM
Adjudication Officer

COPY MADE FROM
VETERANS CLAIM FOLDER



10-11-45
52
5450700

VETERAN'S APPLICATION FOR PENSION OR COMPENSATION FOR DISABILITY RESULTING FROM ACTIVE MILITARY OR NAVAL SERVICE

For use only at time of separation from service.

I HEREBY MAKE APPLICATION FOR COMPENSATION OR PENSION BASED ON MILITARY OR NAVAL SERVICE IN WORLD WAR II.

1. LAST NAME - FIRST NAME - MIDDLE NAME
SCHAD, EDWARD HAROLD

2. SERIAL OR SERVICE NUMBER
32378461

3. NATURE OF DISEASE OR INJURY ON ACCOUNT OF WHICH CLAIM IS MADE AND DATE EACH BEGAN
**Nervousness causing upset stomach, restlessness, tenacious
irritable coughs by close confinement as POW in Germany for
22 months; foot injured in bail-out Aug. 17, '43**

4. MEDICAL TREATMENT IN THE SERVICE WITH DATE AND PLACE OF DISABILITIES

HOSPITALS
A.A.F.C.H. Plattsburg, N.Y. 8/4/45
for nervous condition

OTHER

5. LIST ALL CIVILIAN PHYSICIANS WHO HAVE TREATED YOU FOR ANY SICKNESS, DISEASE OR INJURY PRIOR TO, OR DURING YOUR SERVICE

NAME OF PHYSICIAN	PRESENT ADDRESS	DISABILITY	DATE
None			

6. LIST ALL PERSONS OTHER THAN PHYSICIANS WHO KNOW ANY FACTS ABOUT ANY SICKNESS, DISEASE, OR INJURY WHICH YOU HAD PRIOR TO OR DURING YOUR SERVICE

NAME	PRESENT ADDRESS	DISABILITY	DATE
Mrs. Mabel Schad (wife)	460 St. Leonard St Syracuse, N.Y.		
Vincent C. Leonard	Daytona Beach, Fla.	ellow prisoner	1943-'45

7. HAVE YOU EVER APPLIED FOR: (Yes or No)

PAYMENT UNDER GOVERNMENT OR NATIONAL SERVICE LIFE INSURANCE	WAIVER OF PREMIUMS UNDER NATIONAL SERVICE LIFE INSURANCE	U.S. EMPLOYEES' COMPENSATION	CIVIL SERVICE RETIREMENT ANNUITY
No	No	No	No

8. IF ANY OF THE ANSWERS UNDER ITEM 7 ARE "YES", ANSWER THE FOLLOWING:

DATE OF APPLICATION _____ CLAIM NUMBER _____ OFFICE WITH WHICH FILED _____

9. HAVE YOU EVER BEEN PHYSICALLY EXAMINED FOR THE FOLLOWING? (Yes or No)

VETERAN'S ADMINISTRATION	CIVIL SERVICE COMMISSION	ENLISTED RESERVE CORPS	OFFICERS' RESERVE CORPS	U.S. EMPLOYEES' COMPENSATION COM.	OTHERS (Specify)
No	No	No	No	No	

10. IF ANY ANSWERS UNDER ITEM 9 ARE "YES", STATE DATE AND PLACE OF EXAMINATION

11. ARE YOU TO BE FURNISHED UPON DISCHARGE, HOSPITALIZATION OR DOMICILIARY CARE BY THE U.S. OR ANY POLITICAL SUBDIVISION THEREOF? **No**

12. IF SO, STATE WHAT INSTITUTION AND ADDRESS OF SAME

13. DOES THE VALUE OF YOUR REAL AND PERSONAL PROPERTY FROM ALL SOURCES EQUAL OR EXCEED \$1500.00? (Yes or No) **No**

14. MARITAL STATUS (Check)

SINGLE	MARRIED	WIDOWED	DIVORCED
	X		

15. TIMES MARRIED **once**

16. DATE, PLACE AND NAME OF SPOUSE OF EACH MARRIAGE
**Dec. 13, 1941 - Syracuse, N.Y.
Mabel Jean Cole**

17. DATE AND PLACE OF DISSOLUTION OF YOUR MARRIAGES

18. TIMES YOUR PRESENT WIFE HAS BEEN MARRIED **once**

19. DATE, PLACE AND NAME OF SPOUSE OF EACH OF HER MARRIAGES
**Dec. 13, 1941 - Syracuse, N.Y.
Edward Harold Schad**

20. DATE AND PLACE OF DISSOLUTION OF WIFE'S FORMER MARRIAGES

21. DO YOU LIVE TOGETHER? **Yes**

22. IF NOT, STATE REASON AND YOUR WIFE'S PRESENT ADDRESS

COPY MADE FROM VETERANS CLAIM FOLDER

23. HAVE YOU A CHILD OR CHILDREN YOUNG UNDER 18 YEARS OF AGE AND UNMARRIED OR AN OR OTHERWISE PERMANENTLY NE 1ST IF SO, STATE THE FOLLOWING PARTICULARS AS: ILN OF ANY AGE WHO IS INSANE, IDIOTIC, EACH CHILD. *Two*

FULL NAME OF CHILD	DATE OF BIRTH			PLACE OF BIRTH	NAME AND ADDRESS OF PERSON WITH WHOM CHILD LIVES
	DAY	MONTH	YEAR		
Edward H. Sched, Jr.	27	7	42	Syracuse, N.Y.	Parents 460 Shonnard St Syracuse, N.Y.
Jerry William Sched	31	1	44	Syracuse, N.Y.	

24. IF APPLICANT IS NATURALIZED, STATE DATE AND PLACE OF NATURALIZATION: *native born*

25. STATE YOUR FATHER'S NAME AND ADDRESS: *John Sched (deceased)*

26. AGE: _____ 27. IS HE DEPENDENT UPON YOU FOR SUPPORT? _____

28. STATE YOUR MOTHER'S NAME AND ADDRESS: *Catherine Roach Morrisville, N.Y.*

29. AGE: *68* 30. IS SHE DEPENDENT UPON YOU FOR SUPPORT? *No.*

31. STATE FULL NAME AND COMPLETE ADDRESS OF NEAREST RELATIVE AT DATE THIS CLAIM IS FILED: *Wife Mrs. Mabel Sched 460 Shonnard St. Syracuse, N.Y.*

32. TO BE COMPLETED IF APPLICANT HAS HAD PRIOR SERVICE IN THE ARMY, NAVY, MARINE CORPS OR COAST GUARD

ENTERED SERVICE		SERIAL OR SERVICE NO.	SEPARATED FROM SERVICE		GRADE AND ORGANIZATION	CHARACTER OR TYPE OF DISCHARGE
DATE	PLACE		DATE	PLACE		

IF YOU SERVED UNDER ANOTHER NAME, STATE NAME AND PERIOD OF SERVICE

IF RESERVIST, GIVE PERIODS OF ACTIVE DUTY AND BRANCH OF SERVICE

33. I HEREBY CERTIFY THAT I (have read) (have not read) ALL QUESTIONS AND ANSWERS THEREO ENDOBED IN THIS APPLICATION. THAT ANSWERS TO ALL ABOVE QUESTIONS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF; THAT ALL AVAILABLE INFORMATION IN SUPPORT OF THIS APPLICATION IS CONTAINED IN THE FOREGOING STATEMENTS WHICH ARE MADE AS A PART THEREOF WITH FULL KNOWLEDGE OF THE PENAL PROVISIONS PRINTED BELOW FOR MAKING A FALSE STATEMENT AS TO A MATERIAL FACT IN SUCH APPLICATION.

Edward H. Sched
SIGNATURE OF CLAIMANT

34. REMARKS (Continue items by box number. Use separate sheet if necessary)

NO DUPLICATE INFORMATION FOR OCT 13 1945

OCT 13 1945

WD AGO FORM 33 SERIES, WD AGO FORM 100 AND WD AGO FORM 30 OR 46, OR SIMILAR NAVY, MARINE CORPS OR COAST GUARD FORMS, MUST ACCOMPANY EACH APPLICATION

PENALTIES PROVIDED IN PUBLIC ACTS COVERING PENSION AND COMPENSATION

The assignment or transfer of any right or interest in any pension is void and has no effect. Any person who shall pledge or receive a pledge covering the transfer of any right or interest in any pension, or who holds the same collateral security for a debt, shall be guilty of a misdemeanor and upon conviction shall be fined a sum not exceeding \$100 and the cost of the prosecution.

Any person who knowingly or willfully makes or aids, or assists in the making or presentation of any false or fraudulent affidavit or writing supporting to be such, concerning any claim for pension, or any person who knowingly certifies that the declarant, affiant, or witness named in such declaration, affidavit, etc., appeared before him and was sworn thereto, when in fact such affiant or witness did not so appear, shall be liable by fine not exceeding \$500 or by imprisonment for a term of not more than 1 year.

That whoever in any claim for benefits makes any sworn statement of a material fact knowing it to be false, shall be guilty of perjury and be punished by a fine of not more than \$1,000 or by imprisonment for not more than 2 years, or both.

That if any person entitled to payment of pension, whose right to such payment ceases upon the happening of any contingency, thereafter lawfully accepts any such payment, he shall be punished by a fine of not more than \$1,000 or by imprisonment for not more than 1 year, or both.

While a claimant has a right, if he so desires, to employ a duly recognized pension attorney or pension claim agent to assist him in procuring his claim, it is not necessary that he incur this expense, and any attorney or agent so employed may not legally charge any fee other than allowed and paid by the Veterans Administration.

Any person who shall knowingly make or cause to be made, or receive, combine, aid, or assist in, agree to, arrange for, or in anywise participate in the making or presentation of a false or fraudulent affidavit, declaration, certificate, statement, voucher, or paper, or writing supporting such, concerning any claim for benefits under this title, shall forfeit all rights, claims, and benefits under this title, and in addition to such, and all other penalties imposed by law, shall be guilty of a misdemeanor and upon conviction thereof shall be punished by a fine of not more than \$1,000 or imprisonment for not more than 1 year, or both.

COPY MADE FROM VETERANS CLAIM FOLDER

NOTICE OF ASSIGNMENT OF C-NUMBER

57671100

19

FROM: BATAVIA NEW YORK
(Field station)

C- 5450700

TO: CHIEF CLERK,
VETERANS ADMINISTRATION,
Washington 25, D. C.

Name: SCHAD, Edward A
Rank and Org: 2/Sgt 1010 AAF Base NY
Born: 8/24/20
Place of birth: Syracuse NY
Address: 460 Shonnard St Syracuse NY
All S numbers: All dates of Enl: All dates of Dis:
12278-451 7/31/42 8/5/42

Attention: Chief, Index Division.

C-number was assigned on the records indicated below:

Service and clinical records accompanied by Form 526 . Clinical records without Form 526
Form 526 without clinical records . Application for hospitalization . Form 357 . Form 5
Form 6604 (x)

The following is a list of records received in this office from 1st Comd Hosp
(Military and Naval Hospital)
at Plattsburg NYS NY
(Location)
(Discharge Center, etc.)

NUMBER OF RECORDS:

1. _____ physical examination at entrance (Army).
_____ descriptive sheet in health record (NMS Form H-2).
_____ descriptive sheet in health record (CG Form 2525-B).
2. _____ clinical records (Army).
_____ copy of medical record (Navy, Marine, Coast Guard).
3. 1 _____ copy of C. D. D. (~~AGO Form 40~~) 100 53 36
_____ copy of report of Board of Medical Survey (NMS Form M)
_____ copy of report of Board of Medical Survey (CG).
4. 1 _____ Form 526 or statement in lieu thereof.
5. 1 _____ character of discharge.
6. _____ qualification card (AGO Form 20).

The original clinical records are described separately below:

Name of Hospital	Location	Register No.	Dates of Treatment
------------------	----------	--------------	--------------------

COPY MADE FROM VETERANS CLAIM FOLDER

ENLISTED RECORD AND REPORT OF SEPARATION HONORABLE DISCHARGE

1. LAST NAME - FIRST NAME - MIDDLE INITIAL W. J. Schaefer		2. ARMY SERIAL NO. 378 461	3. GRADE E/1st	4. ARM OR SERVICE Air Corps	5. COMPONENT
6. ORGANIZATION 1st Lt		7. DATE OF SEPARATION 6 Oct 45	8. PLACE OF SEPARATION Jacksonburg SCS, N. Y.		
9. PERMANENT ADDRESS FOR MAILING PURPOSES 400 ... Syracuse, N. Y.		10. DATE OF BIRTH 24 Aug 20	11. PLACE OF BIRTH Syracuse, N. Y.		
12. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT Box 9		13. COLOR EYES Brown	14. COLOR HAIR Black	15. HEIGHT 5'6"	16. WEIGHT 140
17. NO. DEPEND.	18. RACE White		19. MARITAL STATUS Single		20. U.S. CITIZEN Yes
21. CIVILIAN OCCUPATION AND NO. Stock Clerk 1-38.010					

MILITARY HISTORY

22. DATE OF INDUCTION 17 Jul 42	23. DATE OF ENLISTMENT 31 Jul 42	24. DATE OF ENTRY INTO ACTIVE SERVICE 31 Jul 42	25. PLACE OF ENTRY INTO SERVICE Syracuse, New York
26. SELECTIVE SERVICE DATA 466	27. LOCAL S.S. BOARD NO. 466	28. COUNTY AND STATE Syracuse, N. Y.	29. HOME ADDRESS AT TIME OF ENTRY INTO SERVICE 127 Fitch St, Syracuse, N. Y.
30. MILITARY OCCUPATIONAL SPECIALTY AND NO. Radio Oper. Gunner-757		31. MILITARY QUALIFICATION AND RATE (i.e., infantry, aviation and marksmanship badges, etc.) Aerial Gunners Badge	

32. BATTLES AND CAMPAIGNS Air Offensive Europe	
33. DECORATIONS AND CITATIONS Good Conduct Medal European-African-Middle Eastern Theater Medal Air Medal	
34. WOUNDS RECEIVED IN ACTION None	

35. LATEST IMMUNIZATION DATES		36. SERVICE OUTSIDE CONTINENTAL U. S. AND BEYOND	
1. Diphtheria 42	2. Typhoid 42	3. Malaria 42	4. Other (specify) Blood Type A
37. TOTAL LENGTH OF SERVICE		38. HIGHEST GRADE HELD Tech. Sgt.	39. DATE OF DEPARTURE 15 May 45
CONTINENTAL SERVICE		SERVATION THEATER	
FOREIGN SERVICE		DATE OF ARRIVAL 29 May 45	

39. PRIOR SERVICE None	
40. REASON AND AUTHORITY FOR SEPARATION Inconvenience of Government RR 1-1 (Demobilization) AR 615-365 15 Dec 44.	
41. SERVICE SCHOOLS ATTENDED RAF PWS Ft Myers, Fla - Aerial Gunners	
42. EDUCATION (Years) 12	

PAY DATA

43. MONTHS PAY PASSED UPON	44. MONTHS PAY PASSED UPON	45. BOLSHIER DEPOSITS	46. TRAVEL PAY	47. TOTAL AMOUNT, NAME OF DISBURSING OFFICER
3	3	None	None	\$, B. G. ... Capt, 45

INSURANCE NOTICE

IMPORTANT IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-ONE DAYS THEREAFTER, INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE U. S. AND FORWARD TO COLLECTIONS SUBDIVISION, VETERANS ADMINISTRATION, WASHINGTON 25, D. C.

48. KIND OF INSURANCE	49. HOW PAID	50. Effective Date of Allocation Discontinuance	51. Date of Next Premium Due (One month after 50)	52. PREMIUM DUE EACH MONTH	53. INVENTION OF VETERAN TO
Life	Direct to V. A.	30 Sept 45	31 Oct 45	5.00	None

54.	55. REMARKS (This space for completion of above items or entry of other items specified in W. D. Directives) Lapel Button Issued. ARR Score (2 Sept 45)-95.
56. SIGNATURE OF PERSON BEING SEPARATED Edward H. Schaefer	57. PERSONAL OFFICER (Type name, grade and organization - signature) W. J. ... 791

WD AGO FORM 83-85
1 November 1944

This form supersedes all previous editions of WD AGO Forms 83 and 85 for enlisted persons entitled to an Honorable Discharge, which will not be used after receipt of this revision.

5. VETERANS ADMINISTRATION REGIONAL OFFICE COPY
(To: Regional Office responsible for address shown in Item 9)

COPY MADE FROM VETERANS CLAIM FOLDER

REPORT OF PHYSICAL EXAMINATION OF ENLISTED PERSONNEL PRIOR TO DISCHARGE, RELEASE FROM ACTIVE DUTY OR RETIREMENT

A 383718

1. Last name—First name—Middle initial SCHAD EDWARD H	2. Army Serial No. 32378481	3. Grade T Sgt	4. Regiment, arm, or service Air Corps
5. Permanent mailing address 460 SHONNARD ST., SYRACUSE, NY		6. Color White	7. Age in years 25
		8. Sex M	9. Syphilis in S/R? No
		Register closed in S/R? No	

STATEMENT AND MEDICAL HISTORY OF EXAMINEE

10. Are you, at the present time, disabled or suffering from any wound, injury, or disease whether or not incurred in the military service. If yes, list those conditions first under item 11. Yes or No
Yes

11. List all significant diseases, wounds and injuries. State circumstances under which wounds or injuries were incurred. Answer yes or no in columns 1 to 4.

1. Anxiety, result of combat stress	EPTS: 2 Yes	AMS: 	IMS: 1 Yes	PD:
1944, still nervous. 2. Deformity 1-5 finger, since childhood.				
Denies malaria and syphilis.				

RECORD OF PHYSICAL EXAMINATION

<p>12. Psychiatric Diagnosis Anxiety reaction, chronic, mild, manifested by tension (See back)</p> <p>14. Eye abnormalities None</p> <p>15. Ear, nose, throat abnormalities None</p> <p>16. Skin Normal</p> <p>17. Varicose veins None</p> <p>18. Hemata None</p> <p>19. Hemorrhoids None</p> <p>20. Genito-urinary (and pelvic for women) Normal</p> <p>21. Venereal diseases None</p> <p>22. Feet Normal</p> <p>Enter remarks or other defects (continue on back)</p> <p>None</p>	<p>23. Teeth—Indicate restorable carious teeth by O, nonrestorable carious teeth by /, missing natural teeth by X; teeth replaced by denture (horizontal line over) X as FXY and teeth replaced by fixed bridge (oval to include abutments) as (4 X 6)</p> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <th colspan="10">RIGHT</th> <th colspan="10">LEFT</th> </tr> <tr> <td>8</td><td>7</td><td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td> </tr> <tr> <td>16</td><td>15</td><td>14</td><td>13</td><td>12</td><td>11</td><td>10</td><td>9</td> <td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td> </tr> </table> <p>24. Mouth and gum abnormalities None</p> <p>25. Musculoskeletal defects Flexion deformity, 5th finger left, mild, MCD EPTS</p> <p>26. Abdominal viscera Normal</p> <p>27. Cardiovascular system Normal</p> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <th colspan="3">28. Pulse</th> </tr> <tr> <td>Sitting</td> <td>Immediately after exercise</td> <td>Two minutes after exercise</td> </tr> <tr> <td>88</td> <td>110</td> <td>88</td> </tr> </table> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <th colspan="2">29. Blood pressure</th> </tr> <tr> <td>Systolic</td> <td>Diastolic</td> </tr> <tr> <td>116</td> <td>82</td> </tr> </table> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <th colspan="4">30. Urinalysis</th> </tr> <tr> <td>Specific gravity</td> <td>Albumin</td> <td>Sugar</td> <td>Microscopic</td> </tr> <tr> <td>-</td> <td>Neg</td> <td>Neg</td> <td>-</td> </tr> </table> <p>31. Lungs Normal</p> <p>32. Chest X-ray Negative</p> <p>33. Endocrine system Normal</p>	RIGHT										LEFT										8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	28. Pulse			Sitting	Immediately after exercise	Two minutes after exercise	88	110	88	29. Blood pressure		Systolic	Diastolic	116	82	30. Urinalysis				Specific gravity	Albumin	Sugar	Microscopic	-	Neg	Neg	-	<p>34. Dental prosthetic serviceability None</p> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <th colspan="4">35. Vision</th> </tr> <tr> <th colspan="2">Uncorrected</th> <th colspan="2">Corrected</th> </tr> <tr> <td>Right eye</td> <td>Left eye</td> <td>Right eye</td> <td>Left eye</td> </tr> <tr> <td>20/</td> <td>20/</td> <td>20/</td> <td>20/</td> </tr> </table> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <th colspan="2">36. Hearing</th> </tr> <tr> <td>Right ear</td> <td>Left ear</td> </tr> <tr> <td>15 /5</td> <td>15 /5</td> </tr> </table> <p>37. Height (inches) 67</p> <p>Weight (pounds) 156</p> <p>38. Enter special tests None</p> <p>39. Blood for serology has been sent to U. S. P. H. S. Negative</p> <p>40. In your opinion will wound, injury, or disease result in: Disability? Yes or No Untimely death? Yes or No</p> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td>Condition</td> <td>-</td> <td>-</td> <td>-</td> </tr> </table> <p>41. In your opinion was wound, injury, or disease incurred in line of duty? Condition: - Yes or No: -</p> <p>42. In your opinion does individual meet physical and mental standards for discharge? If not, state why: - Yes or No: Yes</p> <p>Signature C. M. Wallace</p>	35. Vision				Uncorrected		Corrected		Right eye	Left eye	Right eye	Left eye	20/	20/	20/	20/	36. Hearing		Right ear	Left ear	15 /5	15 /5	Condition	-	-	-
RIGHT										LEFT																																																																																																	
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8																																																																																												
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16																																																																																												
28. Pulse																																																																																																											
Sitting	Immediately after exercise	Two minutes after exercise																																																																																																									
88	110	88																																																																																																									
29. Blood pressure																																																																																																											
Systolic	Diastolic																																																																																																										
116	82																																																																																																										
30. Urinalysis																																																																																																											
Specific gravity	Albumin	Sugar	Microscopic																																																																																																								
-	Neg	Neg	-																																																																																																								
35. Vision																																																																																																											
Uncorrected		Corrected																																																																																																									
Right eye	Left eye	Right eye	Left eye																																																																																																								
20/	20/	20/	20/																																																																																																								
36. Hearing																																																																																																											
Right ear	Left ear																																																																																																										
15 /5	15 /5																																																																																																										
Condition	-	-	-																																																																																																								
Date of examination 3 October 1945		Location AAFCH Plattsburg, NY		Typed name and grade C.M. WALLACE, Captain, MC																																																																																																							

W. D., A. G. O. Form No. 38
18 May 1944
This form supersedes all previous editions of W. D., A. G. O. Form No. 38, which will not be used after receipt of this revision.

- 1 Prior to arrival at separation center
- 2 Incurred or existed prior to entrance in military service
- 3 Aggravated by military service
- 4 Incurred while in military service
- 5 Present physical defects
- 6 When indicated

DISTRIBUTION:
Copy 1—To the adjutant general enclosed with S/R
Copy 2—Worksheet
Copy 3—Clinical laboratory slips
16-40763-1

COPY MADE FROM VETERANS CLAIM FOLDER

