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MEDICAL RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
6-10-01 0631	Adm Entry: SICK Call preformed By AHSA/RN Due to only one on Staff at this Authorized to Enter into Death house. Sick Call preformed. S= Nothing At This time S✱ would Like to Have some As Needed Maalox For Histy of GERD. S✱ No Pain At This time and The Acid is not Bothing Now- O= Alert Male NAD No Visual problems This time And None Voiced. A= Healthy Male with Hsty of GERD. P= pt Request to Have PRN Maalox on Stand By in Case Acid Becomes A problem. s✱ Does not Want his prescription of Zantac. PRN OTC Maalox Taken to Death House and placed in Custody of Officers. pt educated on Above Dx, Tx & Plan pt verbalized Understanding & No Questions. RN, AHSA A Bujoska RN, AHSA C.C. Hewson, MD Attended P.A

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)*

REGISTER NO.	WARD NO.

McVeigh, Timothy
DOB: 4/23/68

#12076-064

USP TERRE HAUTE, IN

DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
4/9/01 1300 Continued	A: GERD X Dx P: Zantac 150 BID X 90 Days Not currently on any Rx's. Pt wishes to address other needs or charges Patient has expressed his understanding of an agreement with the county coroner office which will allow this review of medical records for the 6 months prior to scheduled exsanguination and will allow them to record examination prior to exsanguination. Patient understands / satisfied G.L. Meade RPH G. Lawson, M.D. Clinical Director DAVID GEORGE, DO
4-30-01 D-2 1220	ⓢ pt seen - staff believes pt starving himself - pt admits ↑ anxiety has lost some of his appetite - states wt of 4-9 was with cuffs/belly chain ⓞ wt c cuffs / belly chain - 166 lbs - latter by themselves - cuff / belly chain are 2 lbs Ⓐ ↓ of 4 lbs in 21 days - Ⓟ pt will be f/u for wt check in 1 w/c - encouraged to eat - understands latter John W. Smith PA

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DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
4/9/01 1300	Chronic Care Clinic: Gastro. S: Denies c ↑GERD/PUD sx — ~~takes~~ reports regularly c Zantac/Prilosec/or other H_2 Blocker/ant acids. Has had upper GI (Barium swallow) which was WNL. Told no pathology noted other than ? hiatal hernia on CXR? Sx do not require any Rx which would be recommended at this time or next step in evaluation of relevant GI problem. Will consider Bx/EGD refusal. O: Alert — NAD — BP 120/74 P72 R18 Ht 170 PE BP 120/74 R-18 P-72 T-98.4 EENT c allergic changes Heart — RRR c MURMUR to PMI c S3/S4 Lungs — BS audible all fields c wheeze c rales c rhonchi c egophony Abd — purple c organomegaly c hyperactive bowel sounds c mild borborygmy c RUQ tenderness — all organs reg no hernias testicles descended bilat MS — c/c/c no CCE c Mot 5 deficit counted x3 changed no cordal bone nodules or deformity A/C Gerd by Hx CVR

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Mc Veigh, Timothy

DOB: 4-23-68

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
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FIRMR (41 CFR) 201-9.202-1

USP TERRE HAUTE, IN

DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
1-5-01	(A) c/o epig. burning – chronic –
CONTD	(P) Rx© ZANTAC 150mg BID #30
	② Patient Educated on Rx for c/o's – F/U PRN – pt understands
	John W. Smith PA
	G.L. Meade RPH
	Chronic Care Clinic GI
1/8/01	S: No c/o's – except did ask Smiley (PA Student) to go back on Zantac again – having a return of GE upset – Taking Zantac BID (½ AM & ½ PM) – seems to settle down.
	O: Alert – NAD – defined
	A: PUD/reflux – recurrent –
	P: Continue Rx – Zantac as taken by patient Educated re Use of Treatment/Zantac (Reflux & PUD/reflux – pt satisfied/understands
	G. Lawson, M.D. Clinical Director
1-26-01	(S) pt wishes refill of ZANTAC – Abd pain flaring up
0600	again
D-7	(O) Abd Soft – c/o pain of epig region – ± BE.
	(A) Rx refill
	(P) Rx© ZANTAC 150mg BID #30 ± 5 refill
	② Patient Educated on Rx refill – understands –
	John W. Smith PA
	Pam Lane RPh

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DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
11-16-00	(S) pt wishes refill of Cauticon - which helps
0630	reoccuring epig burning flare ups -
D-47	(O) pt NAD, Abd soft / flat - non painful now
	(A) Hx epig burning
	(P) Rx (1) Cauticon i QID # 40 c 4 refills
	(2) Patient Educated on Rx for Hx - understands
	John W. Smith PA
	G. Meade RPh
11-29-00	(S) pt wishes refill of coal tar for reoccurance
0630	of seb.
D-47	(O) pt has mild seb of scalp - ∅ dandruff
	(A) sebohrrea
	(P) Rx (1) Coal tar Shampoo i bt - use ∅ 3 days
	(2) Patient Educated on Rx for Dx - understands
	John W. Smith PA
1-5-01	(S) pt Hx of ∅ - particularly @ nite of epig -
0630	burning states is relieved c ZANTAC -
D-7	(O) Chronic reoccurent epig pain - none now -
	relieved c Rx, pt NAD now

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McVeigh, Timothy

DOB: 4-23-68

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CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
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SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR
HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART. SERVICE

RECORDS MAINTAINED AT

10/2/00 **Chronic Care Clinic** GASTRO

1440 S: Dry vomits — Rx (Zantac) day old
Has esophagus rash forehead — abdominal
heart — Pt has tried hydrocortisone
cream, Erycin, Tetracycline — all a little
sweaty. Pt cheerful (in a modified
Phase II scenario in the unit — able to
walk the corridor & shackles but not
able to see a otherwise.
O: Celeb WNL — Acneiform rash —
forehead — temples
A: GERD vs. PUD
P: Educated re indicators for GERD
& teller GERD/PUD — declines to
pursue at this time. (Consultant moved
came in to do surgical hx)
Refill Zantac 150 BID x 90 days

G. Lawson, M.D.
Clinical Director

R. Hazelwood, M.D
Staff Physician

A. Jastillano, PA

A. Jancosek, RPh
USP Terre Haute

MEDICAL RECORD — CHRONOLOGICAL RECORD OF MEDICAL CARE		
DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)	
8-21 cont'd	② Patient Educated on Rx route - under stomach	John W. Smith PA

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MEDICAL RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
5/8/00 1355	Chronic Care Clinic GASTRO Refused visit (i.e. told officer he really didn't want to be seen — on good control c Rx — heart burn not an issue). RN probe & pt on tier — some breakthrough acid in PM — on Zantac 150 BID — no prob nights. Con or Prevacid in past ? reverse. Rx: Refill Zantac 150 mg po BID X 90 Days Add ~~Prevacid~~ Pepcid 20 mg po QD or BID X 30 Day trial — PA to review & may dry DC'ing Zantac if successful — or may ↑ to 40 BID. Discussed c DrLawson — Pepcid not formulary — ∆ to Gaviscon ↑ QID PRN G. Lawson, M.D. Clinical Director A. Jancosek, RPh USP Terre Haute
8-21-00 0600 D-32	(S) pt wishes refill of Zantac — which marks — (O) epig pain — controlled c Rx. (A) Rx Refill (P) Rx @ Zantac 150mg BID #30 c 5 refills

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McVeigh, Timothy
DOB 4-23-68
USP TERRE HAUTE, IN

REGISTER NO. 12076-064

WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE
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DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
2-16 CONTD	(S) Chronic seb. of scalp controlled c Rx scalp pretty clear now (A) Rx refill - seb - (P) Rx(C) Coal tas Shampoo QD - c 2 refills - use q3 days (2) Patient Educated on Rx refill - understands — John W. Smith PA A. Jancosek, RPh USP Terre Haute
2-24-00	(S) pt c/o's of reoccurence of pap rash of neck - wishes
0640	Rx which helped last time
D-47	(O) pt has papular rash to post (R) neck
	(A) pap. Rash
	(P) Rx(C) HC Cr 1% ÷ ta - Apply TID
	(2) Patient Educated on Rx for Dx - understands John W. Smith PA A. Jancosek, RPh USP Terre Haute
5-5-00	(S) pt wishes refill of ZANTAC - which works
0645	(6) epig pain - chronic - controled c Rx
D-39	(A) Rx refill
	(P) Rx(C) ZANTAC 150mg BID # 30 c 5 Refills
	(2) Patient Educated on Rx refill - understands John W. Smith PA A. Jancosek, RPh USP Terre Haute

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MEDICAL RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
2-14-00	Chronic Care Clinic GEN Δ to GT
1355	S: Hx PUD/Reflux – H. Pylori ⊕ – Txd Sx relieved now c Zantac 150 BID –
	O: Chest NAD
	lungs CTA
	H [illegible]
	A: Reflux – GERD vs PUD
	P: Continue Zantac 150 mg po BID X 90 Days Advised discussion c R. Bilotta (GT) re gastroscopy – pt resistant to this now but agrees to keep an open mind. Pt knows we need to give the appropriate care at all times – at this moment recommendation for gastroscopy is not urgent but at some point a decision will have to be elected by patient or (refusal).
	F/U GFC c PA – chronic care 90 Days
	G. Lawson, M.D. Clinical Director
2-16-00	ⓢ pt wishes refill of Coal tar Shampoo – which
0645 D-47	controls scalp rash

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McVeigh, Timothy

DOB 4-23-68

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CHRONOLOGICAL RECORD OF MEDICAL CARE
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USP TERRE HAUTE, IN

DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
12-14 CONTD	ⓒ pt has Reemergence of facial pustulas acne— Ⓐ facial acne— Ⓟ Rx(c) Emycin 25mg TID #~~0~~ 14 days— ② Patient Educated on Rx for Dx—understands John W. Smith PA A. Jancosek, RPh USP Terre Haute
12-28-99	Ⓔ pt seen for f/u eval. of Acne— ⓒ Acne of face unchanged—still mild/mod°
0645	Ⓐ facial—pustule acne—
D-45	Ⓟ Rx(c) 1 Emycin 500mg TID #42 ② Patient Educated on Rx for Dx—understands— John W. Smith PA A. Jancosek, RPh USP Terre Haute
1-4-00	Ⓔ pt c/o Emycin working—wishes refill—
0630	ⓒ mod° acne of face is resolving—
D-45	Ⓐ Resolving acne—
	Ⓟ Rx(c) Emycin 500mg TID #42 A. Jancosek, RPh USP Terre Haute ② Patient Educated on Rx for Resolving Dx—understands— John W. Smith PA
2-10-00	Ⓔ pt wishes refill of ZANTAC—which works—
0645	ⓒ Chronic dyspepsia controlled c Rx—
D-47	Ⓐ Rx Refill
	Ⓟ Rx(c) ZANTAC 150mg BID #30 c 5 Refills A. Jancosek, RPh USP Terre Haute

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MEDICAL RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
11-16 CONTD	Rx of 1+1 ② Immodium 2mg – 2 caps Q4h PRN diarrhea #10 ③ Patient Educated on Rx Refill & Rx for DX-understands John W. Smith PA A. Jancosek, RPh USP Terre Haute
11-29-99 0600. D-45	ⓢ pt c/o of acne still & wishes refill of coal tar Shampoo – which works – ⓞ pt still has mild/mod. acne of back – & seb. of scalp – mild in °. Ⓐ seb/acne Ⓟ Rx① will issue refill of coal tar Shampoo ② Tetracycline 500mg BID #– 30 ③ Patient Educated on Rx's @ above – understands John W. Smith PA A. Jancosek, RPh USP Terre Haute
12-14-99 0630 D-45	ⓢ pt c/o of tetracycline not helping acne – @ latter has occurring – also gives Hx of GI upset ☐ pm dose of Tetracycline

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REGISTER NO. 12076-064 | WARD NO.

mc Kreigh, Timothy
DOB: 4-23-68

U.S. PENITENTIARY
TERRE HAUTE, IN 47808

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
11-2-99	(S) pt c/o of acne of back still & wishes Tylenol
0600	per Hx of temporal region - denies nausea/vomiting
D-39	(O) pt still has mod. pustular acne of back
	in various stages Hx of Hx's @ above -
	(A) acne / c/o HA's -
	(P) Rx (1) Tetracycline 500mg TID # 42 c 1
	refill
	(2) Tylenol 325mg - 2 tabs Q4h PRN # 56
	(3) Patient Educated on Rx's for c/o & Dx - understands
	John W. Smith PA
	C.T. PALAT, PHARMD
11-4-99	(S) pt c/o of needing refill of coal tar - shampoo,
0630	which works -
D-39	(O) sclp. of scalp - controlled c Rx
	(A) Rx refill
	(P) Rx (1) Coal tar shampoo 1 bt use Q3 days c 1 refill
	(2) Patient Educated on Rx refill - understands
	John W. Smith PA
	C.T. PALAT, PHARMD
11-16-99	(S) pt wishes refill of ZANTAC & also c/o's of
0630	diahrrea x 2 days
D-40	(O) pt NAD - Ø signs of dehydration - Abd soft -
	flat - non painful
	(A) Rx refill - c/o's diahrrea
	(P) Rx (1) will provide refill of ZANTAC from

Standard Form 600
General Services Administration and
Interagency Committee on Medical Records
FPMR 101-11.806-8
October 1975

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
11/1/99	CHRONIC CARE - GERD
1230	S: Hx H. Pylori ⊕ (weakly ⊕) tx per pt hx c 4 Rx — 2 times - names Pepto-Bismol, Metronidazol, Zantac then / depicted / to create antibiotic. Gt burning in lower chest — relieved / prevented c Zantac - comes back if off Zantac. Has not been staged — Also dermatologic problem being addressed by PA —
1/6/00	O: Ceat — NAD BP 118/76 PERRLA WNL Lungs CTA Heart RR&R S1 S2 (-) (-) Abd soft non-tender —
1530	A: GERD vs Esophageal Reflux —
	P: Refill Zantac 150 BID x 90 Days Discussed / Educated re Tx GERD - Pt's Questions Discuss c GI / Dr. Gloster. Updated in Computer
	C.T.PALAT, PHARMD
	G. Lawson, M.D. Clinical Director

PATIENT'S IDENTIFICATION *(Use this Space for Mechanical Imprint)*

McVEIGH: Timothy
12026-064

USP TERRE HAUTE, IN

PATIENT'S NAME *(Last, First, Middle initial)*			SEX
YEAR OF BIRTH	RELATIONSHIP TO SPONSOR	COMPONENT/STATUS	DEPART/SERVICE
SPONSOR'S NAME			RANK/GRADE
SSAN OR IDENTIFICATION NO.		ORGANIZATION	

CHRONOLOGICAL RECORD OF MEDICAL CARE

Standard Form 600
600-106

DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
10-1 CONT'D	(P) Rx (C) Coal tar Shampoo 1 bt - use Q 3 days (2) Patient Educated on Rx for Dx - understands - John W. Smith PA C.T.PALAT, PHARMD
10-5-99 0600 D-39	(S) pt c/o's of acne of back - x > 1 wk - (O) pt has med papulas - inflammed, pustules acne of back - chest/shoulders, elbows (A) ACNE - mod° (P) Rx (C) Tetracycline 250mg TID #42 c 1° refill (2) Patient Educated on Rx for Dx - understands - John W. Smith PA A. Jancosek, RPh USP Terre Haute
10-12-99 D-39 0700	S: I need refill on Hydrocortisone cream which controls my scalp rash O: NAD Alert and Oriented Skin/scalp: Erythematous rash at this time. A: med Refill / Request for Scalp Dermatitis P: Hydrocortisone Cream 1 tube Apply to affected area BID 2 refills PRN if worse Patient verbalized understanding about proper use of medication A. Jancosek RPh USP Terre I Arnold L. Howard, PA-C A.L. HOWARD, PA-C

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DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
9-10-99 D-39 0610	S. Pt Needs refill for Mega Clone & Cetaphil Lotion. Pt c/o runny nose & itchy eyes & ears. Pt is normally injected. Nasal congestion noted. A. Allergic rhinitis P. Benadryl 50mg TIDX7 RefX1 Educ. Pt. verb. J. Williams PA-C
	A. Jancosek, RPh USP Terre Haute
9-20-99 0600 D-39	S. pt wishes refill of HC CR - which works - O. papular rash of post neck controlled c Rx - A. Rx Refill P. Rx ① HC Cr. 1% ↑ ter - apply TID ② Patient Educated on Rx refill - understands - John W. Smith PA
	A. Jancosek, RPh USP Terre Haute
10-1-99 0600 D-39	S. pt c/o of sores of scalp - O. pt has mod. seb. of post scalp - A. seb.

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McVeigh, Timothy

DOB: 4-23-68

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DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
8/2/99 1330	Chronic Care Clinic GEN
BP 118/92 182 72	S: c/o Hx stomach problems since childhood — has been on Tagamet / Zantac / Prevacid off & on regularly since 1995. Tx'd empirically for H. Pylori — test for H. Pylori negative Rapid Urease ⊕ after period of efficacy of Rx — T.E. QD dosage — 20-22 hrs — TID dosage — 6 hrs BID Rx — 10 hrs ±
	O: GEN WNL BP 118/92 P72 R15 Ht 182 CBS soft ⊕ masses ⊕ tenderness ⊕ guarding —
	A: PUD / Reflux per pt hx
	P: DC prescribed — Zantac 150 BID X 90 days Educated re H. Pylori - Rx for PUD — efficacy — GERD / PUD — clinical picture
	C.T.PALAT, PHARMD
8-17-99 0600	ⓢ pt has a papular rash of shoulders - which comes & goes
D-39	ⓞ pt has raised inflammed papules - <2mm diam of ⓒ shoulders -
	ⓐ rash - ⓒ shoulders
	ⓟ Rx ⓒ Kenalog Cr. 1% - Apply TID
	ⓔ Patient Educated on Rx & above - understands
	C.T.PALAT, PHARMD John W. Smith Physician Assistant

STANDARD FORM 600 (REV. 6-97) BACK

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DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
7-14-99 D-54 0600	S. c/o headache, pain after eating, dark tarry stool, no blood, dizziness, nausea. Taking Motrin 600 mg. Consideration Nabumetone for RA PUD symptoms. Pt verbalized understanding. Benefit 30 mg BID x 30 days. Educ. report any exchange to PA — Judith PA
7-23-99 0600 D-39	ⓢ pt c/o's of rash of post scalp ⓞ pt has mildly inflammed papular rash of post neck ⓐ Rash ⓟ Rx HC Cr. 1% ↑ter- apply TID ⓔ Patient Educated on Rx for c/o — UNDERSTANDS C.T.PALAT, PHARMD J Smith PA

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT: John D. Smith Physician Assistant
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)*

REGISTER NO. 12076-064 | WARD NO.

Mc Veigh, Timothy

USP TERRE HAUTE, IN

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
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FIRMR (41 CFR) 201-9.202-1

BP-S659.060 **MEDICAL SUMMARY FEDERAL PRISONER/ALIEN IN TRANSIT** CDFRM
MAR 99

U.S. DEPARTMENT OF JUSTICE **FEDERAL BUREAU OF PRISONS**

TB Clearance Yes XX No __
1. PPD Completed: 8/1/98 (Date)
Results: 0 mm
2. CXR Completed: not applicable (Date)
Results: ____
3. Health Authority
Clearance: ____
Sign ____ Date ____

Note:
Dates listed above must be within one year of this transfer.

Name	Prisoner/Alien Reg.#	D.O.B.
MCVEIGH, Timothy	12076-064	04 / 23 / 68
Departed From: ADX-Florence, CO	Date Departed: July 13, 1999	
Destination	Reason for Transfer: Non Medical Transfer	
Dist. Name	Dist.#	Date in Custody: __ / __ / __

Current Medical Problems
1. Dyspepsia
2. ____
3. ____
4. ____
5. ____
6. ____

Medication	Dose	Route	Instructions For Use (Include proper time for administering)	Stop
			Medication Required For Care En Route	
Lansoprazole	30mg	by mouth	Take 1 tablet at bedtime daily	Indefinite

Additional Comments USE UNIVERSAL PRECAUTIONS WHEN TRANSPORTING INMATE / NO KNOWN DRUG ALLERGY

Special Needs Affecting Transportation

Is prisoner medically able to travel by BUS, VAN or CAR?	XXX Yes __ No	If no, why not?
Is prisoner medically able to travel by airplane?	XXX Yes __ No	If no, why not?
Is prisoner medically able to stay overnight at another facility en route to destination?	XXX Yes __ No	If no, why not?
Is there any medical reason for restricting the length of time prisoner can be in travel status?	__ Yes XXX No	If yes, state reason
Does prisoner require any medical equipment while in transport status?	__ Yes XXX No	If yes, what equipment?

Sign and Print Name - Certifying Health Authority	Phone Number	Date Signed
[signature]	719-784-9464	7/13/99

Record copy - Transporting Officer: Copy - Health Record (Top page Position one); Copy - Transferring Institution

This form may be replicated via WP)

Printed on Recycled Paper

SIMILAR TO (USM 553)

CLINICAL RECORD	DOCTOR'S ORDERS (Sign all orders)

DATE ORDERED	TIME ORDERED	Rx	DRUG / LABORATORY / RADIOLOGY / CONSULTS UNLESS INITIALED P.B.O. (PRESCRIBED BRAND ONLY) ANOTHER BRAND OF GENERICALLY EQUIVALENT PRODUCT, IDENTICAL IN CONTENT OF ACTIVE INGREDIENT(S), MAY BE ADMINISTERED	DOCTOR'S SIGNATURE	MLP / HT / RN SIGNATURE
990302	0900		Lab f. 990225 reviewed.		
			LAB update for 990515 ordered		
			✓ Serum Legionella antibody		5-4-99
			✓ C-Protein		MKasa
			✓ TSH FT4		
			✓ RPR		
			✓ Hepatitis Screen.		
			— CBC/BCP/Liver/Lipid		
990315	1000		See note via CRT		
			+ H. pylori Ag Stool Abs. Lab.		
5/6/99	1645		Lansoprazole 30mg.		

PATIENT'S IDENTIFICATION:

NAME: McVeigh, Timothy

REGISTER NUMBER: 12076-064

DOB: 4-23-68

HEALTH SERVICES UNIT
UNITED STATES PENITENTIARY, ADX
STATE HIGHWAY 67 SOUTH
P.O. BOX 8500
FLORENCE, COLORADO 81226

DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
6-26-99 0852	A Neurodermatitis NKDA P/ Pt educ - Do not rub lesions Keep hands clean all the time. F/ Pt reassured F/ Pt educ on comp C. Santos, P.A.
6/29/99 0850	Reviewed Jere G. Sutton, D.O.
7/6/99 1645	S ◦ Copout request for refill on lansoprazole. Chart review indicates no more refills left - Pt. is on CCC for dyspepsia and H. pylori infection. O ◦ General conditions is stable. He is being seen regularly at CCC. No significant physical findings. A ◦ Hx Chr. dyspepsia. Hx H. pylori inf. P ◦ Rx lansoprazole 30 mg po qAM x 90d. RTC PRN. Pt. educated about meals. Lafayette Scraggs, P.A. Physician Assistant United States Penitentiary, Administrative Maximum Florence, Colorado

Reviewed & Filled
Initials _____.

STANDARD FORM 600 (REV. 6-97) BACK

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
5/2/99 0720	D - R Hydrocortisone Cream 1% AAA BID #28gm + 1 refill, NKA PPD
Cath Reviewed Initials	Pt. educated about personal hygiene. Satisfied. A Osagie, PA Physician Assistant United States Penitentiary, Administrative Maximum Florence, Colorado
5/6/99	Reviewed/Written L.R. Kowalski, M.D.
6-26-99 0800	S - Req scalp checked. Cpl lesions in midparietal area x 9 months. Was given Selsun Shampoo & Coal tar Shampoo to no relief. Also was treated with Keflex & HC 1% Cream Initl B '98
	ROS: Dx Facial Impetigo/Cellulitis, 3'98 — Resolved.
	O Ox3, amb, NAD
	PE: T6 RRT6
	Scalp + scab formation in midparietal area 3 x 3 regions scabbing of scalp, PD/C, Pt aware

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
			DHER
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)*

REGISTER NO.	WARD NO.
12076-064	

Health Services Unit
United States Penitentiary, ADX
State Highway 67 South
P.O. Box 8500
Florence, Colorado 81226

McVeigh Timothy

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR ~~(41 CFR)~~ 201-9.202-1

NSN 7540-00-634-4176

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MEDICAL RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
4/17/99 0735	CCC - General: Last CCC on 1/16/94 by P.A. Otagie. Last labs: 2/25/99 Total bilirubin 1.6↑ (0.2-1.3) Cholesterol 354↑ (140-200) Triglycerides 417↑ (30-200) Globulin 3.8↑ (2.0-3.7) RBC 5.89↑ (4.46-5.78) RDW 14.1↑ (12.0-14.0) H. pylori tested negative in Sept. 1996. Current meds: Ranitidine 150mg (NKDA) ⊙ × Says, "I feel alright for most part, except for the heartburn. Dr. Kowalski seems to be fixated on the H. pylori, but my H. pylori test was negative." He states that pepcid had been the most effective of all medications he had taken. ⊙ ♀ VS - BP - 120/80 mm Hg ② arm ①; P-80/min regular, T-96.7°F; RR-16/min. He is conscious, alert and oriented ×3. — OVER —

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)*

REGISTER NO.	WARD NO.
12076-064	

McVeigh, Timothy

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202

Health Services Unit
United States Penitentiary, ADX
State Highway 67 South
P.O. Box 8500
Florence, Colorado 81226

DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
4/17/99 0735 Cont=	(O) × He does not appear to be in any acute distress but appears slightly anxious. Mood and affect are congruent. Shows concern over his Cholesterol level. ROS – No significant findings. Heart lungs and HSS – Unremarkable Extremities – No deformity, no edema. (A) × Recurrent Dyspepsia (Rs H. pylori Symptomatology. (P) × - Add H. pylori to labs ordered under SOAP of 3/2/99. - Pt. educated about behavior/ diet mod. Satisfied. ~~- Rx Omeprazole 20 mg PO Daily x #30~~ Error Rx - Rx. Prevacid 30mg PO Daily x #30. + 1 refill 5/6/99 - RTC in 3 mo.
5/2/99 0720	(S) × Pt. requests hydrocortisone cream for his scalp condition. He alleges a hx of intermittent scaly rash on his scalp. Says episode worsens after shower, but it is currently dry. (O) × vs (-); Chart reviewed - Scalp – Hair cut short; no erythema and no exudate seen (A) × Hx Seborrheic dermatitis. – over –

Reviewed/Written
L.R. Kowalski, M.D.

Reviewed
Initials

A. Osagie, PA
Physician Assistant
United States Penitentiary
Administrative Maximum
Florence, Colorado

STANDARD FORM 600 (REV. 6/97) BACK

NSN 7540-00-634-4176

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MEDICAL RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE | SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

990302 0900 Admit note

Lab 990225 Chol T = 357 FBS 84 mg/dl

TG T = 417

HDL + LDL Lipids — lab unable c TG —

> He is already under stress.

? Hx of 9 T's & chronically —

Lab 980708 Chol 9 282 FBS 84 mg/dl

TG = 634

Amylase in cul. 980715

Lab 960917 (Englewood) FBS (61)

Chol 210.

TG 386. H.P. Ab (neg) 0.04.

Blood D/C'd 5-14-99 vc

Plan lab — lipase + Amy/Hep

— T4/TSH + CBC

— FBS + BGP + Lipid profile

— Hep Screen + RPR

Li Gadsden

Reviewed/Written
L.R. Kowalski, M.D.
990302

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT

SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR
McVeigh Timothy		

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)*

REGISTER NO.	WARD NO.
12076-064	

HEALTH SERVICES UNIT
UNITED STATES PENITENTIARY, ADX
STATE HIGHWAY 67 SOUTH
P.O. BOX 8500
FLORENCE, COLORADO 81226

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

990315 1000 Sick Call.

S CC. Cough ST, nasty Vomit, flushed skin x 3 days, weak, Hit flu shot in Concert, Hx sputum Chills Myalgia - in pancreatitis stable Hx Vague abdominal epigastric complaints > temporally rel to Hydrocodone but HPI Hx 99 or 96998 use O.K. (0-0.17 Myalgia) Egg Sebdan in chart present in all parts but Some Hx only IVP Hx

O - pO Temp 100.1, P 86, 105/75 (10) R wnl - Skin in Throat flushed, neck supple, Scleral Conjunctivae clear & Swollen, Lungs pulm dry, Sinus under Tenderness, lab ordered 99302 explained. Left, Cornea.

MEDICATIONS

(2) Rx Hydrocodone Supp 96998.

(P) NyAmox 500 mg gel x 10 d.
Flagyl 250 mg gel x 10 d
Pepto Bismol TAB II gel x 10 d
Omeprazole 20 mg Bed x 10 d
Then resume Rabeprazole (Gastrol) 15 mg Bed x 30 d
Rx Tylenol 325 mg TAB II 96 x 5 days
Std FF - 4 L Regular Reviews

Reviewed
Initials
3/16/97

Reviewed / Written
L.R. Kowalski, M.D.

STANDARD FORM 600 (REV. 6-97) BACK

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
1/6/99 0910 (cont.)	✓ > Hydrocortisone 1% cream, #30mg. apply to affected areas & rub in well. Apply BID. prn. > Educated on proper skin/hair care. > Patient understood & was satisfied. R Camacho, PA Physician Assistant United States Penitentiary, Administrative Maximum Florence, Colorado Reviewed & Filled Initials ___. Reviewed L.R. Kowalski, M.D. Clinical Director Rx Selenium Sulfide Topical use QD Nyeld prn ≤30 days. Reviewed & Filled Initials ___. Reviewed L.R. Kowalski, M.D. Clinical Director
1/16/99 1015	CHRONIC CARE CLINIC General. Last PPD - 8/1/98 with 0mm (Negative result) Last Td - Last Labs: 7/8/98 H. pylori Negative (7/15/98 Significant results: Phosphorous 4.8↑ (2.5-4.5) Total bilirubin 1.70↑ (0.2-1.3) Cholesterol 242↑ (140-200) Amylase 56 (25-115) - over

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)*

REGISTER NO.	WARD NO.

Health Services Unit
United States Penitentiary, ADX
State Highway 67 South
P.O. Box 8500
Florence, Colorado 81226

McVEIGH, Timothy
#12076-064
DOB: 4/23/68

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

DATE	SYMPTONS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
1/16/99	Triglycerides - 634↑ (30-200)
1015	[illegible] - Cellulitis facial 3/11/98 Resolved (Keflex, DKDA.
Cath=	Verrucae ⓟ Cryo Tx. 6/9/98.
T-97.9F	Current Rx - Ranitidine 150mg. BID/PRN.
P-68/min	Ⓢ - Pt states, "I'm doing alright generally. I'm just hesitant about blood draws because of the high profile nature of my case." Says he is eating fine and the Zantac is working. Face is clear now and the scalp problem has subsided to Selenium Sulfide Shampoo."
BP- 110/80	Ⓞ - Conscious, alert and oriented x 3. NAD and normal gait and demeanor. Skin turgor adequate. Heart and lungs - WNL. ABD - Flat, soft and no organomegaly.
	ROS - No significant findings.
	Ⓐ - Hx intermittent dyspepsia (Stable).
Blood DTA on 2-24-99 ve	Ⓟ - Update LABS for future chr. care - BMP profile, lipid profile, CBC.
Reviewed/Written L.R. Kowalski, M.D.	- Pt. educated about need to cut down on fatty food and get exercise. Satisfied.
	A. Osagie, PA. Physician Assistant United States Penitentiary, Administrative Maximum Florence, Colorado

STANDARD FORM 600 (REV. 6-97) BACK

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
	(A) Dyspepsia, intermittent 7/98 (profile/CBC/amylase drawn) (P) RTC 3 months Ranitidine 150 mg bid x 90 days Reviewed 10/8/98 Initials SN. L.R. Kowalski, MD Clinical Director United States Penitentiary, Administrative Maximum Florence, Colorado
10/24/98 0856	Given Influenza Vacc. 0.5 ml (IM) Reviewed 10/26/98 L.R. Kowalski, M.D. Clinical Director B. Nunez, PA United States Penitentiary Administrative Maximum Florence, Colorado
1/6/99 0910 NKDA	S > c/o itching & irritation of scalp. I/m stated he'd used a lot of different shampoos & also more once a days & still he has this problem. He is currently using Pert plus shampoo. O > Alert, coherent, oriented x 3, NAD, ambulatory. > P = 80 (regular) RR = 16 (regular) > Scalp: approx. 2-3 inches of ~~red~~ error (per 1/6/99 erythematous patch c/ scattered elevated pinpoint lesions & some scaling noted (over coronal area). A > Seborrheic dermatitis, scalp P > Coal tar shampoo, apply to affected areas for 5-10 min once a day & rinse well. Pls. use as needed #85 gm

NSN 7540-00-634-4176 600-108

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
7/30/98 1500	Patient received copies of his lab reports 7/8/98 & 7/15/98 (2 pages). — A Alvarado, ADA A. ALVARADO, ART MEDICAL RECORD ADM. SPECIALIST UNITED STATES PENITENTIARY, ADMINISTRATIVE MAXIMUM FLORENCE, COLORADO
8/1/98 0952	PPD test performed on LUA today. Reviewed 8/10/98 L.R. Kowalski, M.D. Clinical Director R Camacho, PA Physician Assistant United States Penitentiary, Administrative Maximum Florence, Colorado
8/3/98 1900	Read PPD → ⊖ (0 mm) today. R. Camacho, PA Physician Assistant United States Penitentiary, Administrative Maximum Florence, Colorado

CHRONIC CARE CLINIC 7/30/98 1335 General

S 55368 Glycopyra 7/8/98 / PX Ranitidine
6828 Cellulose 7/8/98 / CO bed.
Lab 7/15/98 — Amylase 56 — wnl
242/634 Chol/TG on 7/8/98.
WBC = 5.8 on 7/8/98

O — doing well, has no complaints, alleges he has been Ranitidine Compliant. Sometimes CO bed sometimes not. Pt at HS Medical pulse RTL feet, regular; Skin clear & dry. Pt ed. RF hygiene precautions

A

P

Glad

Seen

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

McVeigh, Timothy
12076-064

Health Services Unit
United States Penitentiary, ADX
State Highway 67 South
P.O. Box 8500
Florence, Colorado 81226

4/23/68

RECORDS MAINTAINED AT:

PATIENT'S NAME *(Last, First, Middle Initial)*		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME		ORGANIZATION
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

NSN 7540-00-634-4176

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
6/22/98 1830H	S> Patient complains of stomach pain. Claims that he was issued Ranitidine by PA. Camacho with 1 tablet @ bedtime. "I have to take this dx a day one in the morning & @ 2:00 PM but it does relieve me. I have reorder but it does not relieve me @ all." Patient claims that his acid reflux is to severe. Patient is also aware that stress can increase acid level & reflux.
	O> Deferred
	A> Dyspepsia
	P> Increase Ranitidine to 1 tab BID x 90 days (patient stock.
	>Gaviscon chew 2 tabs. 20-30 mins. after every meal & @ HS. (Educate that he should not take Ranitidine & Gaviscon @ the same time). for 90 days.
	> Decrease caffeine intake & spicy foods.
	> Patient educated, understood & satisfied.

B. Nunez, PA
United States Penitentiary
Administrative Maximum
Florence, Colorado

Pharmacy Review Completed
And Medication Filled
Date: 6/22/98
Initials:
CDR Rod Bauer, Chief Pharmacist

Reviewed
L.R. Kowalski, M.D.
Clinical Director

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

Health Services Unit
United States Penitentiary, ADX
State Highway 67 South
P.O. Box 8500
Florence, Colorado 81226

RECORDS MAINTAINED AT:

PATIENT'S NAME *(Last, First, Middle Initial)*		SEX
McVeigh, Timothy		M
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
	/	
SPONSOR'S NAME	ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH
	12076-064	4/23/68

CHRONOLOGICAL RECORD OF MEDICAL CARE **STANDARD FORM 600 (REV. 5-84)**
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

CHRONIC CARE CLINIC 980708 @ 1135 General

S – dyspepsia 536.8.
HCV+, HIV-, PPD-, non smoker, tattooing + Marijuana. He was empirically treated for H. Pylori + a trial of Lactaid & Nuke out Lactose intolerance + occult HP infection – Some relief but Sx return especially with "stress"
NKDA denies nausea + vomiting. Has normal stools no visible GI Blood
Lab data in Thin Chart will be updated soon

O AOC/NKD/ ambulatory
VS 76 – p89 RR14.

A – antireflux + dyspepsia recently controlled + gastrocked 150, ↑ stress & anxiety.

P RTC 3 mos
Ranitidine 150 mg PO bid x 90 days
LAB: CBC / BCP profile

L.R. Kowalski, MD
Clinical Director
United States Penitentiary,
Administrative Maximum
Florence, Colorado

7/8/98 12:50 Blood drawn for CBC and BCP

S. Nikbakht

Reviewed 980708
L.R. Kowalski, M.D.
Clinical Director

Pharmacy Review Completed
And Medication Filled
Date: 7/9/98
Initials:
CDR Rod Bauer, Chief Pharmacist

S. NIKBAKHT, PA
UNITED STATES PENITENTIARY,
ADMINISTRATIVE MAXIMUM
FLORENCE, COLORADO

NSN 7540-00-634-4178

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*

4/03/98 Continued:

Plan:

1. Continue present Keflex 500 TID x 5 days.
2. → Continue / refill Ranitidine 150 BID x 90 days
3. RTC 1 month.

Consider H. pylori Rx Plan: Urea breath test

N/A — Rx Tetracycline 500 qid x 7d
Flagyl 250 qid x 7d
Pepto-Bismol TAB-IT qid x 7d
Omeprazole 20 mg BID x 7d

while he holds & document
use Medications until the 7 day Rx is done

Pt education = Hp Chart
= Copy of treatment Rx for H. pylori

Reviewed
Initials
3/12/98

Prior _____ Entries noted
L.R. Kowalski, MD

4/8/98 1400 Admin note
S: Sel comment
S: treated H. pylori converted
Rx Tetracycline 500 mg qid x 7d
Metronidazole 250 mg qid x 7d
Pepto Bismol TAB-IT qid x 7d

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

HEALTH SERVICES UNIT
UNITED STATES PENITENTIARY, ADX
STATE HIGHWAY 67 SOUTH
P.O. BOX 8500
FLORENCE, COLORADO 81226

RECORDS MAINTAINED AT:

PATIENT'S NAME *(Last, First, Middle Initial)*		SEX
McVeigh, Timothy		
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME	ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH 4/23/68
	1076-069	

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

Prior Entries Reviewed
L.R. Kowalski, M.D.

CHRONIC CARE CLINIC 6/10/98 0900

S Gen V&S 18/68 2/qual cellulitis 55% & stomach
Rx > doxy better on suspect H/O H. Pylori
O > facial lesion about 2cm Rt cheek, simple
small residual area Low med tested skin
(A) facial cellulitis - improved
dyspepsia - improved
(P) RTC 3 mos.
2. Complete present Rx Rt thigh & Rt, new Sx pen

Prior Entries Reviewed
L.R. Kowalski, M.D.

6/21/98
0850
NKDA

S> Requests for renewal of Ranitidine.
Tested ⊖ for H. pylori Ab (9-18-96)
at FCI, Englewood. No other medical complaints.
O> Alert, coherent, oriented x3, NAD, ambulatory.
> Chart reviewed. ⊕ hx of dyspepsia.
A> 1) Dyspepsia 2) ⊖ H. pylori Ab.
P> Ranitidine HCl 150 mg, 1 p.o. q-HS
#30 H 2 refills.
> Educated on medication & on what types of food to avoid.
> Patient understood & was satisfied.

Reviewed Initials

Reviewed 6/10/98
L.R. Kowalski, M.D.
Clinical Director

R. Camacho, PA
Physician Assistant
United States Penitentiary,
Administrative Maximum
Florence, Colorado

*U.S. Government Printing Office: 1994 — 300-892/10025

STANDARD FORM 600 BACK (REV. 5-84)

NSN 7540-00-634-4178

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*

E803/1 1140 USP Flint Hosp

S- Has personal habit whereby he squeezes "pits" off his face 1 23 days ago. Squeezed Right and Frontal facial area & picked at Lateral Scarring Area - Now noticed depressions. Erythema Vertically for Large Scab Toward Nasal Bridge

ROS - Genitals Unlesions GI Sx - Hx H Pylori negative documented & options for Eradication Rx of H Pylori Sx in future discussed. Utilization between H. Pylori Protein Inhibitor noted. He alleges that he need more evaluation +/- DDx SCC → Squamous Cell Carcinoma H. Pylori

O- He initially refused medications but on Rds denied fever, staff verify, reviewed the skin area Sx & accepts Antibiotic & Hx / importance of personal hygiene

A/ Facial Lacerations - Early, Right Frontally & Early Impetigo - Perioral.

P/ PO Keflex 500 mg Tid x 05 days. Rx Continue Bactine AS Rx

WDR

Pharmacy Review Completed
And Medication Filled
Date: 3/11/98

Pro[illegible] Entries Noted

PATIENT'S IDENTIFICATION - *Use this space for Mechanical Imprint* Initials:

CDR Rod Bauer, Chief Pharmacist

HEALTH SERVICES UNIT
UNITED STATES PENITENTIARY, ADX
STATE HIGHWAY 67 SOUTH
P.O. BOX 8500
FLORENCE COLORADO 81226

CHRONIC CARE CONT.

RECORDS MAINTAINED AT:		
PATIENT'S NAME *(Last, First, Middle Initial)* McVeigh, Timothy		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME	ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO. 307-76-064	DATE OF BIRTH 4/23/68

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

Left Scalp-eyebrow area. Skin without injury. I know that Hx of polar bear bite was 9 yrs ago per pt. Pt was seen and evaluated with the MLP. Pt reports he continues to attend & adequate PO Hydration = clear PO daily.
- Circulatory w/ intact & NVD.
- Mucous membranes are pink
- Pt educated - avoid sun exposure when poss. Pt encouraged to call clinic for MGT of keloids as appropriate.

(A) Hyperpigmentation, chronic, mild, intermittent

(P) RX Tretinoin TD 20 gm bid x 90 days
RTC 12 months

Prior _____ Entries noted
LR. Nowalski, MD

Pharmacy Review/Completed
And Medication Filled
Date: 12/15/97
Initials:
CDR Rod Bauer, Chief Pharmacist

Prior _____ Entries noted
LR. Nowalski, MD
9803010016

3/2/98 10:00 Sx Request for Zantac medication. Pt Hx has some epigastric Pain.
O: NAD Standing, some epigastric Pain on palpation, abd + soft + round good BS.
A: PUD/ chronic gastritis
P: Zantac 150 mg TID po bid #60 x 90 d
(2) Avoid irritants
(3) Education called epigastric Pain/Satisfied

Pharmacy Review Completed
And Medication Filled
Date: 3/2/98
Initials:
CDR Rod Bauer, Chief Pharmacist

S. NIKBAKHT, PA
UNITED STATES PENITENTIARY,
ADMINISTRATIVE MAXIMUM
FLORENCE, COLORADO

Prior _____ Entries noted
LR. Nowalski, MD
9803010016

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
980312 0940	**CHRONIC CARE CLINIC** Lea V6548 + 537.89 (Stomach)
	S - He started the Keflex ordered yesterday for facial cellulitis. Tolerated it okay & will complete the Rx
	S - alleges Hx of Nausea (SOB bed & daily "needed" / used sporadically Recalls Test + Pylori Ag 960 918 was 0.09 = Negative but also accepts that all medical Tests are not infallible and could be false positive or false negative eg Sensitivity = 100% & Specificity = 100%. Accepts the 85% risk that He has + Pylori ai just + agrees to seven day supervised Treatment - Advised that if could go next to complete Biaxin Shui Rx - Keflex + Cimet = Treats Them do the + Pylori
Dx Heart Difficulty	
O	- facial area improved already less red, less swollen, lesions dry & Healing c/w Resolving cellulitis.
	- Hos - GI Hx Abnormal, only sporadic dyspepsia especially c "stress"
	- Hx Nausea, argued Contradiction of Nausea w/ Abdominal, Hen Crew pulled out + the avoidance of dairy w/ Nausea did not change Her dyspepsia pattern.
	- Labs on 960917 Hgb = 15.7 Het = 45.3.
A	- Sporadic dyspepsia Sporadic + Pylori w/ improved facial cellulitis
	OVER

NSN 7540-00-634-4176 600-108

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
11/14/97 0936	(S) **CHRONIC CARE CLINIC** Dyspepsia. Inmate says he has been taking Pepcid 10mg at 10AM & 3PM. Thinks he needs it then. (O) & (A) Dyspepsia (P) Take Pepcid 10mg in AM & 20mg at hs x 2wk Use antacid tablets prn RTC 4 weeks. C. A. Stratman, M.D. C. A. STRATMAN, M.D. CLINICAL DIRECTOR UNITED STATES PENITENTIARY, ADMINISTRATIVE MAXIMUM FLORENCE, COLORADO
	Pharmacy Review Completed And Medication Filled Date: 11/14/97 Initials: (B) CDR Rod Bauer, Chief Pharmacist
12/15/97 0910A	F/U 15 0910 FLUX - F/U
# DC) 73" BC) #172 132/78 LA Sitting fountain Tolerated	(S) **CHRONIC CARE CLINIC** Dyspepsia: 10AM & 3PM Usually just fruits meals: +/- relief on famotidine at 30 mg/day. ROS - no GI blood seen, normal BM, no hx of blood seen, part of possible factors entered + A symptomatic now - does not recall relief from Pepcid (O) VS stable; Cor RRR, Pulm CTA, Abd soft NTND + BS, Ext - no edema, slightly Tender

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

HEALTH SERVICES UNIT
UNITED STATES PENITENTIARY, ADX
STATE HIGHWAY 67 SOUTH
P.O. BOX 8500
FLORENCE, COLORADO 81226

RECORDS MAINTAINED AT:

PATIENT'S NAME *(Last, First, Middle initial)*		SEX
McVeigh, Timothy		
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME		ORGANIZATION
DEPART./SERVICE	SSN/IDENTIFICATION NO. 12076-064	DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE **STANDARD FORM 600** (Rev. 5-84) Prescribed by GSA and ICMR FIRMR (41 CFR) 201-45.505

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
11/12/97	S> Patient claims that he had this stomach problem since incarcerated @ Englewood. "Before I was taking Tagamet and I know that one of the side effects is breast enlargement. The other PA. gave me this (referring to Famotidine 20mg) as twice a day. Now he reduced it to once a day at bedtime. But I always get this problem in the morning, specially whenever I'm having discussion with my lawyer. And I think one tablet is not enough. And since, I was incarcerated I have learn so much about my body."
	O> Deferred.
	A> Dyspepsia.
	P> Advised Patient if Pepcid is not sufficient he can put a req-out as OTC ✓ request for Gelusil Tab. to supplement Famotidine, but advised not to take Famotidine @ the same time with Gelusil. It has to be at least 2 hours interval.
	> Gelusil 2 tablets 20-30 minutes after every meal & HS (#120) Refill PRN.
	> Advised not too much of coffee or anything with caffeine and spicy foods;
	> Patient educated about complaint/medications, understood ✓ satisfied
	Pharmacy Review Completed And Medication Filled Date: 11/13/97 Initials: (B) CDR Rod Bauer, Chief Pharmacist

NSN 7540-00-634-4178

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
10/15/97 1438	(S) **CHRONIC CARE CLINIC** ~~Dyspepsia~~ Inmate says he has had this problem since April 96, since being incarcerated at Englewood. He is a non-smoker. ~~Being~~ using 1½ tabs of Famotidine daily, but been taking in AM & afternoon. (O) No abdominal tenderness, not organomegaly. (A) Dyspepsia (P) Famotidine 20 mg q hs x 90d. Educated about time(s) to take the medicine. RTC 4 weeks CCC-Dyspepsia C. A. STRATMAN, M.D. CLINICAL DIRECTOR UNITED STATES PENITENTIARY ADMINISTRATIVE MAXIMUM FLORENCE, COLORADO C.A. Stratman, M.D.
10/15/97 1500	Chart reviewed CCC-Dyspepsia MDS Reg. Duty, housing, & activity C.A. STRATMAN M.D. C.A. Stratman MD

Pharmacy Review Completed
~~And Medication Filled~~
Date: 11/12/97
Initials: (B)
CDR Rod Bauer, Chief Pharmacist

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

HEALTH SERVICES UNIT
UNITED STATES PENITENTIARY, ADX
STATE HIGHWAY 67 SOUTH
P.O. BOX 8500
FLORENCE, COLORADO 81226

RECORDS MAINTAINED AT:

PATIENT'S NAME *(Last, First, Middle Initial)*		SEX
McVeigh, Timothy		M
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME		ORGANIZATION
DEPART./SERVICE	SSN/IDENTIFICATION NO. 12076-064	DATE OF BIRTH 04-23-68

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
8/22/97 1120 hrs.	> Educated inmate re- symptoms of gastritis & how to help prevent them. Also educated on medication. > Inmate understood & was satisfied.

Pharmacy Review Completed And Medication Filled
Date: 8/22/97
Initials: RB
CDR Rod Bauer, Chief Pharmacist

Reviewed 8/22/97
C.A. Stratman, M.D.
Clinical Director CAS

R. Camacho, PA
Physician Assistant
United States Penitentiary,
Administrative Maximum
Florence, Colorado

9/8/97 0908 hrs	S > error RC 9/8/97 J.V. error.
9/26/97 10:45	~~S~~ - States to feel fine, needs some refill on pepcid - RX 400011800

J. VILLASENOR, PA
UNITED STATES PENITENTIARY,
ADMINISTRATIVE MAXIMUM
FLORENCE, COLORADO

Pharmacy Review Completed And Medication Filled
Date: 9/26/97
Initials: RB
CDR Rod Bauer, Chief Pharmacist

10/14/97 10:30	S - States to feel fine, no complain just need refill on famotidine. O - alert, oriented, in no distress, no physical findings of abnormalities A - Gastritis. P - Pepcid 20 mg #30 take one tablet QHS. refills #1. Educated on medical condition and medication. Satisfied.

J. VILLASENOR, PA
UNITED STATES PENITENTIARY,
ADMINISTRATIVE MAXIMUM
FLORENCE, COLORADO

Pharmacy Review Completed
And Medication Filled
Date: 10/14/97
Initials: RB
CDR Rod Bauer, Chief Pharmacist

NSN 7540-00-634-4176

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
8/14/97 1455	S> Inmate states he's on Famotidine for his stomach problem. O> PE deferred. BP-149 reviewed. A> ⊕ Hx, Gastritis P> Famotidine 20 mg, 1 BID prn #20 > Pt. educated about meds. > S/C prn. > Pt. understood & was satisfied. Reviewed 8/14/97 C.A. Stratman, M.D. Clinical Director CAS Pharmacy Review Completed And Medication Filled Date: 8/14/97 Initials: CDR Rod Bauer, Chief Pharmacist R. Camacho, PA Physician Assistant United States Penitentiary. Administrative Maximum Florence, Colorado
8/16/97 12:00	PPD read today. 0 mm. J. VILLASENOR, PA UNITED STATES PENITENTIARY, ADMINISTRATIVE MAXIMUM FLORENCE, COLORADO
8/22/97 1120 hrs.	S> Requests refill for refill of Pepcid for heartburn. O> Gen: alert, coherent, oriented x3, NAD, ambulatory > Chart reviewed. ⊕ hx. of Gastritis A> ⊕ Hx, Gastritis P> Famotidine 20 mg, 1 po BID prn #30 #2 refills

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

Health Services Unit
United States Penitentiary, ADX
State Highway 67 South
P.O. Box 8500
Florence, Colorado 81226

RECORDS MAINTAINED AT:

PATIENT'S NAME *(Last, First, Middle initial)*		SEX
McVEIGH, Timothy		
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME		ORGANIZATION
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH
	12076-064	

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

NSN 7540-00-634-4176 600-108

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
Date/Time	Inmate Received At ADX-Florence, Co
8/14/97 1455 H	Current Medications: Famotidine 20 mg 2x/day Tagamet 400 mg 3x/day
	Medication Allergies: None
	Smoker: Yes (No)
	Current Medical Complaints/Illness: None.
	Lice Seen: Yes (No)
	PPD Administered: (Yes) No/ If No - Why?
	~~Inmate Instructed On Sickcall/Emergencies/OTC Procedures:~~ (Yes) ~~No~~
Note: ⊕ Hx of: Hypertipidemia Gastritis ⊕ High coronary risk profile.	Comments: Noted some rashes on the neck areas w/ erythema. No pruritus/pain as claimed by inmate. R/O Allergic rxn to vest. Patient is on Famotidine 20 mg, †BID & Tagamet 400 mg †TID Screened by: [signature] Stamp: R. Camacho, PA Physician Assistant United States Penitentiary, Administrative Maximum Florence, Colorado

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

U.S. PENTITENTIARY - ADX
HEALTH SERVICES UNIT
FLORENCE, COLORADO 81226

RECORDS MAINTAINED AT:

PATIENT'S NAME *(Last, First, Middle initial)*		SEX
McVEIGH, Timothy		
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME		ORGANIZATION
DEPART./SERVICE	~~SSN~~/IDENTIFICATION NO.	DATE OF BIRTH
	12076-064	

CHRONOLOGICAL RECORD OF MEDICAL CARE **STANDARD FORM 600** (Rev. 5-84)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

BP-5149.060 **MEDICAL RECORD OF FEDERAL PRISONER IN TRANSIT** CDFRM
JUL 96

U.S. DEPARTMENT OF JUSTICE **FEDERAL BUREAU OF PRISONS**

TB Clearance

PPD Completed: 4-12-96 (Date)
Results: 0 mm
Interpreted as: (-) (Positive or Negative)
CXR Completed: N/A (Date)
Results: _____

Note: Date(s) listed above must be within one year of this transfer.

Name: McVeigh, Timothy Reg. No. 12076-064
Departed From: FCI Eng Date Departed: 8-14-97
Destination: ADX FLF (Name of Institution) Reason for Transfer: NON-medical
Special Instructions: Blood and Body Fluid Precautions

Diagnoses: 1. High Coronary Risk Reduc.
2. Hyperlipidemia 5.
3. Gastritis 6.

No inmate may be transferred to any BOP facility unless either PPD or CXR results are satisfactory for medical clearance.

MEDICATION FOR CARE ENROUTE

Medication	Dose	Route	Instructions for Use (Include proper time for administering)	Stop
Famotidine	20mg	P.O.	Take one 8:00 AM and 8:00 PM daily	9/11/97

Signature of Certifying Medical Staff Member: M. C. IPPOLITO, PAC, HSA | Title: HSA | Date Signed: 8-14-97

PROGRESS NOTES ENROUTE

Date	Time	Institution	Symptoms, Findings, Medications, Treatment, Order, Etc.

BP-149 Reviewed and Received at ADX, Florence, Colorado
By: _____ Date: 8/14/97

R. Camacho, PA
Physician Assistant
United States Penitentiary,
Administrative Maximum
Florence, Colorado

Attach SF-600 if additional space is required.

Record copy - Transporting Officer; Copy - Health Record (Top page, Position one); Copy - Transferring institution

BP-S149.060 **MEDICAL RECORD OF FEDERAL PRISONER IN TRANSIT** CDFRM
JUL 96

U.S. DEPARTMENT OF JUSTICE **FEDERAL BUREAU OF PRISONS**

TB Clearance

PPD Completed: 4-12-96 (Date)

Results: 0 mm

Interpreted as: (-) (Positive or Negative)

CXR Completed: N/A (Date)

Results: _____

Note: Date(s) listed above must be within one year of this transfer.

Name: McVeigh, Timothy Reg. No. 12076-064

Departed From: FCI Eng Date Departed: 8-14-97

Destination: ADX FLF (Name of Institution) Reason for Transfer: NON-medical

Special Instructions: Blood and Body Fluid Precautions

Diagnoses: 1. High Coronary Risk Patient. 2. Hyperlipidemia. 3. Gastritis 4. 5. 6.

No inmate may be transferred to any BOP facility unless either PPD or CXR results are satisfactory for medical clearance.

MEDICATION FOR CARE ENROUTE

Medication	Dose	Route	Instructions for Use (Include proper time for administering)	Stop
Famotidine	20mg	P.O.	Take one 8:00 AM and 8:00 PM Daily	9/11/97

Signature of Certifying Medical Staff Member: M. C. IPPOLITO, PAC, HSA | Title: HSA | Date Signed: 8-14-97

PROGRESS NOTES ENROUTE

Date	Time	Institution	Symptoms, Findings, Medications, Treatment, Order, Etc.

Attach SF-600 if additional space is required.

Record copy - Transporting Officer; Copy - Health Record (Top page, Position one); Copy - Transferring institution

(This form may be replicated via WP)

This form replaces BP-149.060 and BP-S149.060 dtd Nov 1994

Printed on Recycled Paper

NSN 7540-00-634-4176 600-108

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

Date: 8-4-97 | Inmate Name: McVEIGH, TIMOTHY | Register Number: 12076-064

Time: 14.00

S I was lifting myself up from sitting. I grabbed the fence and scraped my fingers

NKDA

O abrasion of R long and Ring fingers. distal phalynx. He has already cleaned them with soap & H2O. 2 bandaids were given to him

A Minor abrasions of R long & ring fingers

Plan: Last tetanus shot was given to him here = 1996

P 1. Notify us of any infection

Provider: G. THOMAS KRAUS MD
D. Thomas Kraus MD

USP LVN

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

MCVEIGH, TIMOTHY J
DOB: 04-23-1968 M
12076-064
FCI ENGLEWOOD

RECORDS MAINTAINED AT:

PATIENT'S NAME *(Last, First, Middle initial)*		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME		ORGANIZATION
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH

BP-S149.060 **MEDICAL RECORD OF FEDERAL PRISONER IN TRANSIT** CDFRM
JUL 96

U.S. DEPARTMENT OF JUSTICE **FEDERAL BUREAU OF PRISONS**

TB Clearance
PPD Completed: 4-12-96 (Date)
Results: 0 mm
Interpreted as: NEG. (Positive or Negative)
CXR Completed: _____ (Date)
Results: _____
Note: Date(s) listed above must be within one year of this transfer.

Name: McVeigh, Timothy Reg. No. 12076-064
Departed From: FCI ENG Date Departed: _____
Destination: USM DENVER (Name of Institution) Reason for Transfer: Non-Medical
Special Instructions: Blood and Body Fluid Precautions
D

Diagnoses: 1. Dyspepsia 4. _____
2. _____ 5. _____
3. _____ 6. _____

No inmate may be transferred to any BOP facility unless either PPD or CXR results are satisfactory for medical clearance.

MEDICATION FOR CARE ENROUTE

Medication	Dose	Route	Instructions for Use (Include proper time for administering)	Stop
Acetaminophen	325mg	Oral	Take 2 tablets *AS NEEDED* Every 6 hours	Indef.
Gelusil Tablets		"	Chew 2 tablets *AS NEEDED* Every 6 hours	"
Cimetidine	400mg	"	Take 1 tablet *AS NEEDED* Every 8 hours	"

Signature of Certifying Medical Staff Member: [signature]
Title: W. Welch, R. PHL, Chief, Pharmacy Svcs
Date Signed: 3-25-97

PROGRESS NOTES ENROUTE

Date	Time	Institution	Symptoms, Findings, Medications, Treatment, Order, Etc.

Attach SF-600 if additional space is required.

Record copy - Transporting Officer; Copy - Health Record (Top page, Position one); Copy - Transferring institution

(This form may be replicated via WP) This form replaces BP-149.060 and BP-S149.060 dtd Nov 1994

Printed on Recycled Paper

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

HEALTH SERVICES DEPT.
F.C.I. ENGLEWOOD
9595 W. QUINCY AVE.
LITTLETON, CO 80123

Date 6-21-97 | Inmate Name MCVEIGH, TIMOTHY | Register Number 12076-064

Time 4:05 PM

132/78, 60

S I have had a dry scaling area on the R side of my chin for ≈1-2 mo. It does not get better

0 ↓ vascularity

Scaling ; small papules - ½ mm, slightly red, Dry.

≈ 1½ - 2cm in Diameter

Lesion

A

P Lotrimin 1% Cream - apply BID x 2 wks if no Response let me know.

Rx 30155

W. Welch, R. PH. Chief, Pharmacy Svcs.

Provider G. Thomas Kraus M.D.

G. THOMAS KRAUS MD

USP LVN

Federal Bureau of Prisons

BP-355(60) January 1981

Date 6-26-97 | Inmate Name MCVEIGH, TIMOTHY | Register Number 12076-064

Time 6:20 PM

S My Rash is no better on the antifungal shampoo

124/72 76 The distribution is more at the corners of the mouth & nose, behind ears & chin

0 No change in the Rash - erythema mild, mildly scaling, mildly wet at this point.

Rx 30348 30349

A Seborrhea

P Selsun Shampoo - apply while bathing for 5 min once daily x 2 weeks

Sulfacetamide 10% OINTMENT apply lightly BID x 2 weeks

W. Welch, R. PH. Chief, Pharmacy Svcs.

Provider G. Thomas Kraus M.D.

G. THOMAS KRAUS MD

USP LVN

Federal Bureau of Prisons

BP-355(60) January 1981

Date 6/20/98 | Inmate Name McVeigh, Timothy | Register Number 12076-064

Time 1348

S FACIAL RASH TX - pityriasis rosea

(R) clavicular chest x 3 wks S

0 relief on topical Sulfacetamide gel/cr. out topical. — NEED TO Remember

Rx amoxicillin 500 mg TID x 10 days

A Use Topical Sulfacetamide - Hydrocortisone cream

P Al Natural Lipolysis

Done

W. Welch, R. PH. Chief, Pharmacy Svcs.

Prior _____ Entries noted

L.B. Kowalski MD _____

Provider

USP LVN

Federal Bureau of Prisons

BP-355(60) January 1981 V. 5-84)

NSN 7540-00-634-4176 600-108

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

Date 3-4-97 | Inmate Name McVEIGH, TIMOTHY | Register Number 12076-064

Time 15:35

S I have had a cold times 2-3 days. I would like something for my dry lips. I have Rhinorrhea. No ST is gone. I have a dry cough. I have tylenol for the mild HA

O T 98' P 80, R 16, BP 106/80, NKDA

O/ TM's Clear, No sinus tenderness, (+) Rhinorrhea, Throat clear & adenopathy. Lungs clear to A

A URI

P 1. Sudafed 60 mg TID x 7 days.

2. Petrolatum TRN to lips PRN x 90 days

G. THOMAS KRAUS MD

Provider G. Thomas Kraus M.D.

USP LVN

Federal Bureau of Prisons

BP-355(60) January 1981

Date 6-14-97 (7-14-97) | Inmate Name Mc Veigh Timothy Jayment | Register Number 12076-064

Time 20.50

S I would like some (Rx Zantac 300 mg) I get indigestion after meals. I am sleeping fine and my apetite is OK, I am not depressed and I am not suicidal I have no medical needs.

O He has just returned from hearing the Verdict of a Death sentence yesterday. His affects is normal, He is alert. no blood in stools after HEENT. No epigastric tenderness.

A acid Peptic Disease. He is taking the verdict & sentence Remarkable well and is not Depressed

P I asked the Correctional Officers to still keep an eye on him.

(Rx) Prescribed 20 mg BID x 90 days - 2 week supply given

(Rx) Refilled chew 2 PRN indigestion #8 given - Rx x 90 days

Provider G. THOMAS KRAUS MD

USP LVN

Federal Bureau of Prisons

BP-355(60) January 1981

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

MCVEIGH, TIMOTHY J
DOB: 04-23-1968 M
12076-064
FCI ENGLEWOOD

RECORDS MAINTAINED AT:

PATIENT'S NAME *(Last, First, Middle initial)* | SEX

RELATIONSHIP TO SPONSOR | STATUS | RANK/GRADE

SPONSOR'S NAME | ORGANIZATION

DEPART./SERVICE | SSN/IDENTIFICATION NO. | DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

Date: 12-22-96 | Inmate Name: McVEIGH TIMOTHY | Register Number: 12076-064

Time: 16:00

S I only use 1/2 to 1/4 tegamet a that prevents me from having stomach upset. may I have a Refill

0

W Welch, R PH.
Clinical Pharmacy Svcs.

A acid stomach controlled

Rx 23947

P Refill Tegamet 400 mg T/D PRN x 90 days
Rx 30 at a time G. THOMAS KRAUS MD | Provider: R Thomas Kraus M.D.

USP LVN | Federal Bureau of Prisons | BP-355(60) January 1981

Date: 6/20/94 | Inmate Name: McVeigh Timothy J | Register Number: 12076 064

Time: 1145

S Refill Tagamet 400 mg Tid x 90 days

0

Rx 24846
Rx ~~24846~~ 064

A

W Welch, R. PH.
Clinical Pharmacy Svcs.

P Prior _____ Entries noted L.R. Kowalski, MD | Provider

Date: 1-24-97 | Inmate Name: McVeigh, T. | Register Number: 12076-064

Time: 1215

S Needs updated Rx for Tylenol x refill & Gelusil — over counter

SHU 24961
24968

0

Prior 12/26 Entries noted L.R. Kowalski, MD

A V.O. L. Kowalski, MD: Rx: Tylenol 325mg 1-11 po TID prn HA #20

P Rx: Gelusil tabs: 1-11 QID prn #30 WILLIAM B. WELCH, R.Ph.
Refill both X 90 days as appropriate | Provider

HEALTH SERVICES DEPT.
FCI ENGLEWOOD
9595 W. QUINCY AVE.
LITTLETON, CO 80123

USP LVN | Federal Bureau of Prisons | Previous editions not usable | BP-355(60) January 1981 | CK (REV. 5-84)

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*

Date: 10-21-96 | Inmate Name: McVEIGH, TIMOTHY | Register Number: 12076-064

Time: 15:09

S May I have a few tylenol - I am have a HA.

NKDA

12 tabs issued w/for 1 mo

104/66, 72

O VAD - no HA now

Rx 21739

A HA, stress.

P Tylenol 325 mg II Q10 PRN HA. # 20 Refill x 90 days

W. Welch, R.Ph.
Chief, Pharmacy Svcs.

Provider: G. THOMAS KRAUS MD — R. Thomas Kraus M.D.

USP LVN

Federal Bureau of Prisons

BP-355(60) January 1981

Date: 11-2-96 | Inmate Name: McVEIGH, TIMOTHY | Register Number: 12076-064

Time: 16:09

S I lost a filling. - no pain

NKDA

O Left front incisor lost a small filling

128/80

78

Discussed w Dr. Burnett Dental -

96 recommended that I not put in a temp filling + just give

A an NSAID

filling loss - should be stable

P Motrin 800 q8H c food (16 x 250 mg tabs)

Dental will follow next week.

G. THOMAS KRAUS MD

Provider: R. Thomas Kraus M.D.

USP LVN

Federal Bureau of Prisons

BP-355(60) January 1981

11-4-96 ADMIN NOTE: CLASSIFICATION W/PRIOR SOAP RX ORDER —

10 10 HRS Motrin 400 mg TID PC food #16

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

M 2 22 DISP FROM VCMC

11-6-96

R. Thomas Kraus M.D.

REVIEWED BY G. THOMAS KRAUS MD

MCVEIGH, TIMOTHY J
DOB: 04-23-1968 M

12076-064

FCI ENGLEWOOD

RECORDS MAINTAINED AT: FCI/FDC ENG.

PATIENT'S NAME *(Last, First, Middle Initial)* | SEX

M. JOHNSON, PHARM. TECH.

RELATIONSHIP TO SPONSOR | STATUS | RANK/GRADE

SPONSOR'S NAME | ORGANIZATION

DEPART./SERVICE | SSN/IDENTIFICATION NO. | DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

NSN 7540-00-634-4176 600-108

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*

Date: 9-11-96 | Inmate Name: MCVEIGH, TIMOTHY | Register Number: 12076-064

Time: 20:00

S For 1½ weeks I have been getting heart burn (substernal) when I lay down at night. I drink instant tea all day and have hot cocoa before I go to bed. I eat 1½ - 2 hrs before I lay down. This occurred about 3 - 4 weeks ago. I don't want a test for H. pylori because it was blood test. No Red or Black stools. The pain goes away in about an hour if does not take NSAIDS.

O abdomen supple - no epigastric tenderness

A Gastroesophageal Reflux disease.

P/ Don't eat 2 hrs before lying down, eat small meals, Reduce or stop coffee. Handout given to Patient.

P Patient - Chew 2 PRN indigestion #90 days

Zantac 300 mg BID #1 mo. Tells if pain bad or don't get better.

Provider: G. THOMAS KRAUS MD

USP LVN

Federal Bureau of Prescriptions

BP-355(60) January 1981

W. Welch, R. PH. Chief, Pharmacy Svcs.

RX 20448 20461

RX400020448 09/13/96
CIMETIDINE 400 MG TABLET #42bag
WBW PRN REFILL(S) EXPIRES 12/12/96

RX400020461 09/13/96
ALUM & MAG HYDROXIDES & SIMETHICONE T #40bag
WBW PRN REFILL(S) EXPIRES 12/12/96

96 09/17 1630

Denies Allergy To Penicillin.

Recalls He had Penicillin My Age 2.

(1) He was w/to The Dental Clinic for evaluation and treatment

(2) HSA Ejaculate + Dr Kurtsici obtained pt permission & Did Venipuncture (L) Ant Cubital Area for CBC, SMAC, H. Pylori Ab. - Blood Slant & LABS = Established Alias Labels - Patient personally reviewed The above labels. Dr Orca

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

MCVEIGH, TIMOTHY J
DOB: 04-23-1968 M
12076-064
FCI ENGLEWOOD

RECORDS MAINTAINED AT: FCI/FDC ENG.

PATIENT'S NAME *(Last, First, Middle Initial)* | S

RELATIONSHIP TO SPONSOR | STATUS | RANK/GRADE

SPONSOR'S NAME | ORGANIZATION

DEPART./SERVICE | SSN/IDENTIFICATION NO. | DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

Ht ci 73" WT 166 lb ō cuff + belly. Chair. wt of 165 c Ht 73" = body mass index of 19. (20-25)
pt alleges he has always been slender
→ Fundoscopic exam — ND wnl OS wnl.
BP RA Reg Cuff Safety 137/84 MAP 100 P-66
— left c Cuff — No dizziness.
(A) Rule out H. Pylori elisa by
9F 6p
(P) — Review lab + probably Treat for
H pylori when data available
— Culture Gelucil + Augment
per Mycrobial Power Master
as per Med wnl Ethibex today

Prior _____ Entries noted
L.P. Kowalski, MD _____

6/09/18 1100 Addn NOTE
H. Pylori AB ci negative = 0.04
CBC, SMAC, HgbA1c reviewed c patient
L.P. Kowalski MD

6/10/2018 0920 Addn NOTE
AW Holtan Briefed about past
medical/Surgical History,

Prior _____ Entries noted
L.P. Kowalski, MD _____

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
	1) CTMs T BID #60
18704	2) ↑ fluids
	3) Request Re examination for fever, Sore throat or no resolution in 10 Days
	W. Welch, R. PH. Chief, Pharmacy Svcs.
	M. C. IPPOLITO, PAC, HSA
8-2-96	Admin Note:
10:15	Reports some improvement with CTM But requests change to Sudafed which has given more relief previously. This is reasonable & will be done.
18909	Sudafed 60 mg BID #60 11 refills
	D/C CTM
	M. JOHNSON, PHARM. TECH.
	WILLIAM B. WELCH, R.Ph.
	M. C. IPPOLITO, PAC, HSA
8-5-96	Admin Note:
1700	No effect from sudafed Apparently need decongestant effect but does not want sedation. Will D/C Sudafed & try Beclamethasone inhaler 2 puffs ord Nasal
R/18962	WILLIAM B. WELCH, R.Ph.
	M. C. IPPOLITO, PAC, HSA

Date	Inmate Name	Register Number
8-25-96	MCVEIGH, TIMOTHY	12076-064

Time

2:17 PM S I had a HA last night at 9 P.M. I went to sleep and it went away. It came back about 1 hour after he got up. & I have some stress in my counsel. I am still not exercising

100/76, 60 101 alert & oriented, supple neck, NAD.

NKDA

R.

A Muscle contraction HA

W Welch, R PH. Chief, Pharmacy Svcs.

Rx 19700

P TYLENOL 325 mg #12 - Sig II PO Q4H PRN pain

G. THOMAS KRAUS MD Provider

G. Thomas Kraus MD

*U.S. Government P

Federal Bureau of Prisons

NSN 7540-00-634-4176 600-108

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
5-22-96 15:41	S: 28 y/o w/f c/o of occipital headache 2° to stressful session with lawyer typical of tension headaches Reports Tylenol. ⊖ stiff neck ⊖ fever ⊖ visual disturbance
NKA	O: BP 124/75 HR 68 T 98.5 Alert Supple Cranial Nerves II-XII Grossly intact.
RPh 6299	A: Tension Headache
	P: Tylenol 325 mg PO q 4° PRN Pain #24
W. Welch, R. PH. Chief, Pharmacy Svcs.	
	M C. IPPOLITO, PAC, HSA
7-29-96 11:30 AM	S: 28 y/o w/f c/o clear Nasal discharge for 2 wks. ⊖ fever ⊖ cough ⊖ facial pain. Hx of allergic rhinitis Typically Relieved with Benadryl occurring in late summer. ⊖ Hx of Hypertension NKDA.
	O: BP 144/79 T: 97.7 P: 70 R 24 Awake Alert NAD. HEENT: TMs Clear Good Cone of Light. ⊕ Nasal Discharge Clear ⊖ Facial Tenderness ⊖ Nodes Lungs: Clear to A&P
	A: Perenial Rhinitis

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

MCVEIGH, TIMOTHY J
DOB: 04-23-1968 M
12076-064
FCI ENGLEWOOD

RECORDS MAINTAINED AT:

PATIENT'S NAME *(Last, First, Middle initial)*		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME		ORGANIZATION
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE **STANDARD FORM 600** (Rev. 5-84)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

NSN 7540-00-634-4176 600-108

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
5-F-96 0000	S: 28 y/o w ♂ cc of heartburn 2° to eating meatballs. 2° complaint of bumps on forehead occasionally pruritic seems to increase during periods of stress. There increased following his court appearance 6 days PTA. ⊖N/V. ⊖Fever ⊖Diarrhea Hx of heat burn with stress O: BP 128/80 P 66 T 96.7 Awake Alert NAD. ABD soft benign Non tender. Skin Nor integ Good tone Multiple small papular eruptions on forehead some excoriated. A: 1) Heartburn (Gastritis) 2° to Stress 2) Neurodermatitis P: 1) Reassurance & Mechanism of stress & Somatic complaints explained will observe for 2° intake. 2) Maalox 30cc's PRN for heartburn 3) F/U in AM if no improvement with Maalox M C Ippolito PA-C M. C. IPPOLITO, PAC, HSA 5-8-96 08:39 Kraus MD REVIEWED BY G. THOMAS KRAUS MD
5-21-96 6:40 PM	S: 129/75 68 98.0 38 y/o w ♂ cc of Cramps in abd &

W Welch, R. PH.
Chief, Pharmacy Svcs
15 May 95

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

MCVEIGH, TIMOTHY J
DOB: 04-23-1968 M
12076-064
FCI ENGLEWOOD

RECORDS MAINTAINED AT:

PATIENT'S NAME *(Last, First, Middle initial)*		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME		ORGANIZATION
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE **STANDARD FORM 600** (Rev. 5-84)
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DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

Loose BM @ 10 minutes after eating ~~any~~ dairy products such as American cheese & milk. No problem with cottage cheese ice cream or mozzarella cheese. Symptoms have persisted since November 1995. At that time the inmate was placed in a cell that he felt was stressful to him. No direct relationship to stress. No Family Hx of lactose intolerance in family. FH Uncle tested with childhood onset Crohn's Disease DM. + Flatulence & Gas. (WNAD)

O: Awake Alert NAD

ABDomen: Soft Distended Tympanic Bowel Sound Hyperactive Hyperresonant

Skin: Warm dry no icterus

A- Indigestion/Pain - Hx Lactose intolerance

P 1) Trial of lactase Enzyme to see if symptoms subside

2) Lactaid 2 capsules taken with Milk or dairy products may increase to 3 if necessary

3) Recheck in 1 week to see if symptoms have improved

Rx 16295 for

W Welch, R. PH.
Chief, Pharmacy Svcs.

H Tsuda, MD

M. C. IPPOLITO, PAC, HSA

HIDEYA TSUDA, MD

4-3-96 13:40 Mr. Lamb (AHSA) asked me to prescribe the following medication which had been already given to Mr McVeigh

℞ 4621 PO ASA (325mg) 1 or 2 Tab qid prn #12

H. Tsuda, M.D.

W. Welch, R. PH. Pharmacy Svcs.

REVIEWED BY G. THOMAS KRAUS MD

REVIEWED BY HIDEYA TSUDA, MD

4-8-96 Admin Note

10:45 Recieved a copy of Immunization Records from Military. PPD done on May 25 1988 was never Read or Recorded for Result. MCG Sec Vaccine given. I will find out what this vaccine is before administering PPD test on Wednesday. Mr. McVeigh Agrees to this test & I will have test witnessed Prior to administering.

M C Ippolito

M. C. IPPOLITO, PAC, HSA

Admin note:

4-18-96 Entire medical file copied and given to the

1400 U.S. Marshall's VIA Warden Perrill

M. C. IPPOLITO, PAC, HSA

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

NSN 7540-00-634-4176

600-108

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

DATE/TIME — INMATE RECEIVED AT FCI, ~~FDC~~ ENGLEWOOD, COLORADO:

3-30-96 0200 — CURRENT MEDICAL/ILLNESS: Ø

DRUG Ø

OTHER Ø

CURRENT MEDICATION:

None

SMOKER: YES (NO) DRUG USE/IVDU YES (NO)

DATE TAKEN LAST:

LICE SEEN: YES (NO) SUICIDAL: YES (NO)

PPD ADMINISTERED: YES (NO) IF NOT - WHY?

Refused at this time

INMATE INSTRUCTED ON SICKCALL/EMERGENCIES/OTC PROCEDURES: (YES)

PRESCRIPTION: A&D Ointment To Lip as needed.
Ø Refill ii

M 4/5/96
J. Welch, R. Ph.
Pharmacy Svcs.

PLAN/FOLLOW UP: (CCC,DETOX,SUICIDE WATCH,ISOLATION,PSYCH REFERRAL)

Dental Exam on Monday April 1 1996.

P.2.9K 4-4-96
REVIEWED BY
G. THOMAS KRAUS MD

SCRREN BY: M C Ippolito PA-C STAMP: M. C. IPPOLITO, PAC, HSA

Prior 46032 Entries noted

MD REVIEWED: STAMP: LR. Kowalski, MD

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

RECORDS

MOVED FROM
TIMOTHY JAMES 13276-064
W/M 10-04-53 5'8"
HT 68" WT 160 HAIR BRN EYES BL
DATE 8/21/96

ENGLEWOOD

HEALTH SERVICE DEPT.
FCI ENGLEWOOD
9595 W. QUINCY AVE.
LITTLETON, CO. 80123

STATUS | RANK/GRADE

ORGANIZATION
HEALTH SERVICE

NO. | DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (Rev. 5-84)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

NSN 7540-00-634-4178

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*

3-16-96 NOTE: McVeigh 12076-064 brought To U.C.C.R. Under Guard For Physical Examination by DR. MICHAEL CRAWFORD from outside. ARRIVED AT 1410, DEPARTED AT 1540 Returned To Housing Unit.

[illegible] PA [illegible]

EL RENO, OK

D-2-55 4-4-96

REVIEWED BY
G. THOMAS KRAUS MD

4-1-96 (H)

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

McVeigh, Timothy
12076-064
H/02.

FEDERAL CORRECTIONAL INSTITUTION
EL RENO, OKLAHOMA 73036

RECORDS MAINTAINED AT: ▶			
PATIENT'S NAME *(Last, First, Middle Initial)*			SEX
RELATIONSHIP TO SPONSOR	STATUS		RANK/GRADE
SPONSOR'S NAME		ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.		DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
2-15-96 1355	cont. A ① Dermatitis. ② minor psl trauma w capillary breakdown -non allergic. P- triad TMC 0.1% appl to rash on FOL BID DIC Tetracycline 250mg. Follow up in 2 weeks. consider further workup if problem persists P. D'Orazio, MD P. D'ORAZIO, M.D.
3-29-96 1430	Follow up from previous visit on 2-15-96. Clinically rash has improved. Erythema now erythema seen. scaling absent. Exam - resolved. Dermatitis. with only minimal residual erythematous present. Plan - Pt instructed to use TMC cream as needed to prevent recurrence of this dermatologic problem. TMC 0.1% apply to rash on FOL BID. P. D'ORAZIO, MD P.Z.K. 4-4-96 REVIEWED BY G. THOMAS KRAUS MD

*U.S. Government Printing Office: 1992 — 342-199/50126

NSN 7540-00-834-4176 600-108

HEALTH RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
6-9-95	S. Request that my wart on Rt hand be trimmed
10:30 AM	O. Small seed wart c corn formation noted on
SHU.	Rt great toe.
	A. Seed wart Rt great toe. Signed SF 522
	P. (1) Rt hand corn/wart was trimmed.
	(2) Hand lotion BID to corns.
	(3) PRN - F/U as requested.
	LESLIE NICHOLS, ASHA/SUPV.P.A. FCI EL RENO, OKLA.
2-15-96	S. C/O some scaling on bottom
1355	of @ 3rd toe. Has been using topical Tolnaftate
	for approx 1 mo. with not much relief of scaling
	Denies any significant itch.
	He also points to several mild traumatic
	areas on small other toes of R hand/foot
	O. R/F @ foot.
	3rd toe. plantar aspect.
	some desquamation noted & scaling.
	no surrounding erythema
	no foul smell or discharge
	no other lesion between toes.
	several minute ecchymotic areas noted on
	several toes. C/w/s/p represents minor
	capillary trauma. no open lesion
	over.

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

Mr Veigh, Timothy
12076-084

RECORDS MAINTAINED AT: ▶	
PATIENT'S NAME *(Last, First, Middle Initial)*	**SEX**
RELATIONSHIP TO SPONSOR / **STATUS**	**RANK/GRADE**
SPONSOR'S NAME	**ORGANIZATION**
DEPART./SERVICE / **SSN/IDENTIFICATION NO.**	**DATE OF BIRTH**

4-4-96

P.2/4 REVIEWED BY G. THOMAS KRAUS MD

FEDERAL CORRECTIONAL INSTITUTION
EL RENO, OKLAHOMA 73036

CHRONOLOGICAL RECORD OF MEDICAL CARE **STANDARD FORM 600 (REV. 5-84)**
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

NSN 7540-00-834-4176

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION *(Sign each entry)*
4-21-95	INMATE PHYSICAL ASSESSMENT
21:35 PM.	Admission To FCI El Reno.
	S = NC Complains. basic in good Health
	O = Alert & oriented x 3. PERLA negative C/C bruise or contusion at physical exam. free ROM on upper & lower extremities
	A = Medical screening.
	P = NONE.
	4-4-96
	REVIEWED BY G. THOMAS KRAUS MD
	L. ROMERO, PA FCI EL RENO, OK
	4-1-96

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

McVeigh, Timothy.
12076-064.

Federal Correctional Institution
El Reno, Oklahoma 73036

RECORDS MAINTAINED AT:

PATIENT'S NAME *(Last, First, Middle Initial)*		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME	ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH

STANDARD FORM 600 (REV. 5-84)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

★U.S.GPO:1993-0-337-094

CLINICAL RECORD | **LABORATORY REPORTS**

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

ATTACH 2D REPORT WITH TOP AT THIS LINE ↑

PATIENTS MED. RECORD

Federal Correctional Institution
El Reno, Oklahoma 73036

SPECIMEN/LAB RPT NO

URINALYSIS

URGENCY: XX ROUTINE ☐ TODAY ☐ PRE-OP ☐ STAT

PATIENT STATUS: ☐ BED XX ☐ AMB ☐ OUTPATIENT ☐ NP ☐ DOM

SPECIMEN SOURCE: XX ROUTINE ☐ OTHER (Specify)

#

MCVEIGH, TIMOTHY

Enter in above space PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE: Dr. Malcher

REPORTED BY: D. Hale, MLT MD TECH

DATE: 5-11-95

LAB. ID NO.

REMARKS

TEST(S)	SPECIMEN TAKEN DATE	TIME (A.M. / P.M.)	REQUESTED (X)	RESULTS
ROUTINE	5-11-95	1045		
COLOR				AMBER
SPECIFIC GRAVITY				1.015
UROBILINOGEN				NEG
OCCULT BLOOD				NEG
BILE				NEG
KETONES				TRACE
GLUCOSE				NEG
PROTEIN				NEG
pH				6.0
MICROSCOPIC				
WBC				
RBC				
EPITH CELLS				
CASTS: WBC				
CASTS: RBC				
CASTS: HYALINE				
CASTS: GRANULAR				
BACTERIA				
CRYSTALS				
MUCUS				
NITRITE				
BENCE-JONES PROTEIN				
HEMOSIDERIN				
HCG				

550-107

URINALYSIS
Standard Form 550 (Rev. 4-77)
General Services Administration and Interagency Committee on Medical Records FIRMR (41 CFR) 201-45.505

RD NO.

MCVEIGH
TIMOTHY JAMES 12076-064
W/M/D/04-23-1948
HT/602 WT/160 HR/BN EY/BL
CUSTODY/IN

LABORATORY REPORTS
Standard Form 514

Prescribed by GSA/ICMR
FIRMR (4)(CFR) 201-45.505
OCT 1975 514-108

U. S[illegible] EDICAL CENTER FOR FEDERAL F[illegible]SONERS
LABORATORY, 1900 W. SUNSH[illegible]E
SPRINGFIELD, MISSOURI 65808
(417) 862-7041, EXT. 454

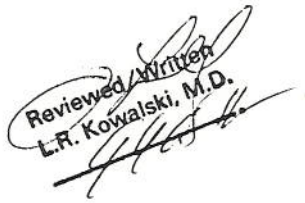
========== F I N A L R E P O R T ==========

Register Number: 12076-064
Name : MCVEIGH,TIMOTHY
Location : ADMAX FLORENCE
Physician : DR. KOWALSKI
Collection Date: 05/04/1999
Collection Time: 11:15
Tests Ordered | HBsAg; HBsAb; HBcAb; Anti-HBcIgM; Anti-HAV-IgM; Anti-HCV

Age : 31
Sex : M
Accession Number: 1697
"X" if Complete : [X]

Test Name	Result	Flag	Reference Range	Tech
Collection Cmt.	.			
HBsAg	Negative		Negative	SY TE
HBsAb	Negative		Negative	SY JD
HBcAb	Negative		Negative	SY TE
Anti-HBcIgM	Negative		Negative	RH TE
Anti-HAV-IgM	Negative		Negative	RH TE
Anti-HCV	Negative		Negative	SY TE

-- End of Laboratory Report --



Name : MCVEIGH,TIMOTHY
Register#: 12076-064
Printed : 05/11/1999 @ 13:10

Doctor : DR. KOWALSKI
Location: ADMAX FLORENCE
.....
Sensitive L.O.U.

Quest Diagnostics

REPORT FORM

2

LAB # 5-DE12144 RT# 29/29

10119-45
DOCTOR: ADMIN MAXIMUM FACILITY
(DR. KOWALSKI)
13964 DR/PA:_____
5880 STATE HWY 67 SO
FLORENCE, CO 81290
CHART # 12076-064

PATIENT: MCVEIGH, TIMOTHY
SSN:
AGE:04-23-1968 SEX:M HRS PP:

COLLECTED: 4:45 4 MAY 1999

REPORTED: 5 MAY 1999

REQUESTS	RESULTS	UNITS	REFERENCE RANGES	LOC
AMYLASE, SERUM	50	IU/L	10-100	DE
LIPASE, SERUM	27	IU/L	7-60	DE

PLEASE NOTE NEW REFERENCE RANGE

DE - TESTS PERFORMED AT QUEST DIAGNOSTICS, 695 S. BROADWAY, DENVER, CO 80209, 303-899-6000

Reviewed/Written
L.R. Kowalski, M.D.

58 (REV. 1/97)

THIS IS A COMPLETED REPORT

U. S. M. CAL CENTER FOR FEDERAL PRI ERS
LABORATORY, 1900 W. SUNSHINE
SPRINGFIELD, MISSOURI 65808
(417) 862-7041, EXT. 454

FINAL REPORT

Register Number: 12076-064
Name : MCVEIGH,TIMOTHY
Location : ADMAX FLORENCE
Physician : DR. KOWALSKI
Collection Date: 05/04/1999
Collection Time: 11:14
Tests Ordered| BOP TESTING; LIPID TESTING; LIVER TESTING; Free T4; TSH; CBC; RPR

Age : 31
Sex : M
Accession Number: 1693
"X" if Complete : [X]

Test Name	Result	Flag	Reference Range			Tech
Collection Cmt.	.					
BOP TESTING						
LIPID TESTING						
LIVER TESTING						
Glucose	83		mg/dL	70	- 110	SY TE
Urea Nitrogen	11		mg/dL	7	- 22	SY TE
Creatinine	0.9		mg/dL	0.6	- 1.6	SY TE
Uric Acid	5.8		mg/dL	3.7	- 8.6	SY TE
Sodium1	143		mmol/L	137	- 145	SY TE
Potassium	4.4		mmol/L	3.5	- 5.0	SY TE
Chloride	104		mmol/L	98	- 110	SY TE
Phosphorus	3.9		mg/dL	2.5	- 4.5	SY TE
Calcium	9.4		mg/dL	8.5	- 10.5	SY TE
Total Protein	7.5		g/dL	6.0	- 8.2	SY TE
Albumin	3.6		g/dL	3.6	- 5.1	SY TE
Alkaline Phos.	75		U/L	41	- 133	SY TE
AST(SGOT)	24		U/L	11	- 55	SY TE
Lactate Dehyd.	113		U/L	94	- 218	SY TE
Total Bilirubin1	1.40	HI	mg/dL	0.20	- 1.30	SY TE
Cholesterol	254	HI	mg/dL	140	- 200	SY TE
Triglycerides	402	HI	mg/dL	30	- 200	GK TE
	PLEASE NOTE: Due to interferences, the HDL result is not valid when the Triglyceride is greater than 400 mg\dl, therefore the HDL is not performed.					
A/G Ratio	0.92	LO		1.00	- 2.30	TX TE
Globulin	3.9	HI		2.0	- 3.7	TX TE
ALT1(SGPT)	41		U/L	11	- 66	SY TE
Direct Bilirubin	0.50		mg/dL	0.00	- 0.50	TX TE
Gamma GT1	30		U/L	8	- 78	SY TE
Bu	0.9		mg/dL	0.0	- 1.1	SY TE
Bun/Creat Ratio	12.2			5.0	- 30.0	TX TE
Free T4	1.1		ng/dL	0.7	- 1.9	SY TE
TSH	0.9		uIU/mL	0.3	- 7.0	SY TE
CBC						
White Blood Cell	5.4		mm3	4.3	- 11.1	JN JD
Red Blood Cells	5.25		mm3	4.46	- 5.78	JN JD
Hemoglobin	15.2		g/dL	13.6	- 17.6	JN JD
Hematocrit	44.2		%	40.2	- 51.4	JN JD
MCV	84.0		fL	82.5	- 96.5	JN JD
MCH	29.0		pg	27.1	- 34.3	JN JD

Reviewed/Written
L.R. Kowalski, M.D.

Name : MCVEIGH,TIMOTHY
Register#: 12076-064
Printed : 05/05/1999 @ 14:08

Doctor : DR. KOWALSKI
Location: ADMAX FLORENCE
.....
Sensitive L.O.U.

U. S. M ICAL CENTER FOR FEDERAL PRI ERS
LABORATORY, 1900 W. SUNSHINE
SPRINGFIELD, MISSOURI 65808
(417) 862-7041, EXT. 454

========== F I N A L R E P O R T ==========

Register Number: 12076-064
Name : MCVEIGH,TIMOTHY
Location : ADMAX FLORENCE
Physician : DR. KOWALSKI
Collection Date: 05/04/1999
Collection Time: 11:14
Tests Ordered| BOP TESTING; LIPID TESTING; LIVER TESTING; Free T4; TSH; CBC; RPR

Age : 31
Sex : M
Accession Number: 1693
"X" if Complete : [X]

Test Name	Result	Flag	Reference Range			Tech
MCHC	34.5		g/dL	33.0	- 35.0	JN JD
RDW	13.4		%	12.0	- 14.0	JN JD
PLT	235		10~3/uL	130	- 374	JN JD
MPV	10.3		fL	6.9	- 10.5	JN JD
RPR	Non-Reactive			NR		MB TE

-- End of Laboratory Report --

Reviewed / Written
L.R. Kowalski, M.D.

Name : MCVEIGH,TIMOTHY
Register#: 12076-064
Printed : 05/05/1999 @ 14:08

Doctor : DR. KOWALSKI
Location: ADMAX FLORENCE
.....
Sensitive L.O.U.

U. S. MEDICAL CENTER FOR FEDERAL PRISONERS
LABORATORY, 1900 W. SUNSHINE
SPRINGFIELD, MISSOURI 65808
(417) 862-7041, EXT. 454

FINAL REPORT

Register Number: 12076-064
Name : MCVEIGH,TIMOTHY
Location : ADMAX FLORENCE
Physician : DR. OSAIE
Collection Date: 02/25/1999
Collection Time: 10:54
Tests Ordered | BOP TESTING; LIPID TESTING; CBC

Age : 30
Sex : M
Accession Number: 4670
"X" if Complete : [X]

Test Name	Result	Flag	Reference Range			Tech
Collection Cmt.	No Collection Date Given					
BOP TESTING						
LIPID TESTING						
Glucose	86		mg/dL	70	- 110	SY JD
Urea Nitrogen	12		mg/dL	7	- 22	SY JD
Creatinine	1.0		mg/dL	0.6	- 1.6	SY JD
Uric Acid	6.2		mg/dL	3.7	- 8.6	SY JD
Sodium1	144		mmol/L	137	- 145	SY JD
Potassium	4.6		mmol/L	3.5	- 5.0	SY JD
Chloride	103		mmol/L	98	- 110	SY JD
Phosphorus	4.1		mg/dL	2.5	- 4.5	SY JD
Calcium	10.2		mg/dL	8.5	- 10.5	SY JD
Total Protein	8.1		g/dL	6.0	- 8.2	SY JD
Albumin	4.3		g/dL	3.6	- 5.1	SY JD
AST(SGOT)	31		U/L	11	- 55	SY JD
Lactate Dehyd.	139		U/L	94	- 218	SY JD
Total Bilirubin1	1.60	HI	mg/dL	0.20	- 1.30	SY JD
Cholesterol	354	HI	mg/dL	140	- 200	SY JD
Triglycerides	417	HI	mg/dL	30	- 200	CF JD
	PLEASE NOTE: Due to interferences, the HDL result is not valid when the Triglyceride is greater than 400 mg\dl, therefore the HDL is not performed.					
A/G Ratio	1.13			1.00	- 2.30	TX JD
Globulin	3.8	HI		2.0	- 3.7	TX JD
CBC						
White Blood Cell	6.7		mm3	4.3	- 11.1	RL JD
Red Blood Cells	5.89	HI	mm3	4.46	- 5.78	RL JD
Hemoglobin	16.7		g/dL	13.6	- 17.6	RL JD
Hematocrit	49.3		%	40.2	- 51.4	RL JD
MCV	83.7		fL	82.5	- 96.5	RL JD
MCH	28.4		pg	27.1	- 34.3	RL JD
MCHC	33.9		g/dL	33.0	- 35.0	RL JD
RDW	14.1	HI	%	12.0	- 14.0	RL JD
PLT	212		10^3/uL	130	- 374	RL JD
MPV	9.5		fL	6.9	- 10.5	RL JD

-- End of Laboratory Report --

Reviewed/Written
L.R. Kowalski, M.D.
02/25/99

Name : MCVEIGH,TIMOTHY
Register#: 12076-064
Printed : 02/25/1999 @ 15:06

Doctor : DR. OSAIE
Location: ADMAX FLORENCE
.....
Sensitive L.O.U.

U. S. MEDICAL CENTER FOR FEDERAL PRISONERS
LABORATORY, 1900 W. SUNSHINE
SPRINGFIELD, MISSOURI 65808
(417) 862-7041, EXT. 454

FINAL REPORT

Register Number: 12076-064
Name : MCVEIGH,TIMOTHY
Location : ADMAX FLORENCE
Physician : DR. KOWALSKI
Collection Date: 07/08/1998
Collection Time: 10:55
Tests Ordered| BOP TESTING; CBC

Age : 30
Sex : M
Accession Number: 8808
"X" if Complete : [X]

Reviewed 7/21/98
L.R. Kowalski, M.D.
Clinical Director

Test Name	Result	Flag	Reference Range			Tech
Collection Cmt.	.					
BOP TESTING						
Glucose	84		mg/dL	70	- 110	SY JD
Urea Nitrogen	9		mg/dL	7	- 22	SY JD
Creatinine	0.9		mg/dL	0.6	- 1.6	SY JD
Uric Acid	6.9		mg/dL	3.7	- 8.6	SY JD
Sodium1	143		mmol/L	137	- 145	SY JD
Potassium	4.9		mmol/L	3.5	- 5.0	SY JD
Chloride	102		mmol/L	98	- 110	SY JD
Phosphorus	4.8	HI	mg/dL	2.5	- 4.5	SY JD
Calcium	9.9		mg/dL	8.5	- 10.5	SY JD
Total Protein	8.2		g/dL	6.0	- 8.2	SY JD
Albumin	4.5		g/dL	3.6	- 5.1	SY JD
AST(SGOT)	39		U/L	11	- 55	SY JD
Lactate Dehyd.	159		U/L	94	- 218	SY JD
Total Bilirubin1	1.70	HI	mg/dL	0.20	- 1.30	SY JD
Cholesterol	242	HI	mg/dL	140	- 200	SY JD
Triglycerides	634	HI	mg/dL	30	- 200	SY JD
A/G Ratio	1.22			1.00	- 2.30	TX JD
Globulin	3.7			2.0	- 3.7	TX JD
CBC						
White Blood Cell	5.8		mm3	4.3	- 11.1	JN JD
Red Blood Cells	5.47		mm3	4.46	- 5.78	JN JD
Hemoglobin	15.5		g/dL	13.6	- 17.6	JN JD
Hematocrit	46.0		%	40.2	- 51.4	JN JD
MCV	84.1		fL	82.5	- 96.5	JN JD
MCH	28.2		pg	27.1	- 34.3	JN JD
MCHC	33.6		g/dL	33.0	- 35.0	JN JD
RDW	13.6		%	12.0	- 14.0	JN JD
PLT	220		10^3/uL	130	- 374	JN JD
MPV	9.2		fL	6.9	- 10.5	JN JD

-- End of Laboratory Report --

Baseline Amylase & Lipase
ordered now JKK

Name : MCVEIGH,TIMOTHY
Register#: 12076-064
Printed : 07/09/1998 @ 16:04

Doctor : DR. KOWALSKI
Location: ADMAX FLORENCE
.....

U. S. [illegible]ICAL CENTER FOR FEDERAL PRI[illegible]NERS
LABORATORY, 1900 W. SUNSHINE
SPRINGFIELD, MISSOURI 65808
(417) 862-7041, EXT. 454

========== F I N A L R E P O R T ==========

Register Number: 12076-064
Name : MCVEIGH,TIMOTHY
Location : ADMAX FLORENCE
Physician : DR. KOWALSKI
Collection Date: 07/15/1998
Collection Time: 10:04
Tests | Amylase
Ordered|

Age : 30
Sex : M
Accession Number: 1751
"X" if Complete : [X]

Test Name	Result	Flag	Reference Range			Tech
Collection Cmt.	.					
Amylase	56		U/L	25	- 115	SY JD

-- End of Laboratory Report --

Reviewed
L.R. Kowalski, M.D.
Clinical Director

Name : MCVEIGH,TIMOTHY
Register#: 12076-064
Printed : 07/20/1998 @ 13:03

Doctor : DR. KOWALSKI
Location: ADMAX FLORENCE
.....

CORNING Clinical Laboratories
695 South Broadway
Denver, Colorado 80209
303-899-6000
800-765-2655

REPORT FORM

LAB # 9-DE70167 RT# 228/1/18

18.1-47

DOCTOR: FCI-ENGLEWOOD
(DR. NOT INDICATED)
9248 TSUDA/KOWALSKI/KRAUS
9595 W QUINCY AVE
LITTLETON, CO 80123
CHART # 12076-064

McVeigh, Timothy
AKA
PATIENT: NUNEZRODRIQUEZ, JOSE
SSN:
AGE:04-23-68 SEX:M HRS PP:

COLLECTED: 16:30 17 SEP 96

REPORTED: 18 SEP 96

REQUESTS	RESULTS		UNITS	REFERENCE RANGES	LOC
CBC W/PLAT,DIFF					
WBC	6600		/CMM	4000-11000	DE
RBC	5.54		MILLION/CMM	4.50-6.00	DE
HEMOGLOBIN	15.7		GM/DL	13.0-18.0	DE
HEMATOCRIT	45.3		VOL %	40.0-52.0	DE
MCV	81.7	L	FL	82.0-98.0	DE
MCH	28.4		PG	26.0-33.0	DE
MCHC	34.7		%	32.0-36.5	DE
RDW	12.9		%	11.5-14.5	DE
PLATELET COUNT	238000		/CMM	150000-450000	DE
MPV	9.1		FL	7.4-10.4	DE
NEUTROPHILS %	52.4		%	45.0-70.9	DE
LYMPHOCYTES %	32.4		%	15.0-45.0	DE
MONOCYTES %	11.3		%	0.0-13.0	DE
EOSINOPHILS %	3.2		%	0.0-4.9	DE
BASOPHILS %	0.7		%	0.0-2.9	DE
CHEM-SCREEN/HDL					
GLUCOSE	61	L	MG/DL	65-120	DE
BUN	11		MG/DL	6-25	DE
CREATININE	0.9		MG/DL	0.8-1.4	DE
BUN/CREATININE	12.2				DE
SODIUM	139		MEQ/L	135-145	DE
POTASSIUM	4.7		MEQ/L	3.5-5.3	DE
CHLORIDE	102		MEQ/L	96-109	DE
MAGNESIUM	1.8		MEQ/L	1.5-2.2	DE
PHOSPHORUS	3.3		MG/DL	2.5-4.8	DE
CALCIUM	10.1		MG/DL	8.5-10.5	DE
URIC ACID	6.0		MG/DL	3.6-8.3	DE
PROTEIN, TOTAL SERUM	8.2		GM/DL	6.2-8.2	DE
ALBUMIN	4.8		GM/DL	3.5-5.0	DE
GLOBULIN	3.4		GM/DL	1.5-3.7	DE
A/G RATIO	1.4		RATIO		DE
CHOLESTEROL	210		MG/DL	113-210	DE
HDL	43		MG/DL	42.00-75.90	DE
LDL	89.80		MG/DL	60.99-145.33	DE
CORONARY RISK RATIO	4.88	H	RATIO	AVG RISK 3.82-4.73	DE

THIS AGE AND SEX ADJUSTED RATIO IS ASSOCIATED WITH ABOVE AVERAGE CHD RISK.

Prior Q-7128 values noted

LR. Kowalski, MD

CORNING Clinical Laboratories
695 South Broadway
Denver, Colorado 80209
303-899-6000
800-765-2655

REPORT FORM

REPORTED: 18 SEP 96 PAGE: 2

PATIENT NAME: ~~NUNEZRODRIGUEZ, JOSE~~ McVeigh, Timothy LAB # 9-DE70167

TRIGLYCERIDES	386	H	MG/DL	30-140	DE
BILIRUBIN, TOTAL	1.8	H	MG/DL	0.1-1.6	DE
BILIRUBIN, DIRECT	0.3		MG/DL	0.0-0.3	DE
ALKALINE PHOSPHATASE	73		U/L	33-99	DE
GGTP	24		U/L	1-55	DE
LDH	153		U/L	110-240	DE
SGOT (AST)	34		U/L	7-40	DE
SGPT (ALT)	51		U/L	5-55	DE
IRON, SERUM	96		MCG/DL	50-170	DE

HELICOBACTER PYLORI AB, IGG 0.04 NEGATIVE: 0-0.17 DE
EQUIVOCAL: 0.18-0.19
POSITIVE: >0.19

GASTRIC COLONIZATION OF HELICOBACTER PYLORI HAS BEEN IMPLICATED AS A CO-FACTOR IN THE DEVELOPMENT OF SOME CASES OF GASTRITIS AND PEPTIC OR DUODENAL ULCER. DETECTION OF ANTIBODIES CORRELATES CLOSELY WITH CULTURE RESULTS AND PROVIDES A NON-INVASIVE METHOD FOR DETERMINING EXPOSURE.

POSITIVE SEROLOGIC RESULTS CAN OCCUR IN HEALTHY ASYMPTOMATIC INDIVIDUALS, AND THE DETECTION RATE INCREASES WITH INCREASING AGE OF THE POPULATION TESTED. DETERMINING ANTIBODY LEVELS IS USEFUL WHEN RULING OUT H. PYLORI INFECTION OR WHEN MONITORING THERAPY.

THE IGG SUBCLASS IS MOST FREQUENTLY FOUND IN ALL PATIENT POPULATIONS, HOWEVER, FOR A SMALL PERCENTAGE OF PATIENTS, ONLY IGA ANTIBODIES CAN BE DETECTED.

DE - TESTS PERFORMED AT CORNING CLINICAL LABORATORIES, 695 S. BROADWAY, DENVER, CO 80209, 303-899-6000

Prior 9/18/96 1330 Entries noted
LR. Kowalski, MD

********** VALUES OUTSIDE REFERENCE RANGES **********

MCV	81.7	L	FL	
GLUCOSE	61	L	MG/DL	
CORONARY RISK RATIO	4.88	H	RATIO	
TRIGLYCERIDES	386	H	MG/DL	
BILIRUBIN, TOTAL	1.8	H	MG/DL	

Prior 9/18/96 1330 Entries noted
LR. Kowalski, MD

13:12:54 18 SEP 96 THIS IS A COMPLETED REPORT NUMBER: 9838

ADX MEDICATION PROFILE

CHRONIC/ACUTE

RX400011800 08/22/97
FAMOTIDINE 20MG (PEPCID) #30
RB 2 REFILL S EXPIRES 10/06/97

[illegible]

RX400011800 08/22/97
FAMOTIDINE 20MG (PEPCID) #30
RB 0 REFILL(S) 09/26/97 EXPIRES 10/06/97

RX400012509 10/14/97
FAMOTIDINE 20MG (PEPCID) #30
RB 1 REFILL(S) EXPIRES 12/12/97

RX400012509 10/14/97
FAMOTIDINE 20MG (PEPCID) #30
RB 2 REFILL(S) EXPIRES 01/12/98

RX400011724 08/18/97
ALUMINUM & MAGNESIUM HYDROXIDE W/SIME #20
AIO PRN REFILL(S)11/13/97 EXPIRES 11/16/97

RX400012509 10/14/97
FAMOTIDINE 20MG (PEPCID) ~~#30~~ 45

RX400013336 12/15/97
FAMOTIDINE 20MG (PEPCID) #60
RB 2 REFILL(S) EXPIRES 03/15/98

RX400014718 03/02/98
RANITIDINE HCL 150 MG TABLET #60
RB 2 REFILL(S) EXPIRES 05/31/98

RX400014864 03/11/98
CEPHALEXIN 500MG #15
RB 0 REFILL(S) EXPIRES 03/16/98

RX400015192 04/02/98
OMEPRAZOLE 20 MG CAPSULE #14
SN 0 REFILL(S) EXPIRES 05/02/98

RX400015191 04/02/98
BISMUTH SUBSALICYLATE 262.5 MG CHEW T #56
SN 0 REFILL(S) EXPIRES 05/02/98

RX400015190 04/02/98
METRONIDAZOLE 250 MG TABLET #28
SN 0 REFILL(S) EXPIRES 05/02/98

CHRONIC/ACUTE

RX400016183 04/02/98
CEFPROXIL 250 MG CAPSULE #56
SN 0 REFILL(S) EXPIRES 04/02/98

[illegible]

RANITIDINE HCL 150 MG TABLET #60
RB 1 REFILL(S) 04/13/98 EXPIRES 10/01/98

[illegible]

RX400016306 06/21/98
RANITIDINE HCL 150 MG TABLET #30
RCC 2 REFILL(S) EXPIRES 09/19/98

RX400016326 06/23/98
RANITIDINE HCL 150 MG TABLET ~~#60~~ 30 only! Leave
RB 2 REFILL(S) EXPIRES 09/21/98

RX400016327 06/23/98
ALGINIC ACID & ALUM HYDROX & SOD BICA #100
RB 2 REFILL(S) EXPIRES 09/21/98

RX400016576 07/09/98
RANITIDINE HCL 150 MG TABLET #60
RB 2 REFILL(S) EXPIRES 10/07/98

RX400016576 07/09/98
RANITIDINE HCL 150 MG TABLET #60
RB 1 REFILL(S) 08/25/98 EXPIRES 10/07/98

RX400016576 07/09/98
RANITIDINE HCL 150 MG TABLET #60
RB 0 REFILL(S) 09/30/98 EXPIRES 10/07/98

RX400017908 10/08/98
RANITIDINE HCL 150 MG TABLET #60
BRN 2 REFILL(S) EXPIRES 01/06/99

RX400017908 10/08/98
RANITIDINE HCL 150 MG TABLET #60
BRN 1 REFILL(S) 11/22/98 EXPIRES 01/06/99

RX400017908 Renewed 10/8/98 10/08/98
RANITIDINE HCL 150 MG TABLET by Dr. K #60
BRN 0 REFILL(S) 12/19/98 EXPIRES 01/06/99

RX400019086 01/02/99
RANITIDINE HCL 150 MG TABLET #60
SN 2 REFILL(S) EXPIRES 04/02/99

McVeigh, Timothy
12076-064

ADX MEDICATION PROFILE

CHRONIC/ACUTE

RX400019133 01/06/99
HYDROCORTISONE 1% CREAM #30GM
3RN 0 REFILL S) EXPIRES 02/05/99

RX400019132 01/06/99
SELENIUM SULFIDE 2.5% LOTION, 120 ML #4OZ
3RN 2 REFILL(S) EXPIRES 04/06/99

RX400020722
LANSOPRAZOLE 30MG CAPSULE #30
AIO 1 RBFILL(S) EXPIRES 06/16/99

RX400020917
HYDROCORTISONE 1% CREAM 05/02/99
AIO 1 REFILL(S) #28GM
EXPIRES 07/01/99

HYDROCORTISONE 1% CREAM
AIO 0 REFILL(S) 05/14/99 #28GM
EXPIRES 07/01/99

CHRONIC/ACUTE

LANSOPRAZOLE 30MG CAPSULE #30
AIO 0 REFILL(S) 05/14/99 EXPIRES 06/16/99

RX400021858 07/06/99
LANSOPRAZOLE 30MG CAPSULE #30
AIO 2 REFILL(S) EXPIRES 10/04/99

RX400021945 07/13/99
LANSOPRAZOLE 30MG CAPSULE #3
CS 0 REFILL(S) EXPIRES 07/16/99

CHRONIC MEDICATION/SUMMARY LIST
FCI ENGLEWOOD, COLORADO

HI-LIGHTED LINES NO LONGER ACTIVE

INMATE NAME, REG. NO. McKEEHAN, JA 12076-084 MKDA

DRUG SENSITIVITIES

DATES THIS SHEET ACTIVE 4-1-96

CHRONIC MEDICATIONS	DATE & TOTAL QUANTITY OF RX			
RX400016295 ĪĪ to ĪĪĪ 05/22/96 LACTASE ENZYME CAPLET ε Milk #21 MJ 0 REFILL(S) EXPIRES 06/21/96				
RX400018962 08/05/96 BECLOMETHASONE NASAL AEROSOL, 16.8 GM #1 WBW 0 REFILL(S) EXPIRES 09/04/96				
RX400023947 12/23/96 CIMETIDINE 400 MG TABLET #30bag WBW PRN REFILL(S) EXPIRES 03/23/97	1-21-97 90 d.	0 Meds		
RX400024962 01/24/97 ALUM & MAG HYDROXIDES & SIMETHICONE T #30BAG MJ PRN REFILL(S) EXPIRES 04/24/97		New Rx		
RX400024961 01/24/97 ACETAMINOPHEN 325 MG TABLET #20BAG MJ PRN REFILL(S) EXPIRES 04/24/97				
RX400029889 06/13/97 FAMOTIDINE 20 MG TABLET ĪBID #28 WBW PRN REFILL(S) EXPIRES 09/11/97				
RX400029896 06/16/97 ALUM & MAG HYDROXIDES & SIMETHICONE T #30 WBW PRN REFILL(S) EXPIRES 09/14/97				

INTERMITTENT MEDICATIONS
RX400014515 04/01/96 VITAMIN A & D OINTMENT #1BAG MJ 2 REFILL(S) EXPIRES 06/30/96
RX400014621 ĪĪ Q4 1 tom. 04/03/96 ASPIRIN 325 MG TABLET #12BAG WBW 0 REFILL(S) EXPIRES 05/03/96
RX400015795 30cc PRN HEARTBURN 05/09/96 ALUM & MAG HYDROXIDES & SIMETHICONE S #1BT WBW 0 REFILL(S) EXPIRES 06/08/96
RX400016299 05/22/96 ACETAMINOPHEN 325 MG TABLET #24 MJ 0 REFILL(S) EXPIRES 06/21/96
RX400018704 07/29/96 CHLORPHENIRAMINE MALEATE 4 MG TABLET #30 MJ 1 REFILL(S) EXPIRES 09/27/96
RX400018909 08/02/96 PSEUDOEPHEDRINE HCL 60 MG TABLET #30 MJ 3 REFILL(S) EXPIRES 10/01/96
RX400019700 08/26/96 ACETAMINOPHEN 325 MG TABLET #12bag MJ 0 REFILL(S) EXPIRES 09/25/96
RX400021739 10/21/96 ACETAMINOPHEN 325 MG TABLET #20 WBW PRN REFILL(S) EXPIRES 01/19/97
RX400022203 11/04/96 IBUPROFEN 400 MG TABLET #16UCMC MJ 0 REFILL(S) EXPIRES 12/04/96
RX400030155 06/23/97 CLOTRIMAZOLE 1% TOPICAL CREAM #1oz WBW 0 REFILL(S) EXPIRES 07/23/97
RX400030348 06/26/97 SELENIUM SULFIDE 2.5% LOTION, 120 ML #1 WBW PRN REFILL(S) EXPIRES 07/10/97
RX400030349 TOPICAL FOR FACE 06/26/97 SULFACETAMIDE SODIUM 10% [redacted] OINTMENT WBW PRN REFILL(S) EXPIRES 07/17/97
RX400030984 07/18/97 AMOXICILLIN TRIHYDRATE 500 MG CAPSULE #30 WBW 0 REFILL(S) EXPIRES 08/17/97

Federal Bureau of Prisons Clinical Dental Records

Date/Time	#	Diagnosis - Treatment - Remarks
12-24-98 1030		S) I broke off part of the second from the back lower molar ~~eating~~ mesial buccal. O) Exam # 19 - DL Cusp fractured off. A) Repair # 19 P) 2 x 1.8 ml Xylocaine 2% w/ 1:100,000 epi. #19 - DL dycal, Composite (Ref. # 4) Inserted. R. SCHOPPERT, D.D.S.
3-3-99 1350		1.8 ml Xylocaine 2% w/ 1:100,000 epi. #14 - O dycal, Amalgam (Dispensation) Inserted R. SCHOPPERT, D.D.S.
5/17/99	1000	Prophy + OHI T. Haunschild, D.D.S.

FEDERAL BUREAU OF PRISONS
DENTAL/MEDICAL HEALTH HISTORY FORM

1. Are you currently taking any medication? yes (no)
   If so, what? _____

2. Are you allergic to or have you had a reaction to any medication or drug? If so, what? yes (no)
   _____

3. Have you been under the care of a physician during the past two years? If so, why? _____ yes (no)

4. Have you been hospitalized in the past two years? If so, why? _____ yes (no)

5. Do you have or have you ever had a heart murmer or been treated for a heart condition? yes (no)

6. Do your ankles ever swell during the day? yes (no)

7. Have you ever been treated for a tumor or growth? yes (no)

8. Have you ever had abnormal bleeding? yes (no)

9. Have you ever had serious difficulty with any dental treatment? yes (no)

Circle any of the following that you have had:

Congenital heart defects
Heart attack or heart problems
Stroke
Rheumatic Fever
Asthma
Anemia (blood problems)
Thyroid problems
Chronic bronchitis
Venereal disease (syphilis, gonorrhea)
Arthritis
Artificial heart valve
Hepatitis
Heart murmur
Angina
High Blood pressure
Heart pacemaker
Epilepsy or seizures
Diabetes
AIDS or HIV infection
Emphysema
Tuberculosis (TB)
Psychiatric treatment
Artificial joint

Do you have any disease, condition, or problem not listed? NO

WOMEN ONLY: Are you pregnant?

Name: T McVeigh Reg No. 12076-064

Institution: UNITED STATES PENITENTIARY, ADX
P.O. BOX 8500
FLORENCE, COLORADO 81226 Date: 12-24-98

F.C.I. El Reno
El Reno, OK 73036

CLINICAL RECORD | **DENTAL TREATMENT RECORD (Continuation)**

DATE	DIAGNOSIS – TREATMENT – REMARKS	SIGNATURE

Date 11-4-96 | Inmate Name McVeigh | Register Number 12076-064

Time 1621 | S missing fillings

O #23 missing filling Halifax

A Cavity

P 23 DFL Etching, Bonding $ 100

9N45 40MS XY10 C.02454Pi

Provider [illegible] BUNDRANT, D.M.D.

Federal Bureau of Prisons

BP-355(60) January 1981

USP LVN

DENTAL

(Continued On Reverse Side)

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

REGISTER NO. | WARD NO.

DENTAL TREATMENT RECORD

HSA-237 (6-74)

F.C.I. El Reno
El Reno, OK 73036

CLINICAL RECORD	DENTAL TREATMENT RECORD (Continuation)	
DATE	DIAGNOSIS – TREATMENT – REMARKS	SIGNATURE
2-13-96 1600	# 11 - M Silver over Dycal & Barrier Agent.	
	# 15 - MO - Tytin over Dycal & Copal Varnish.	
	2 carpules Lido HCl 2% 1:100 000 epi	K. Geppert DDS
	Treatment plan completed	K. GEPPERT, D.D.S. FCI, EL RENO, OKLA
2-21-96 1515	Called to Pre-trial Unit. Pt c.o. discomfort #15. C sore food impaction. Unable to examine closely. Arrangements made to see him in the dental clinic tomorrow PM at 1600	K. Geppert DDS J.K. GEPPERT, DDS
2-22-96 ~~1630~~ 1630	Pt escorted to dental clinic. Examination of #15 reveals new silver amalgam restoration intact + functional. Contact point normal. No food impaction between 14 & 15. Lingual cusp of #15 mesially hyperocclusion. Equilibrated cusp tip. Pt reports acceptable occlusion. Rec restoration revisited to alleviate any galvanism which may be present. Pt reassured that all is well	K. Geppert, DDS. K. GEPPERT, D.D.S. FCI, EL RENO, OKLA

DENTAL

(Continued On Reverse Side)

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

REGISTER NO.

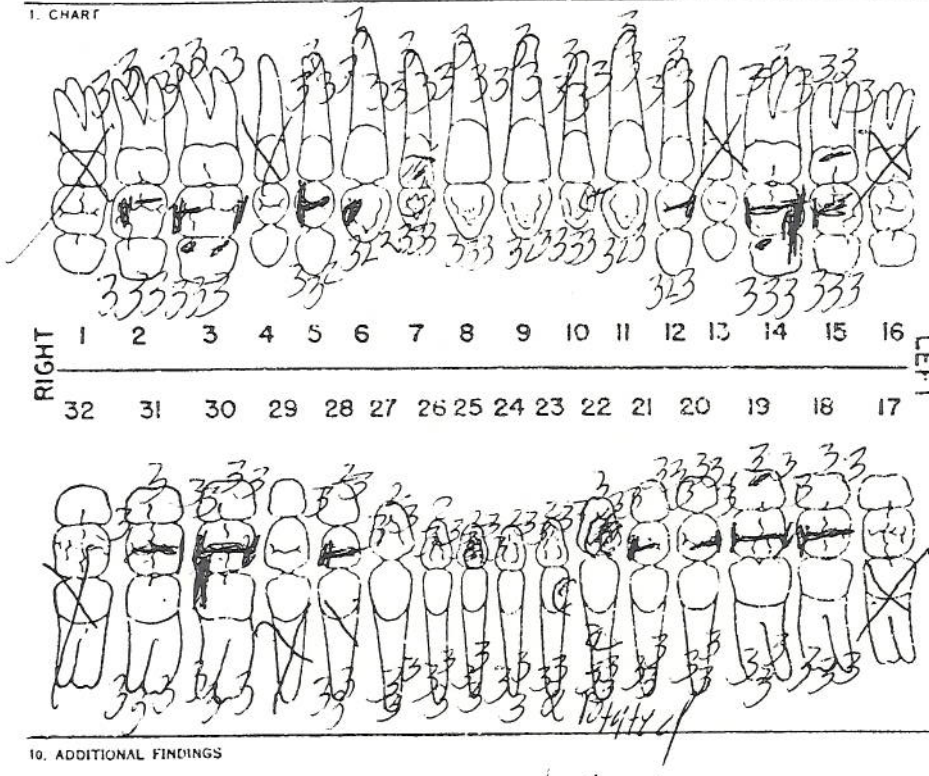
WARD NO.

McVEIGH, T. J.
12076-064
FCI EL RENO, OK 73036

DENTAL TREATMENT
HSA-237 (6-74)

CLINICAL RECORD | **DENTAL**

1. CHART



2. ROENTGENOGRAMS
☐ PERIAPICAL ☒ BITE WINGS ☐ OTHER

3. PERIODONTOCLASIA
☒ INCIPIENT ☐ MODERATE ☐ SEVERE
☐ LOCAL ☒ GENERAL

4. CALCULUS
☒ SLIGHT ☐ MODERATE ☐ HEAVY

5. GINGIVAL PATHOLOGY
☒ GINGIVITIS ☐ VINCENT'S INFECTION
☐ STOMATITIS (*Specify*)

6. DENTURE INDICATED (*Include dentures needed after indicated extractions*)
☐ FULL UPPER ☐ FULL LOWER
☐ PARTIAL UPPER ☐ PARTIAL LOWER ☐ REPAIR

7. ABNORMALITIES OF OCCLUSION, ANGLES CLASSIFICATION
☐ I ☐ II ☐ III ☐ NORMAL

8. DENTAL CLASSIFICATION | 9. TYPE OF EXAMINATION

10. ADDITIONAL FINDINGS

1
Off to air
root
79

SOFT TISSUE WNL

I	II	III	IV	V	VI
2	2	2	2	2	2

11. RECOMMENDATIONS

Prophy
Fillings

12. APPROXIMATE TIME REQUIRED FOR DENTAL TREATMENT	13. DATE	14. SIGNATURE OF DENTIST
	4-1-96	Bundrant, D.M.D.

15. GRADE, RATING, OR POSITION	16. TYPE OF BENEFICIARY	17. SEX	18. RACE	19. AGE	20. SERVICE
		☒ M ☐ F	W		☐ INPATIENT ☐ OUTPATIENT ☐ OTHER

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

McVeigh, T. J.
120-76-064

22. IDENTIFICATION NO.	23. REGISTER NO.	24. WARD NO.

DENTAL

Standard Form 521 (Rev.)
521-108

GENERAL SERVICES ADMINISTRATION AND
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FIRMR (41 CFR) 201-45.505
OCTOBER 1975

INFORMATION FOR DENTAL SERVICE (*To be filled in by referring agency*)

26. PRINCIPAL MEDICAL DIAGNOSIS	27. CHECK HERE IF HOSPITALIZED ☐ FOR DENTAL TREATMENT ONLY

28. PATIENT REFERRED FOR

29. REMARKS

30. APPROXIMATE PERIOD OF HOSPITALIZATION	31. DATE	32. SIGNATURE OF PHYSICIAN

AUTHORIZATION

33. DENTAL TREATMENT AUTHORIZED

34. DATE	35. SIGNATURE OF AUTHORIZING DENTIST

36. TREATMENT RECORD

DATE	DIAGNOSIS—TREATMENT—REMARKS	SIGNATURE
1600 4-1-96	Prophy, Scaling, OHI, BW + Perio charting #10 cavity s Distin O #10 caries a-cavity PD-DL Etching, Bonding + Z100. ames 40ms XY10C O2mscpi	SAMUEL L. BUNDRANT, D.M.D.
1500 7-11-96	~~Six mo~~ five month prophy, scaling + OHI. No caries or other problems found.	SAMUEL L. BUNDRANT, D.M.D.

*U.S. Government Printing Office: 1994 — 300-892/60184

FEDERAL BUREAU OF PRISONS
DENTAL/ MEDICAL HEALTH HISTORY FORM

1. ARE YOU CURRENTLY TAKING ANY MEDICATION? YES (NO)
   IF SO, WHAT? _____

2. ARE YOU ALLERGIC TO OR HAVE YOU HAD A REACTION TO ANY MEDICATION OR DRUG? IF SO, WHAT? YES (NO)
   _____

3. HAVE YOU BEEN UNDER THE CARE OF A PHYSICIAN DURING THE PAST TWO YEARS? IF SO, WHY? _____ YES (NO)

4. HAVE YOU BEEN HOSPITALIZED IN THE PAST TWO YEARS? IF SO, WHY? _____ YES (NO)

5. DO YOU HAVE OR HAVE YOU EVER HAD A HEART MURMER OR BEEN TREATED FOR A HEART CONDITION? YES (NO)

6. DO YOUR ANKLES EVER SWELL DURING THE DAY? YES (NO)

7. HAVE YOU EVER BEEN TREATED FOR A TUMOR OR GROWTH? YES (NO)

8. HAVE YOU EVER HAD ABNORMAL BLEEDING? YES (NO)

9. HAVE YOU EVER HAD SERIOUS DIFFICULTY WITH ANY DENTAL TREATMENT? YES (NO)

CIRCLE ANY OF THE FOLLOWING THAT YOU HAVE HAD:

CONGENITAL HEART DEFECTS
HEART ATTACK OR HEART PROBLEMS
STROKE
RHEUMATIC FEVER
ASTHMA
ANEMIA (BLOOD PROBLEMS)
THYROID PROBLEMS
CHRONIC BRONCHITIS
VENEREAL DISEASE (SYPHILIS, GONORRHEA)
ARTHRITIS
ARTIFICIAL HEART VALVE
HEPATITIS
HEART MURMUR
ANGINA
HIGH BLOOD PRESSURE
HEART PACEMAKER
EPILEPSY OR SEIZURES
DIABETES
AIDS OR HIV INFECTION
EMPHYSEMA
TUBERCULOSIS (TB)
PSYCHIATRIC TREATMENT
ARTIFICIAL JOINT

Burdett Dpty

DO YOU HAVE ANY DISEASE, CONDITION, OR PROBLEM NOT LISTED? No

WOMEN ONLY: ARE YOU PREGNANT?

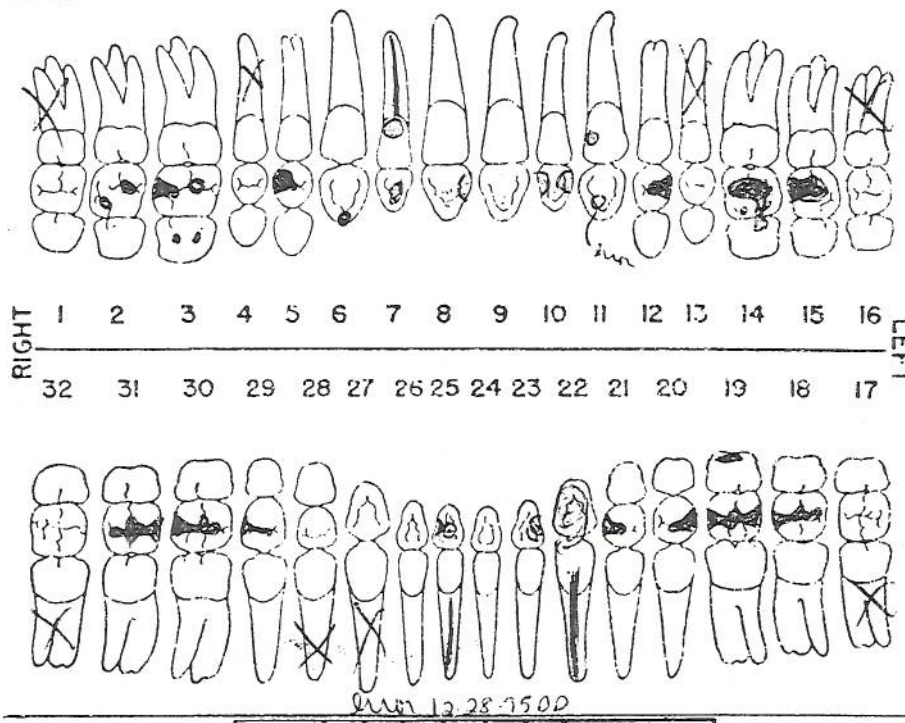
NAME: Timothy J. McVeigh REG NO. 12076-064

INSTITUTION: ERE DATE: 12-28-95

Federal Correctional Institution
El Reno, Oklahoma 73036

CLINICAL RECORD | **DENTAL**

1. CHART



Exam 12-28-95DD

2. ROENTGENOGRAMS
☐ PERIAPICAL ☐ BITE WINGS ☐ OTHER

3. PERIODONTOCLASIA
☐ INCIPIENT ☐ MODERATE ☐ SEVERE
☐ LOCAL ☐ GENERAL

4. CALCULUS
☐ SLIGHT ☐ MODERATE ☐ HEAVY

5. GINGIVAL PATHOLOGY
☐ GINGIVITIS ☐ VINCENT'S INFECTION
☐ STOMATITIS (*Specify*)

6. DENTURE INDICATED (*Include dentures needed after indicated extractions*)
☐ FULL UPPER ☐ FULL LOWER
☐ PARTIAL UPPER ☐ PARTIAL LOWER ☐ REPAIR

7. ABNORMALITIES OF OCCLUSION, ANGLES CLASSIFICATION
☐ I ☐ II ☐ III ☐ NORMAL

8. DENTAL CLASSIFICATION | 9. TYPE OF EXAMINATION

10. ADDITIONAL FINDINGS

SEXTANT	I	II	III	IV	V	VI	ORAL HYGIENE G__ F✓ P__
CPITN	1	0	0	1	0	1	

SOFT TISSUE WNL___ OTHER___
TMJ WNL___ OTHER___
OCCL NORM___ OTHER___

D 5
M 7
F 20

PERIO
OH ✓
PROPHY ✓
SCALING ___
FOLLOW-UP ___

NEEDS X-RAYS ___ ENDO ___ PERIO ___ PROSTH ___ REST ___ SURG ___

PROSTH P/___ /P___ P/___ /P___

12-28-95 # 27 present & # 28 missing

11. RECOMMENDATIONS

12-28-95 tx plan
1. ~~# 5 mp~~
2. ~~# 15 op~~
3. ~~#25~~, #23, ~~# 11 mp~~

?

12. APPROXIMATE TIME REQUIRED FOR DENTAL TREATMENT

13. DATE 12-28-95

14. SIGNATURE OF DENTIST Debora DesCombes, RDH

15. GRADE, RATING, OR POSITION | 16. TYPE OF BENEFICIARY | 17. SEX ☐ M ☐ F | 18. RACE | 19. AGE | 20. SERVICE ☐ INPATIENT ☐ OUTPATIENT ☐ OTHER

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

22. IDENTIFICATION NO. | 23. REGISTER NO.

Debora DesCombes, R.D.H.
F.C.I. El Reno, OK.

MCVEIGH, T. J.
12076-004

DENTAL

Federal Correctional Institution
El Reno, Oklahoma 73036

GENERAL SERVICES ADMINISTRATION AND
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FIRMR (41 CFR) 201-45.505
OCTOBER 1975

INFORMATION FOR DENTAL SERVICE (*To be filled in by referring agency*)

26. PRINCIPAL MEDICAL DIAGNOSIS

27. ☐ CHECK HERE IF HOSPITALIZED FOR DENTAL TREATMENT ONLY

28. PATIENT REFERRED FOR

29. REMARKS

30. APPROXIMATE PERIOD OF HOSPITALIZATION	31. DATE	32. SIGNATURE OF PHYSICIAN

AUTHORIZATION

33. DENTAL TREATMENT AUTHORIZED

34. DATE	35. SIGNATURE OF AUTHORIZING DENTIST

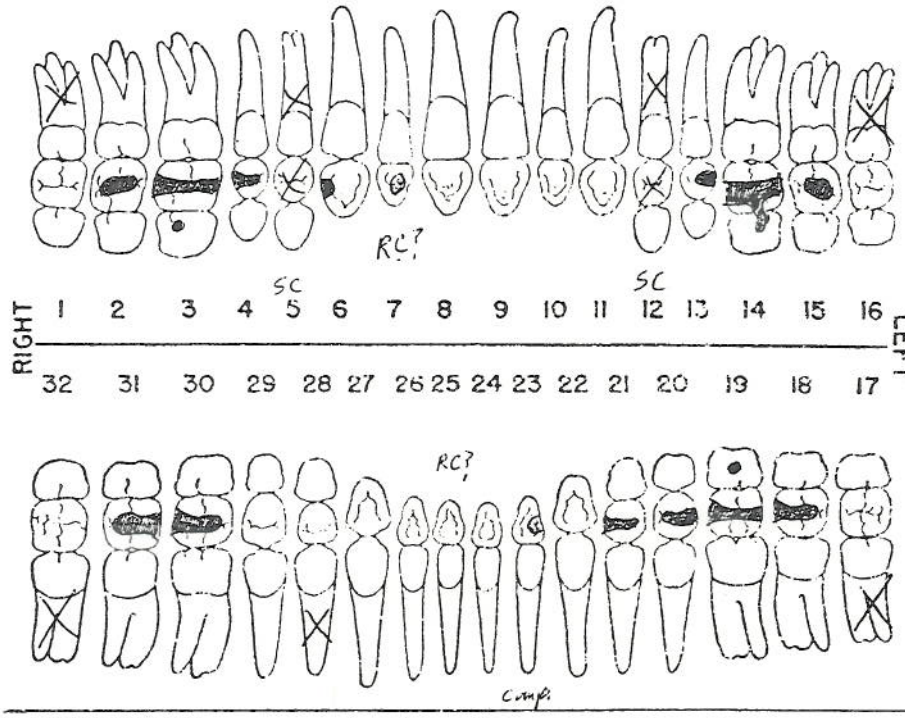
36. TREATMENT RECORD

DATE	DIAGNOSIS—TREATMENT—REMARKS	SIGNATURE
12-28-95	HEALTH HISTORY REVIEWED 1600 OHI; OH is fair. 4BW pano, probed, Dr. Geppert did an exam. Prophy & polish completed. Removed scattered calculus & food debris. Tx plan is marked in recommendations. Debora DesCombes, RDH	
	HEALTH HISTORY REVIEWED	Debora DesCombes, R.D.H. F.C.I. El Reno, OK.
12-28-95	1700 Treatment plan discussed with patient. Pt advised to request any treatment desired in writing ~~to DR~~ through Unit Manager.	K. GEPPERT, D.D.S. ~~FCI, EL RENO,~~ OKLA
1-4-96	1700 #5 DOF Deep Caries DOF Tytin Amalgam restoration, Dycal Base, Caulk varnish. Prog. fair. Pt advised of possible pulpitis - No pulp exposure noted.; #20-DL Silux restoration over Universal bonding agent. 1 cartridge Lidocaine HCl 2% 1:100 000 epi. Pt tolerated procedures well. Will ~~to~~ be recalled for ~~Acy~~ receiving operative as soon as possible.	KARL GEPPERT, D.D.S. FCI EL RENO, OKLAHOMA

*U.S. Government Printing Office: 1991 — 281-782/20305

CLINICAL RECORD | **DENTAL**

1. CHART



2. ROENTGENOGRAMS
☐ PERIAPICAL ☐ BITE WINGS ☐ OTHER

3. PERIODONTOCLASIA
☐ INCIPIENT ☐ MODERATE ☐ SEVERE
☐ LOCAL ☐ GENERAL

4. CALCULUS
☐ SLIGHT ☐ MODERATE ☐ HEAVY

5. GINGIVAL PATHOLOGY
☐ GINGIVITIS ☐ VINCENT'S INFECTION
☐ STOMATITIS (*Specify*)

6. DENTURE INDICATED (*Include dentures needed after indicated extractions*)
☐ FULL UPPER ☐ FULL LOWER
☐ PARTIAL UPPER ☐ PARTIAL LOWER ☐ REPAIR

7. ABNORMALITIES OF OCCLUSION, ANGLES CLASSIFICATION
☐ I ☐ II ☐ III ☐ NORMAL

8. DENTAL CLASSIFICATION | 9. TYPE OF EXAMINATION

10. ADDITIONAL FINDINGS

SEXTANT	I	II	III	IV	V	VI	ORAL HYGIENE
CPITN	1	1	1	1	1	1	(0) P__ P__

SOFT TISSUE WNL / OTHER__
TMJ WNL / OTHER__
OCCL NORM / OTHER__

D 0
M 7
P 14

PERIO 1
OR /
PROPHY __
SCALING __
FOLLOW-UP __

NEEDS X-RAYS / ENDO __ PERIO __ PROSTH __ REST __ SURG __

PROSTH PI__ IP__ PI__ IP__

11. RECOMMENDATIONS

MARK ELLIOTT, D.D.S.
FCI EL RENO, OKLAHOMA

12. APPROXIMATE TIME REQUIRED FOR DENTAL TREATMENT	13. DATE	14. SIGNATURE OF DENTIST
	05-11-95	Mark S. Elliott D.D.S.

15. GRADE, RATING, OR POSITION	16. TYPE OF BENEFICIARY	17. SEX	18. RACE	19. AGE	20. SERVICE
		☐ M ☐ F			☐ INPATIENT ☐ OUTPATIENT ☐ OTHER

PATIENT'S IDENTIFICATION (*For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility*)	22. IDENTIFICATION NO.	23. REGISTER NO.	24. WARD NO.
McVeigh, Timothy 12076-064			

DENTAL

Standard Form 521 (Rev.)
521-108

GENERAL SERVICES ADMINISTRATION AND
INTERAGENCY COMMITTEE ON MEDICAL RECORDS
FIRMR (41 CFR) 201-45.505
OCTOBER 1975

F.C.I. El Reno
El Reno, OK 73036

CLINICAL RECORD	DENTAL TREATMENT RECORD (Continuation)	
DATE	DIAGNOSIS – TREATMENT – REMARKS	SIGNATURE
12-21-95	1435. S/C Called to Seg Unit by Clinical Director. S: Pt wants to have his teeth cleaned and be examined and treated for dental problems. No acute problems are addressed. O: A: P: Pt has been incarcerated for about one years and it is reasonable for him to request routine preventive dentistry services. I will make arrangements for him to be treated for his dental needs if he will request routine dental care through his case management team and attorney. I discussed his options with him and he agreed to request routine dental preventive services.	K. GEPPERT, D.D.S. FCI, EL RENO, OKLA

DENTAL

(Continued On Reverse Side)

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

MCVEIGH, TIMOTHY
12076-064

REGISTER NO.

WARD NO.

U.S. Department of Justice
Federal Bureau of Prisons

Medical Treatment Refusal
(Rechazo de Tratamiento Médico)

7-15-98
Date (Fecha)

I, McVeigh Timothy 12076-064, refuse treatment recommended by the Federal
(Name and Registration Number) (Nombre y Número de Registro) (rechaza el tratamiento recomendado por el Personal
Bureau of Prisons Medical staff for the following condition(s):
Médico del Bureau Federal de Prisiones, por las siguientes razones):
DESCRIBE IN LAYMAN'S TERMINOLOGY: (DESCRIBA EN TERMINOLOGIA COMUN Y CORRIENTE):

BLOOD DRAW FOR THE FOLLOWING TESTS:
LIPASE
AMYLASE

The following treatment(s) was/were recommended: (El siguiente tratamiento(s) fue/fueron recomendado(s)):

Federal Bureau of Prisons Medical staff members have carefully explained to me that the following possible consequences and/or complications may result because of my refusal to accept treatment:

(Los miembros del personal Médico del Bureau Federal de Prisiones me ha explicado cuidadosamente las posibles consecuencias o complicaciones siguientes que pueden resultar por causa de mi rechazo a aceptar tratamiento):

UNABLE TO DETECT ANY ABNORMALITY IN THE BLOOD, LEADING TO WORSENING OF GENERAL CONDITIONS, UNDIAGNOSED MEDICAL PROBLEMS, CHRONIC DEBILITATION AND ULTIMATELY DEATH.

Reviewed 7/20/98
L.R. Kowalski, M.D.
Clinical Director

I understand the possible consequences and/or complications, listed above, and still refuse recommended treatment. I hereby assume all responsibility for my physical and/or mental condition, and release the Bureau of Prisons and its employees from any and all liability for respecting and following my expressed wishes and directions.

(Me doy por enterado de las posibles consecuencias o complicaciones enlistadas arriba, y aun así me rehuso al tratamiento recomendado. Por medio de la presente, asumo toda responsabilidad por mi condición física o mental, y relevo al Bureau de Prisiones y a sus empleados de cualquiera y toda responsabilidad por cause de respectar y seguir mis expresos deseos y direcciones.)

7-15-98
Patient's Signature and Date (Firma del Paciente y Fecha)

7-15-98
Signature of Witness and Date (Firma del Testigo y Fecha)

Signature of Witness and Date (Firma del Testigo y Fecha)

Original – Inmate's Medical Record
Canary – Hospital File
Pink – To Inmate

USP LVN

Printed on Recycled Paper

BP–358(60)
MAY 1985

U.S. Department of Justice
Federal Bureau of Prisons

Medical Treatment Refusal
(Rechazo de Tratamiento Médico)

3-30-96
Date (Fecha)

I, Timothy J. McVeigh 12076-064 . refuse treatment recommended by the Federal
(Name and Registration Number) (Numbre y Número de Registro) (rechaza el tratamiento recomendado por el Personal

Bureau of Prisons Medical staff for the following condition(s):
Médico del Bureau Federal de Prisiones, por las siguientes razones):
DESCRIBE IN LAYMAN'S TERMINOLOGY: (DESCRIBA EN TERMINOLOGIA COMUN Y CORRIENTE):

Intake Screening

The following ~~treatment~~ testing (s) (was)/were recommended: (El siguiente tratamiento(s) fue/fueron recomendado(s)):
1) Mantoux Skin Test for Tuberculosis.
2) Complete Blood Count & Syphilis Test.

Federal Bureau of Prisons Medical staff members have carefully explained to me that the following possible consequences and/or complications may result because of my refusal to accept treatment:

(Los miembros del personal Médico del Bureau Federal de Prisiones me ha explicado cuidadosamente las posibles consecuencias o complicaciones siguientes que pueden resultar por causa de mi rechazo a aceptar tratamiento):

You could be infected with an infectious disease which although asymptomatic (Not causing you problems) could be treated. Failure to diagnose & treat an occult illness could complicate its course and result in a bad medical outcome possibly including death.

I understand the possible consequences and/or complications, listed above, and still refuse recommended treatment. I hereby assume all responsibility for my physical and/or mental condition, and release the Bureau of Prisons and its employees from any and all liability for respecting and following my expressed wishes and directions.

(Me doy por enterado de las posibles consecuencias o complicaciones enlistadas arriba, y aun así me rehuso al tratamiento recomendado. Por medio de la presente, asumo toda responsabilidad por mi condición física o mental, y relevo al Bureau de Prisiones y a sus empleados de cualquiera y toda responsabilidad por cause de respectar y seguir mis expresos deseos y direcciones.)

[signature] 30MAR96
Patient's Signature and Date (Firma del Paciente y Fecha)

[signature] 3-30-96
Signature of Witness and Date (Firma del Testigo y Fecha)

[signature]
Signature of Witness and Date (Firma del Testigo y Fecha)

HEALTH SERVICE DEPT
FCI ENGLEWOOD
9595 W [illegible] E
LITTLETON, CO 80123

Original – Inmate's Medical Record
Copy – Hospital File
Copy – Inmate

Previous editions not usable

BP-358(60)
MAY 1985

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

I, Timothy James McVeigh, Social Security No.129-58-4709, Bureau of Prisons Register No. 12076-064, hereby authorize the United States Penitentiary, Terre Haute, Indiana, to release to the Vigo County Coroner any and all of my medical records for the six (6) month period preceding my execution. This release is designed to permit the coroner to perform her statutory duty in connection with my execution, on whatever date such execution may occur. This release is specifically limited to the Vigo County Coroner for the time period and the purpose stated herein.

Dated this 3 day of JUNE, 2001.

TIMOTHY JAMES McVEIGH

Witnessed

From: Craig Simmons
To: Maryellen Christeson
Date: 6/7/01 1:43PM
Subject: medical records

Please provide me with a copy of the medical records for inmate Timothy McVeigh for the six month period ending on June 11, 2001. No other medical records are authorized to be released, and please do not provide any other medical records for inmate McVeigh.

These records are being provided to the Vigo County, Indiana, Coroner's Office at the request of inmate McVeigh. It is my understanding that you will obtain a signed authorization for release of info. from inmate McVeigh.

06-08-01 A signed authorization has been obtained by Attorney Craig Simmons from inmate McVeigh this date. The above requested information (four SF-600s dated 01-05-01 to the present date and one medication profile dated 01-05-01 to present date) has been forwarded to Craig Simmons, Attorney, USP Terre Haute this date.

M. Christeson

Maryellen Christeson,
H.I.T.

BP-S621.060 CONSENT RELEASE MEDICAL INFORMATION CDFRM
AUG 96

U.S. DEPARTMENT OF JUSTICE FEDERAL BUREAU OF PRISONS

Inmate Name	Register Number	Date of Birth (Month, Day, Year)
MCVEIGH, Timothy J.	12076-064	04-23-68
	Date (Month, Day, Year)	Social Security Number
	06-07-01	129-58-4709

I, Timothy J. McVeigh

hereby authorize U.S. Penitentiary/Health Information Dept/Terre Haute, IN

to disclose and/or deliver to: Dr. Susan Amos, Vigo County Coroner
c/o Vigo County Annex
183 Oak Street
Terre Haute, IN 47807

A copy of and/or information from my medical file pertaining to my evaluation and treatment received

from December 11, 2000 to June 11, 2001

This is to include:

☐ History and Physical ☐ Laboratory Reports ☐ Progress Notes ☐ Operative Reports

☐ Narrative Summary ☐ X-ray Reports ☐ Consultations ☒ Entire Medical Record

☐ Other ☐ Actual Films ☐ Actual Slides

I understand the information is to be used for (specific nature, reason for release of information):

Records to be reviewed by Coroner's office regarding inmate McVeigh's refusal for an autopsy to be performed.

I understand that I may revoke this consent at any time by sending a written notice to the Supervisor of Medical Records.
I understand that any release which has been made prior to my revocation and which was made in reliance upon this authorization shall not constitute a breach of my rights to confidentiality.
This authorization will automatically expire six months from the date of signature.

Signature of Patient	Date (Month, Day, Year)	Staff Witness
X [signature]	6/8/01	[signature], Atty.

SPECIFIC AUTHORIZATION FOR RELEASE OF INFORMATION PROTECTED BY STATE OR FEDERAL LAW.
Must sign below, to Release Protected Information.

I specifically authorize the release of data and information relating to:
☐ 1. Substance Abuse ☐ 2. Mental Health ☐ 3. HIV Related Information

Signature Date

Original - Medical File; Copy - Chart
(This form may be replicated via WP)

2000-2001 FLU IMMUNIZATION CONSENT FORM

Influenza vaccine is being recommended again this year by the Centers for Disease Control of the United States Public Health Service.

Persons who should receive the influenza vaccine:

All inmates who are considered to be **members of high flu risk groups** are encouraged to receive this immunization. The high risk groups are individuals with any of the following conditions:

1. Chronic disorders of the **cardiovascular or pulmonary** systems including asthma,
2. Healthy individuals **65 years of age** or older,
3. Adults with **chronic metabolic diseases**, including diabetes mellitus, renal dysfunction anemia, or immunosuppression,
4. **Medical and other personnel** who have extensive contact with high risk individuals,
5. **Pregnant women** with a medical condition that increases the risk of complications with a medical condition that increases the risk of complications from influenza: (should be given after the first trimester).

Persons who should not receive the influenza vaccine:

1. Those who have **allergic sensitivity** to eggs, chicken feathers, chickens or chicken dander,
2. Those who have a **hypersensitivity to** any components of the **vaccine**,
3. Anyone with a **current febrile** illnesses.

A single injection is given. "Flu" vaccine does not protect everyone against the "flu" or from illnesses that resemble the "flu." Protection from the vaccine starts about two weeks after the injection and will last about 6 months.

Below is an authorization form that must be completed and signed by all individuals, with a staff member witnessing the signature, before receiving OR when refusing the flu vaccine.

I have read the above information and fully understand the content of this consent form.

(X) **YES,** I want to receive the flu immunization.

( ) **NO,** I do not want to receive the flu immunization and I refuse it at this time.

Vaccine Name: **Fluvirin**
Lot # **E67390KA**
Expiration: **June 30, 2001**

Print Name Tim McVeigh

Inmate Signature X

Reg. Number 12076-064

Today's Date 10-31-00

Staff Signature (witness)

Physician Approval (X) Yes ( ) No M.D

G. Lawson, Clinical Director

Physician Signature

Date 11/13/00 Time 1115

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

21 MAY 99 07 22

INMATE REQUEST TO STAFF MEMBER

DATE 5-26-99

TO: Dentist Haunschild
(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details).

Can I obtain from you a "soft" - bristle (rated) toothbrush to minimize/correct my receding-gumline problem? Commissary sells only medium bristle.

(Yes, I'm allowed to have a regular toothbrush; and no - never had this prob. in past when using soft bristle)

(Use other side of page if more space is needed)

If available, please just send with P.A. - who visits every AM and PM. (I'd rather [redacted] not be "pulled out" and brought up there just for a toothbrush.)

P.S. - How's the Flosser search coming?

NAME: T. McVeigh No.: 12076-064

Work assignment: N/A Unit: D-105

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space) DATE June 4, 1999

I am sorry, but the Health Services department does not supply tooth brushes. In my opinion the medium bristle brush available to you is adequate if you follow the instructions from our last visit. I have called the dentist at FCI Englewood who told me that he is unaware of the special flosser you described. At this time, no form of dental floss has been authorized for your use.

Terry Haunschild, DDS
Officer

Original - File
Canary - Inmate

Printed on Recycled Paper

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

INMATE REQUEST TO STAFF MEMBER

DATE 5-10-99

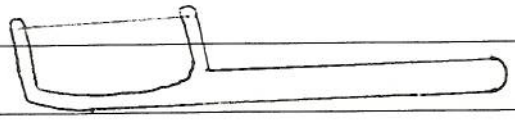
TO: Dentist
(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details).

Request a dental cleaning/flossing/cavity check.
(Last cleaning was approx. late '96.)

(Use other side of page if more space is needed)

Any progress on finding a source for flat-end "flossers"?



← No sharp tip

NAME: T. McVeigh No.: 12076-064

Work assignment: N/A Unit: D-105

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space) DATE 5/13/99

Your copout has been received. You will be scheduled for an appointment.

T. Haunschild, D.D.S.
Officer

Original - File
Canary - Inmate

BP-148(55)

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

INMATE REQUEST TO STAFF MEMBER

DATE 2-1-99

TO: Understaffed Dentist
(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details).

Just a reminder that you were going to schedule me for a filling sometime in JAN.

(Use other side of page if more space is needed)

NAME: J. Meilleigh No.: 12076-064

Work assignment: N/A Unit: D-1-04

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space) DATE

You are still on the list. Just a back log

Officer

R. SCHOPPERT, D.D.S.

Original - File
Canary - Inmate

BP-148(55)

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

INMATE REQUEST TO STAFF MEMBER

DATE 12-15-98

TO: Dentist
(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details).

Yesterday, an inmate who has been at the ADX for 7 months was taken for an (unrequested) cleaning. I have been here 16 months - and have had an "emergency" request in for 20 days. - yet I have not yet had the pleasure of meeting you. So, I guess my question (~~Use other side of page if more space is needed~~) is: What's the deal? Does treatment depend on sentence?

NAME: T. McVeigh No.: 12076-064

Work assignment: N/A Unit: D-104

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space) DATE

You are scheduled for an appointment next week.

R. SCHOPPERT, D.D.S.
Officer

Original - File
Canary - Inmate

BP-148(55)

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

INMATE REQUEST TO STAFF MEMBER

DATE 11-27-98 (FRI)

TO: Dentist
(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details).

I chipped off a large portion of a back molar today at lunch (piece of bone in meatball) – or maybe it was an old composite filling that chipped off – but I now need a filling to cover the exposed nerve.

(Use other side of page if more space is needed)

NAME: T. McVeigh No.: 12076-064

Work assignment: N/A Unit: D-104

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space) DATE

Your copout has been received. You will be scheduled for an appointment.

R. SCHOPPERT, D.D.S.
Officer

Original – File
Canary – Inmate

BP-148(55)

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

INMATE REQU[illegible] TO STAFF MEMBER

DATE 7-24-98

24 JUL 98 04 06

TO: Dentist or Dr. Kowalski
(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details).

Please disregard toothache complaint of 7-22. After 3 days, it has gone away and I'd rather not make a useless trip.

(Use other side of page if more space is needed)

NAME: T. McVeigh No.: 12071-064

Work assignment: N/A Unit: D-103

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space) DATE

Ok

R. SCHOPPERT, D.D.S.
Officer

Original - File
Canary - Inmate

BP-148(70)
OCTOBER 1986

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

INMATE REQU[illegible] STAFF MEMBER

DATE July 22, 1998

TO: Dr. Kowalski
(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details).

I have a toothache that I believe to be a cavity.

(Use other side of page if more space is needed)

NAME: T. McVeigh No.: 12076-064

Work assignment: N/A Unit: D-103

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space) DATE

Officer

Original - File
Canary - Inmate

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

INMATE REQUEST TO STAFF MEMBER

24 MAR 98 2021 07

DATE 3-24 Tuesday

TO: Dr. Kowalski
(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details).

I am ready for the 'witches brew'. (for H. Pylori)

I received the literature you sent, and it raises a concern. Could my recent use of that penicillin-'clone' have caused a resistant strain of the Helio. Pylori (if present) to develop and, if so, should we treat for that possibility from the beginning? ~~(Use other side of page if more space is needed)~~

(The literature suggests - from my layman's interpretation - a simple approach of alternating the forms of penicillin administered during the treatment period.)

(Oh - and what the hell is "water brash"?!)

NAME: T. McVeigh No.: 12076-064

Work assignment: N/A Unit: C D-10

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space)

DATE 980402 1302

→ I cannot recall what a "WATER BRASH" is either - let's figure it out next time I see you.

→ I will send you a copy of H Pylori info I got to date. Else you get it from Junta Myers

Officer

Original - File
Canary - Inmate

BP-148(70)
OCTOBER 1986

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

INMATE REQUEST TO STAFF MEMBER

22 SEP 97 20248

DATE 9/11/97

TO: R. Camacho medical staff / MEDICAL RECORDS
(Name and title of officer)

SUBJECT: State completely but briefly the problem on which you desire assistance, and what you think should be done (Give details).

It was mentioned at my Review yesterday that I am on file as having some type of medical restriction - i.e. I am listed as "No Food Service Work".

I believe that this listing may have been temporary, pending the results of my admissions TB test. Since

(Use other side of page if more space is needed)

that test was negative, I ask that the record reflect the fact that I carry no communicable disease(s).

NAME: T. McVeigh No.: 12076-064

Work assignment: N/A Unit: C D10

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space) DATE 9/22/97

Your request is being looked into.

L. McDermott
Medical Secretary
United States Penitentiary,
Administrative Maximum
Florence, Colorado

Original - File
Canary - Inmate

USP LVN

Printed on Recycled Paper

Previous editions not usable

BP-148(70)
OCTOBER 1986

FCI Englewood
Health Services Division
9595 West Quincy Ave
Littleton, CO 80123

MEMORANDUM

DATE: February 15, 1997

FROM: Mark C. Ippolito, PA-C
Certified Physician Assistant
Health Services Administrator

SUBJECT: Measurement of Height: Timothy McVeigh

TO: Richard P. Matsch, Chief Judge
United States District Court
District of Colorado

On the above date at 1545 I measured Mr. Mcveighs' height using a standard Health O Meter physician scale. The measurement was performed without shoes or socks. I performed this measurement in the health services unit at the Federal Correctional Institute at Englewood.

His height was measured at seventy two and one half inches. 72.5 inches

U.S. GOVERNMENT MEMORANDUM
FCI ENGLEWOOD
LITTLETON, COLORADO

DATE: January 30, 1997

REPLY TO
ATTN OF: M.C. Ippolito, PA-C
Health Services Administrator

J. Brooks 02-04-97

SUBJECT: Medical Care for inmates (b)(7)c **and McVeigh while in SHU.**

TO: Joseph M. Brooks, Warden

THROUGH: R E Holton
Robert Holton, AW(O)

The following medical staff will provide care for the above inmates while in SHU:

Leonard Kowalski, MD
Hideya Tsuda, MD
Thomas Kraus, MD
M.C. Ippolito, PA-C

The following staff will work out a call system to respond for dental complaints:

Sam Bundrant, DDS
Tom Bermel, DDS

The doctors rotate call via the monthly call list. The on call doctor will round on the inmates daily with either Mr. Ippolito or Mr.Lyon. On weekends the on call doctor will come in daily to round on the inmates. In the event of an after hours request for care, the on call doctor or Mr. Ippolito will be called to come in and address the complaint. In the event of a life or limb emergency, the PA or nurse on call will respond and the on call doctor as well as Mr. Ippolito or Mr. Lyon will be contacted.

BP-S148.70 **INMATE REQUEST TO STAFF MEMBER** CDFRM
Oct. 1986
U.S. DEPARTMENT OF JUSTICE **Federal Bureau of Prisons**

DATE 9-20-96

TO: Mr. Ippilito
(Name and Title of Officer)

SUBJECT: State completely but briefly the problem on which you desire assistance and what you think should be done (Give details).

I request the results of my recent blood test.

(Use other side of page if more space is needed)

NAME: Timothy James McVeigh No.: 12076-064

Work Assignment: NA Unit: SHU

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

DISPOSITION: (Do not write in this space) DATE

Staff Member

MEDICAL RECORD

REQUEST FOR ADMINISTRATION OF ANESTHESIA AND FOR PERFORMANCE OF OPERATIONS AND OTHER PROCEDURES

A. IDENTIFICATION

1. OPERATION OR PROCEDURE

Trim Seed Wart Great Toe Rt

B. STATEMENT OF REQUEST

1. The nature and purpose of the operation or procedure, possible alternative methods of treatment, the risks involved, and the possibility of complications have been fully explained to me. I acknowledge that no guarantees have been made to me concerning the results of the operation or procedure. I understand the nature of the operation or procedure to be

(Description of operation or procedure in layman's language)

Trim seed wart from great toe (Rt)

which is to be performed by or under the direction of Dr. _____

2. I request the performance of the above-named operation or procedure and of such additional operations or procedures as are found to be necessary or desirable, in the judgment of the professional staff of the below-named medical facility, during the course of the above-named operation or procedure.

3. I request the administration of such anesthesia as may be considered necessary or advisable in the judgment of the professional staff of the below-named medical facility.

4. Exceptions to surgery or anesthesia, if any, are: NONE

(If "none", so state)

5. I request the disposal by authorities of the below-named medical facility of any tissues or parts which it may be necessary to remove.

6. I understand that photographs and movies may be taken of this operation, and that they may be viewed by various personnel undergoing training or indoctrination at this or other facilities. I consent to the taking of such pictures and observation of the operation by authorized personnel, subject to the following conditions:

a. The name of the patient and his/her family is not used to identify said pictures.

b. Said pictures be used only for purposes of medical/dental study or research.

(Cross out any parts above which are not appropriate)

C. SIGNATURES *(Appropriate items in Parts A and B must be completed before signing)*

1. COUNSELING PHYSICIAN/DENTIST: I have counseled this patient as to the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above.

(Signature of Counseling Physician/Dentist)

2. PATIENT: I understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed.

(Signature of Witness, excluding members of operating team) (Signature of Patient) 6-9-45 (Date and Time)

3. SPONSOR OR GUARDIAN: (When patient is a minor or unable to give consent) I, _____ sponsor/guardian of _____ understand the nature of the proposed procedure(s), attendant risks involved, and expected results, as described above, and hereby request such procedure(s) be performed.

(Signature of Witness, excluding members of operating team) (Signature of Sponsor/Legal Guardian) (Date and Time)

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

McVeigh, Timothy

12076-064

REGISTER NO. | WARD NO.

NSN 7540-00-634-4165

STANDARD FORM 522 (Rev. 10-76)
General Services Administration &
Interagency Comm. on Medical Records
FPMR 101-11.806-8
522-109

☆ U.S. GOVERNMENT PRINTING OFFICE: 1979—311-153/5106

FEDERAL CORRECTIONAL INSTITUTION
EL RENO, OKLAHOMA 73036

PROBLEM LIST

APPROX. DATE ONSET	NO.	ACTIVE PROBLEMS	DATE NOTED	INACTIVE/RESOLVED PROBLEMS	DATE IF RESOLVED
unknown	1.	Verrucae ® Great Toe	6-9-95		
	2	NKDA	960330		
Nov/45	3	Indigestion / Diarrhea.	5/31/96		
		c/o Lactose Intolerance			
		No lactose intolerance By Challenge	7-29-96		
	4	Perrenial Rhinitis	7/29/96		
	5	H. Pylori AB 0.04		980313 Agreed to Eradication Therapy JHK	
960918		We ~~started~~ p. JHK Kowalski			
	6	Dyspepsia, started q			
971205		Lansoprazole daily & Prednisone 20 mg bid. JHK			
	7	Faecal cellulitis/ impetigo. JHKowalski		Rx Keflex 500 TID x 5d	
980311					
980402		Empirical Rx for H Pylori and Sinusitis JHK		Prior 960403 Entries noted L.R. Kowalski, MD JHK	
				97.2.5 4-4-96 REVIEWED BY G. THOMAS KRAUS MD	

NAME MOVETSH TIMOTHY JAMES 12076-064

BIRTH DATE W/M/D/04-23-1960

HT/602 WT/160 HR/BN EY/BL

SS/REG. NO CUSTODY/IN

89)

PROBLEM LIST

USP TERRE HAUTE
MEDICATION PROFILE

Ord.Date 11/16/00 MCVEIGH, TIMOTHY JAMES J. SMITH
12076-064
Exp.Date 11/25/00 **CHEW AND SWALLOW 1 TABLET FOUR TIMES DAILY**
Rx # 10943 ALUM/MAG TRILSIL (FOAMICON) # 40

Ord.Date 01/05/01 MCVEIGH, TIMOTHY JAMES J. SMITH
12076-064
Exp.Date 01/19/01 **TAKE ONE TABLET TWICE DAILY**
Rx # 15029 RANITIDINE 150 MG TAB # 30

Ord.Date 04/10/01 MCVEIGH, TIMOTHY JAMES G. LAWSO
12076-064
Exp.Date 07/08/01 **TAKE ONE TABLET TWICE DAILY**
x90d
Rx # 22690 RANITIDINE 150 MG TAB # 0

HEPATITIS VACCINE

DATE	MFG'R	LOT #	EXP. DATE	SITE	DOSE/ ROUTE	PROVIDER	INSTITUTION

INFLUENZA VACCINE

DATE	MFG'R	LOT #	EXP. DATE	SITE	DOSE/ ROUTE	PROVIDER	INSTITUTION
10-29-99	MEDEVA	E33739KA	6-30-00	(L) Deltoid	0.5ml/IM	JSmith PA	USC THA

OTHER (MMR, Polio, etc)

DATE	TYPE	MFG'R	LOT #	EXP. DATE	SITE	DOSE/ ROUTE	PROVIDER/ INSTITUTION

Patient Identification
(Name, Reg #)

AUG 96

U.S. DEPARTMENT OF JUSTICE — FEDERAL BUREAU OF PRISONS

TETANUS TOXOIDS

DATE	MFG'R	LOT #	EXP. DATE	SITE	DOSE/ ROUTE	PROVIDER	INSTITUTION
4/10/96	per medical chart					[illegible] RN	USP THA

TUBERCULIN TESTS

DATE GIVEN	MFG'R	LOT #	EXP. DATE	SITE	DOSE/ ROUTE	PROVIDER/ INSTITUTION	DATE READ	RESULTS (MM)	READ BY
8/14/97	CONNAUGHT	7442-11	6/6/98	L forearm	0.1 ml/ ID	ADX, Florence	8/16/97	Ø	Villaseno, P.A.
8/11/98	CONNAUGHT	7468-11	3/24/99	LFA	0.1 ml/ ID	ADX FLORENCE	8/3/98	Ø mm	R. CAMACHO, PA
USP THA 7-13-99	Connaught	2515-11	11-9-00	LFA	ID 0.1ml	S Swabey RX	7-15-99	Ø mm	J Williams
USP THA 7-24-00	Connaught	C0149AA	8-15-01	L forearm	0.1ml ID	J Smith PA	7-26-00	Ø mm	J Smith PA

Patient Identification
(Name, Reg #)

(This form may be replicated via WP)

McVeigh, Timothy
#12076-064

HEPATITIS VACCINE

DATE	MFG'R	LOT #	EXP. DATE	SITE	DOSE/ ROUTE	PROVIDER	INSTITUTION

INFLUENZA VACCINE

DATE	MFG'R	LOT #	EXP. DATE	SITE	DOSE/ ROUTE	PROVIDER	INSTITUTION
10/24/98	Evans Med. Ltd	E2011SGD	6/28/99	(B) deltoid	0.5ml (IM)	[signature]	AOX. Florence

OTHER (MMR, Polio, etc)

DATE	TYPE	MFG'R	LOT #	EXP. DATE	SITE	DOSE/ ROUTE	PROVIDER/ INSTITUTION

Patient Identification
(Name, Reg #)

BP-S619.060 **IMMUNIZATION RECORD** CDFRM
AUG 96

U.S. DEPARTMENT OF JUSTICE **FEDERAL BUREAU OF PRISONS**

TETANUS TOXOIDS

DATE	MFG'R	LOT #	EXP. DATE	SITE	DOSE/ ROUTE	PROVIDER	INSTITUTION

TUBERCULIN TESTS

DATE GIVEN	MFG'R	LOT #	EXP. DATE	SITE	DOSE/ ROUTE	PROVIDER/ INSTITUTION	DATE READ	RESULTS (MM)	READ BY
8/1/98	CONN.	2468-11	3/24/99	LFA	0.1 ml/ ID	ADX FLORENCE	8/3/98	Neg (0 mm)	R. Cannaday

Patient Identification
(Name, Reg #)

McVEIGH, Timothy
#12076-064
DOB: 4/23/68

(This form may be replicated via WP)

ORAL POLIOVIRUS VACCINE

	DATE	DOSE	PHYSICIAN'S NAME		DATE	DOSE	PHYSICIAN'S NAME
1				3			
2				4			

INFLUENZA VACCINE

	DATE	DOSE	PHYSICIAN'S NAME		DATE	DOSE	PHYSICIAN'S NAME
1				3			
2				4			

OTHER IMMUNIZATIONS

	DATE	TYPE	DOSE	PHYSICIAN'S NAME		DATE	TYPE	DOSE	PHYSICIAN'S NAME
1	5/11/95	PPD – Refused by Pt			5				
2					6				
3					7				
4					8				

SENSITIVITY TESTS *(Tuberculin, etc.)*

	DATE	TYPE	DOSE	ROUTE	RESULTS	PHYSICIAN'S NAME
1	4-10-96	PPD	.1 cc ID	ID	0mm 4-15-96	M.C. IPPOLITO, PAC, HSA
2	4-12-96	PPD	.1 cc ID	ID	0*0 mm	G. THOMAS KRAUS MD
3						
4						
5						

REMARKS:

Pt refused all forms of internal Examination until
he consult with Li Attn. He may allow PPD test
later. Would not allow VDRL to be drawn

LESLIE NICHOLS,
ASHA/SUPV.P.A.
FCI EL RENO, OKLA.

92-2-55 4-4-96
REVIEWED BY
G. THOMAS KRAUS MD

Prior 960403 Entries noted
L.R. Kowalski, MD

THIS RECORD IS ISSUED IN ACCORDANCE WITH ARTICLE 99, WHO SANITARY REGULATION NO. 2.

★U.S.GPO:1991-0-281-782/20341

HEALTH RECORD — IMMUNIZATION RECORD

All entries in ink to be made in block letters

VACCINATION AGAINST SMALLPOX *(Number of previous vaccination scars)*

	DATE	ORIGIN	BATCH NUMBER	REACTION	STATION	PHYSICIAN'S NAME
1						
2						
3						
4						
5						
6						

YELLOW FEVER VACCINE

	DATE	ORIGIN	BATCH NUMBER	STATION	PHYSICIAN'S NAME
1					
2					
3					

TYPHOID VACCINE

	DATE	DOSE	PHYSICIAN'S NAME		DATE	DOSE	PHYSICIAN'S NAME
1				4			
2				5			
3				6			

TETANUS-DIPHTHERIA TOXOIDS

	DATE	DOSE	PHYSICIAN'S NAME		DATE	DOSE	PHYSICIAN'S NAME
1	5/11/95	Refusal by Pt		4			
2	5/25/1995	By Record From Military		5			
3	4/10/96	.5cc SQ	M.C. APPOLITO, PAC, HSA	6			

CHOLERA VACCINE

	DATE	PHYSICIAN'S NAME		DATE	PHYSICIAN'S NAME		DATE	PHYSICIAN'S NAME
1			4			7		
2			5			8		
3			6			9		

PATIENT'S IDENTIFICATION *(Mechanically Imprint, Type or Print)*:

McVeigh, Timothy JAMES
12076-064 P.2.SC 4-4-96

Patient's Name—last, first, middle initial; Sex; Age or Year of Birth; Relationship to Sponsor; Component/Status; Department/Service.

Sponsor's Name—last, first, middle initial; Rank/Grade; SSN or Identification Number; Organization.

REVIEWED BY
G. THOMAS KRAUS MD

601-105

IMMUNIZATION RECORD
Standard Form 601—October 1975 (Rev.)
General Services Administration & Interagency Committee on Medical Records
FIRMR (41 CFR) 201-45.505

ORAL POLIOVIRUS VACCINE

	DATE	DOSE	PHYSICIAN'S NAME		DATE	DOSE	PHYSICIAN'S NAME
1				3			
2				4			

INFLUENZA VACCINE

	DATE	DOSE	PHYSICIAN'S NAME		DATE	DOSE	PHYSICIAN'S NAME
1				3			
2				4			

OTHER IMMUNIZATIONS

	DATE	TYPE	DOSE			DATE	TYPE	DOSE	PHYSICIAN'S NAME
1	17 Feb 91	Bot Tox	.5	(b)(6)	5				
2					6				
3					7				
4					8				

SENSITIVITY TESTS *(Tuberculin, etc.)*

	DATE	TYPE	DOSE	ROUTE	RESULTS	PHYSICIAN'S NAME
1						
2						
3						
4						
5						

REMARKS:

92. 2. 5< 4-4-9C
REVIEWED BY
G. THOMAS KRAUS MD

THIS RECORD IS ISSUED IN ACCORDANCE WITH ARTICLE 99, WHO SANITARY REGULATION NO. 2.

ORAL POLIOVIRUS VACCINE

	DATE	DOSE	PHYSICIAN'S NAME		DATE	DOSE	PHYSICIAN'S NAME
1	27 MAY 1988	0.5cc	(b)(6)	3			
2				4			

INFLUENZA VACCINE

	DATE	DOSE	PHYSICIAN'S NAME		DATE	DOSE	PHYSICIAN'S NAME
1	27 MAY 1988	0.5cc	(b)(6)	3			
2	17 Nov 88	.5cc		4			

OTHER IMMUNIZATIONS

	DATE	TYPE	DOSE	PHYSICIAN'S NAME	DATE	TYPE	DOSE	PHYSICIAN'S NAME
1	MAY 25 1986	MCG	0.5cc	(b)(6)	4 Nov 88	FLU	.5cc	(b)(6)
2	MAY 25 1986	AD4-7	2 tabs		1988	IPV S/C	.2cc	
3	27 MAY 1988	MR VAC	0.5cc		2 Mar 91	Plgm S/C	.2cc	
4	17 Sept 88	PLG			DEC 90	GG	4cc	

meningococcal Vaccine →

SENSITIVITY TESTS (Tuberculin, etc.)

	DATE	TYPE	DOSE	ROUTE	RESULTS	PHYSICIAN'S NAME
1	MAY 25 1986	PPD	0.1cc	LFA	NEG/POS	(b)(6)
2						
3						
4						
5						

REMARKS:

EARPLUG SIZE:

BLUE (LARGE) TF SF

WHITE (EX. SMALL) SF

ORANGE (MED) TF SF

RED (EX. LARGE) SF

GREEN (SMALL) TF SF

FITTED BY: (b)(6)

R. Z. K 4-4-91

REVIEWED BY
G. THOMAS KRAUS MD

THIS RECORD IS ISSUED IN ACCORDANCE WITH ARTICLE 99, WHO SANITARY REGULATION NO. 2.

HEALTH RECORD — IMMUNIZATION RECORD

All entries in ink to be made in block letters

VACCINATION AGAINST SMALLPOX *(Number of previous vaccination scars)*

	DATE	ORIGIN	BATCH NUMBER	REACTION	STATION	PHYSICIAN'S NAME
1	27 MAY 1988	NDC		MAJOR	TMC, 30th AG BN Ft. Benning, GA.,	(b)(6)
2						
3						
4						
5						
6						

YELLOW FEVER VACCINE

	DATE	ORIGIN	BATCH NUMBER	STATION	PHYSICIAN'S NAME
1	12 Sept YY	CONN FM 8/0 YY	CPC. FRK 66442-5043		(b)(6)
2	26 Sept 91				
3					

TYPHOID VACCINE

	DATE	DOSE	PHYSICIAN'S NAME		DATE	DOSE	PHYSICIAN'S NAME
1	12 Sept 88	0.5cc	(b)(6)	4			
2	26 Sept 91	.5cc		5			
3				6			

TETANUS-DIPHTHERIA TOXOIDS

	DATE	DOSE	PHYSICIAN'S NAME		DATE	DOSE	PHYSICIAN'S NAME
1	MAY 25 19[illegible]	0.5cc	(b)(6)	4			
2				5			
3				6			

CHOLERA VACCINE

	DATE	PHYSICIAN'S NAME		DATE	PHYSICIAN'S NAME		DATE	PHYSICIAN'S NAME
1			4			7		
2			5			8		
3			6			9		

PATIENT'S IDENTIFICATION *(Mechanically Imprint, Type or Print)*:

A606043
MCVEIGH TIMOTHY JAMES
SSDC MRN 129 58 4709
24MAY88 464 36 SD

Patient's Name—last, first, middle initial; Sex; Age or Year of Birth; Relationship to Sponsor; Component/Status; Department/Service.

Sponsor's Name—last, first, middle initial; Rank/Grade; SSN or Identification Number; Organization.

97.2.5 -4-4-96
REVIEWED BY
G. THOMAS KRAUS MD

601-104

IMMUNIZATION RECORD
Standard Form 601—October 1975
General Services Administration and
Interagency Committee on Medical Records
FPMR 101-11.806-8

NAME	IDENTIFICATION NUMBER	NO. OF SHEETS ATTACHED
McVeigh, Timothy James	12076-064.	

MEASUREMENTS AND OTHER FINDINGS

20. HEIGHT	21. WEIGHT	22. COLOR HAIR	23. COLOR EYES	24. BUILD	25. TEMPERATURE
6'2"	160	BN	BL	☑ SLENDER ☐ MEDIUM ☐ HEAVY ☐ OBESE	97.3

26. BLOOD PRESSURE *(Arm at heart level)*

	A. SITTING	B. RECUMBENT	C. STANDING (5 mins.)
SYS.			114
DIAS.			90

27. PULSE *(Arm at heart level)*

A. SITTING	B. RECUMBENT	C. STANDING (3 mins.)	D. AFTER EXERCISE	E. 2 MINS. AFTER
~~60~~ 92		92		

28. DISTANT VISION		29. REFRACTION			30. NEAR VISION	
RIGHT 20/	CORR. TO 20/	BY	S.	CX	CORR. TO	BY
LEFT 20/	CORR. TO 20/	BY	S.	CX	CORR. TO	BY

Heads Pivot OU

31. HETEROPHORIA *(Specify distance)*

ESO	EXO	R.H.	L.H.	PRISM DIV.	PRISM CONV. CT	PC	PD

32. ACCOMMODATION		33. COLOR VISION *(Test used and result)*	34. DEPTH PERCEPTION *(Test used and score)*	UNCORRECTED
RIGHT	LEFT			CORRECTED
35. FIELD OF VISION		**36. NIGHT VISION** *(Test used and score)*	**37. RED LENS TEST**	**38. INTRAOCULAR TENSION**
RIGHT	LEFT			RIGHT / LEFT

39. HEARING

RIGHT WV /15 SV /15

LEFT WV /15 SV /15

40. AUDIOMETER

	250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192
RIGHT								
LEFT								

41. PSYCHOLOGICAL AND PSYCHOMOTOR *(Tests used and score)*

42. NOTES *(Continued)* **AND SIGNIFICANT OR INTERVAL HISTORY**

Suspected Lactose intolerance on recent private medical Evaluation -
WKDA.; PACOM Service + Immunizations - US Army

(Use additional sheets if necessary)

43. SUMMARY OF DEFECTS AND DIAGNOSES *(List diagnoses with item numbers)*

(1) Gingivitis

44. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED *(Specify)*

W/B Evaluated By Our Dentists.

45A. PHYSICAL PROFILE

P	U	L	H	E	S

46. EXAMINEE *(Check)*

A. ☐ IS QUALIFIED FOR

B. ☑ IS NOT QUALIFIED FOR Food Service until PPD obtained

45B. PHYSICAL CATEGORY

A	B	C	E

47. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

(1)

48. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
[illegible], MD	

REVIEWED BY
G. THOMAS KRAUS MD

49. TYPED OR PRINTED NAME OF PHYSICIAN	SIGNATURE
	G. Thomas Kraus MD 4-4-92
50. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN *(Indicate which)*	SIGNATURE
51. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY	SIGNATURE

MEDICAL RECORD — REPORT OF MEDICAL EXAMINATION

DATE OF EXAM: 3-30-96

1. LAST NAME–FIRST NAME–MIDDLE NAME: McVeigh, Timothy James
2. IDENTIFICATION NUMBER: 12076-064
3. GRADE AND COMPONENT OR POSITION:
4. HOME ADDRESS (Number, street or RFD, city or town, state and ZIP code):
5. EMERGENCY CONTACT (Name and address of contact):
6. DATE OF BIRTH: 4-23-68
7. AGE: 28
8. SEX: ☐ FEMALE ☑ MALE
9. RELATIONSHIP OF CONTACT:
10. PLACE OF BIRTH:
11. RACE: ☑ WHITE ☐ BLACK ☐ AMERICAN INDIAN/ALASKA NATIVE ☐ HISPANIC WHITE ☐ HISPANIC BLACK ☐ ASIAN/PACIFIC ISLANDER
12a. AGENCY:
12b. ORGANIZATION UNIT:
13. TOTAL YEARS GOVERNMENT SERVICE: a. MILITARY: b. CIVILIAN:
14. NAME OF EXAMINING FACILITY OR EXAMINER AND ADDRESS:
HEALTH SERVICE DEPT.
FCI ENGLEWOOD
9595 W. QUINCY AVE.
LITTLETON, CO. 80123
15. RATING OR SPECIALTY OF EXAMINER: MD, MPH, FACEP / FACPM
16. PURPOSE OF EXAMINATION: Intake Screen.

17. CLINICIAL EVALUATION

NORMAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNORMAL
✓	A. HEAD, FACE, NECK AND SCALP	
✓	B. EARS-GENERAL (INTERNAL CANALS) (Auditory acuity under items 39 and 40)	
✓	C. DRUMS (Perforation)	
✓	D. NOSE	
✓	E. SINUSES	
✓	F. MOUTH AND THROAT	
✓	G. EYES-GENERAL (Visual acuity and refraction under items 28, 29, and 36)	
	H. OPHTHALMOSCOPIC defer	
✓	I. PUPILS (Equality and reaction)	
✓	J. OCULAR MOTILITY (Associated parallel movements nystagmus)	
✓	K. LUNGS AND CHEST	
✓	L. HEART (Thrust, size, rhythm, sounds)	
✓	M. VASCULAR SYSTEM (Varicosities, etc.)	
	N. ABDOMEN AND VISCERA (Include hernia) defer GHRR	

NORMAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNORMAL
	O. PROSTATE (Over 40 or clinically indicated) defer.	
	P. TESTICULAR defer	
	Q. ANUS AND RECTUM (Hemorrhoids, Fistulae) (Hemocult Result) defer	
✓	R. ENDOCRINE SYSTEM Thyroid Normal palp.	
✓	S. G-U SYSTEM neg UA PAIW	
✓	T. UPPER EXTREMITIES (Strength, range of motion)	
✓	U. FEET Callus tip ⑤ great toe.	
✓	V. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
✓	W. SPINE, OTHER MUSCULOSKELETAL	
	X. IDENTIFYING BODY MARKS, SCARS, TATTOOS Ø	
✓	Y. SKIN, LYMPHATICS	
✓	Z. NEUROLOGIC (Equilibrium tests under item 41)	
✓	AA. PSYCHIATRIC (Specify any personality deviation)	
✓	BB. BREASTS	
	CC. PELVIC (Females only) WA	

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 42 and use additional sheets if necessary)

mild gingivitis

18. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)

Restorable Teeth: 1 2 3 / 32 31 30 — 0 (0 / 1 2 3 / 32 31 30)
Non-restorable teeth: 1 2 3 / 32 31 30 — X (X / 1 2 3 / 32 31 30)
Missing Teeth: 1 2 3 / 32 31 30 — X X X / X X X
Replaced by Dentures: [1 X 3 / 32 31 30 / X]
Fixed Partial Dentures:

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES:

19. TEST RESULTS (Copies of results are preferred as attachments)

A. URINALYSIS: (1) SPECIFIC GRAVITY
(2) URINE ALBUMIN
(3) URINE SUGAR
(4) MICROSCOPIC

B. CHEST X-RAY OR PPD (Place, date, film number and result): Refused 3-30-96.

C. SYPHILIS SEROLOGY (Specify test used and results): Refused 3-30-96

D. EKG:

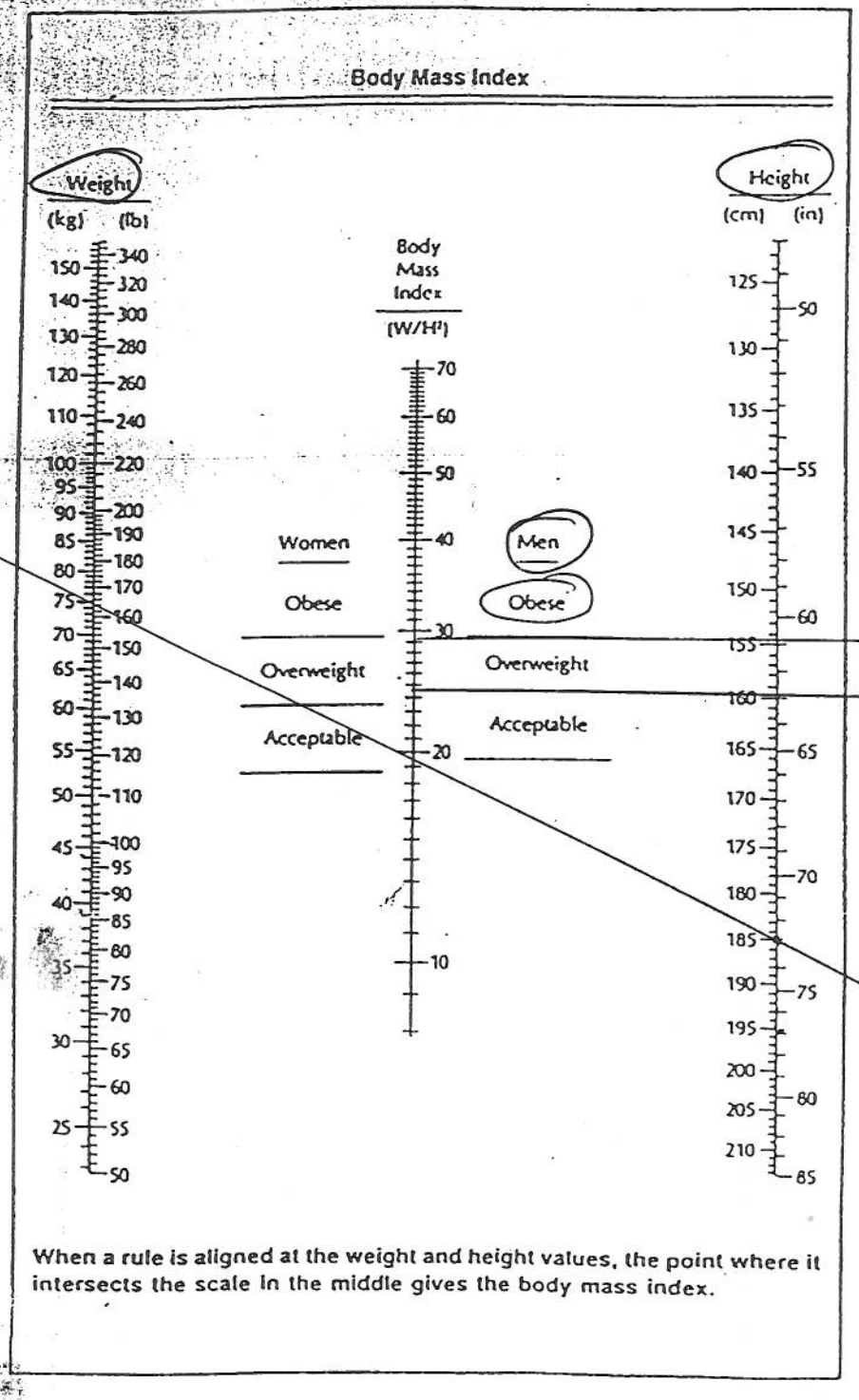
E. BLOOD TYPE AND RH FACTOR:

F. OTHER TESTS:

Body Mass Index (BMI)

Kg/M²

20-25 = NORMAL
25-30 = OVERWEIGHT
>30 = OBESE.



When a rule is aligned at the weight and height values, the point where it intersects the scale in the middle gives the body mass index.

163#

>30

25-30

20-25

73"

1430
160503

BMI = 19.5

Prior Entries

MCVEIGH, TIMOTHY J
DOB: 04-23-1968
M
FCI ENGLEWOOD
1207-064

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT	52. WEIGHT	53. COLOR HAIR	54. COLOR EYES	55. BUILD:	56. TEMPERATURE
6'2	160	BR	Blu	[X] SLENDER [ ] MEDIUM [ ] HEAVY [ ] OBESE	

57. BLOOD PRESSURE (Arm at heart level)						58. PULSE (Arm at heart level)				
A. SITTING	SYS. 118 / DIAS. 62	B. RECUMBENT	SYS. / DIAS.	C. STANDING (5 min.)	SYS. / DIAS.	A. SITTING 72	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.

59. DISTANT VISION	60. REFRACTION	61. NEAR VISION
RIGHT 20/ 20 CORR. TO 20/	BY S. CX	CORR. TO BY
LEFT 20/ 20 CORR. TO 20/	BY S. CX	CORR. TO BY

62. HETEROPHORIA (Specify distance)

ES°	EX°	R.H.	L.H.	PRISM DIV.	PRISM CONV. CT	PC	PD

63. ACCOMMODATION RIGHT / LEFT	64. COLOR VISION (Test used and result)	65. DEPTH PERCEPTION Test used and score)	UNCORRECTED / CORRECTED

66. FIELD OF VISION	67. NIGHT VISION (Test used and score)	68. RED LENS TEST	69. INTRAOCULAR TENSION

70. HEARING			71. AUDIOMETER								72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)
RIGHT WV	/15 SV	/15		250 256	500 512	1000 1024	2000 2048	3000 2896	4000 4096	6000 6144	8000 8192	
LEFT WV	/15 SV	/15	RIGHT									
			LEFT									

73 NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

1. Medical (Including Tuberculosis, Hepatitis, Diabetes & Heart Disease, NO
2. Surgical — NO
3. Allergies NO
4. Venereal Disease NO

24. Drug dependence	1—Non-user 3—Recent user 5—User (not withd 2—Former user 4—User (Immediate past)
25. Type of drug	1—Marijuana 3—Hallucinogens 5—Psycho-stimulants 2—Narcotics 4—Barbiturates 6—Other
26. Alcoholism	1—Non-significant use 3—Binge use 5—Other 2—Former excessive use 4—Habitual excessive use

(Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

NONE

Pt will not allow any form of internal examination at this time.

N/A

THIS INMATE IS OVER 50 AND HAS BEEN OFFERED:

1. DIGITAL RECTAL EXAMINATION FOR STOOL HEMOCULT YES/NO
2. SIGMOIDOSCOPE YES/NO
3. TONOMETRY YES/NO

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

Regular Duty

76. A. PHYSICAL PROFILE

P	U	L	H	E	S

77. EXAMINEE (Check)

A. [X] IS QUALIFIED FOR Regular duty

B. [ ] IS NOT QUALIFIED FOR

B. PHYSICAL CATEGORY

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN: LESLIE NICHOLS, ASHA/SUPV.P.A. FCI EL RENO, OKLA. — SIGNATURE

80. TYPED OR PRINTED NAME OF PHYSICIAN — SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which) — SIGNATURE

82. TYPED OR PRINTED NAME OR REVIEWING OFFICER OR APPROVING AUTHORITY R. Z. 4-4-96 — SIGNATURE — NUMBER OF ATTACHED SHEETS

REVIEWED BY G. THOMAS KRAUS MD

*U.S. Government Printing Office: 1990 — 281-782/20230

REPORT OF MEDICAL EXAMINATION

1. LAST NAME–FIRST NAME–MIDDLE NAME	2. GRADE AND COMPONENT OR POSITION	3. IDENTIFICATION NO.
McVeigh, Timothy James		12076-064

4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code)	5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION
UNK.		5-11-95

7. SEX	8. RACE	9. TOTAL YEARS GOVERNMENT SERVICE		10. AGENCY	11. ORGANIZATION UNIT
		MILITARY	CIVILIAN		
M	Wht.				

12. DATE OF BIRTH	13. PLACE OF BIRTH	14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN
4-23-1968		

15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS	16. OTHER INFORMATION
HOSPITAL	

17. [illegible]	TIME IN THIS CAPACITY (Total)	LAST SIX MONTHS
FEDERAL CORRECTIONAL INSTITUTION EL RENO, OKLAHOMA 73036		

CLINICAL EVALUATION

NORMAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNORMAL
✓	18. HEAD, FACE, NECK AND SCALP	
✓	19. NOSE	
✓	20. SINUSES	
✓	21. MOUTH AND THROAT	
✓	22. EARS–GENERAL (INTERNAL CANALS) (Auditory acuity under items 70 and 71)	
✓	23. DRUMS (Perforation)	
✓	24. EYES–GENERAL (Visual acuity and refraction under items 59, 60 and 67)	
✓	25. OPHTHALMOSCOPIC	
✓	26. PUPILS (Equality and reaction)	
✓	27. OCULAR MOTILITY (Associated parallel movements nystagmus)	
✓	28. LUNGS AND CHEST (Include breasts)	
✓	29. HEART (Thrust, size, rhythm, sounds)	
✓	30. VASCULAR SYSTEM (Varicosities, etc.)	
✓	31. ABDOMEN AND VISCERA (Include hernia)	
	32. ANUS AND RECTUM (Hemorrhoids, Fistular) (Prostate, if indicated)	
✓	33. ENDOCRINE SYSTEM	
✓	34. G-U SYSTEM	
✓	35. UPPER EXTREMITIES (Strength, range of motion)	
✓	36. FEET	
✓	37. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
✓	38. SPINE, OTHER MUSCULOSKELETAL	
✓	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
✓	40. SKIN, LYMPHATICS	
✓	41. NEUROLOGIC (Equilibrium tests under item 72)	
✓	42. PSYCHIATRIC (Specify any personality deviation)	
	43. PELVIC (Females only) (Check how done) ☐ VAGINAL ☐ RECTAL	

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary)

32. Refused by Pt

(Continue in item 73)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
RIGHT	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	LEFT

Restorable Teeth: 1/32, 2/31, 3/30, 0/0
Non-restorable teeth: 1/32, 2/31, 3/30, /
Missing Teeth: 1/32, 2/31, 3/30, x/x
Replaced by Dentures: 1/32, 2/31, 3/30, x/x
Fixed Partial dentures: 1/32, 2/31, 3/30, x/x

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

LABORATORY FINDINGS

45. URINALYSIS: A. SPECIFIC GRAVITY		46. CHEST X-RAY (Place, date, film number and result)
B. ALBUMIN	D. MICROSCOPIC	
C. SUGAR		

47. SEROLOGY (Specify test used and result)	48. EKG	49. BLOOD TYPE AND RH FACTOR	50. OTHER TESTS
Refused by Pt			PPD Skin test for TB Refused by Pt until he consults w/ Atty.

• Federal Bureau Of Prisons

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. REGISTER NUMBER
McVeigh, Timothy James	12076-064

3. PURPOSE OF EXAMINATION	4. DATE OF EXAMINATION	5. EXAMINING FACILITY
INTAKE	7-13-98	USP TERRE HAUTE, IN

6. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED *(Follow by description of past history, if complaint arises)*

7. HAVE YOU EVER *(Please check each item)*

YES	NO	(Check each item)
	✓	Lived with anyone who had tuberculosis
	✓	Coughed up blood
	✓	Bled excessively after injury or tooth extraction
	✓	Attempted suicide
		Been a sleepwalker

8. DO YOU *(Please check each item)*

YES	NO	(Check each item)
	✓	Wear glasses or contact lenses
✓		Have vision in both eyes
	✓	Wear a hearing aid
		Stutter or stammer habitually
		Wear a brace or back support

9. HAVE YOU EVER HAD OR HAVE YOU NOW *(Please check at left of each item)*

YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
			Scarlet fever	✓			Adverse reaction to serum drug	✓			Epilepsy or fits
			Rheumatic fever				or medicine				Car, train, sea or air sickness
			Swollen or painful joints				Broken bones				Frequent trouble sleeping
			Frequent or severe headache				Tumor, growth, cyst, cancer	✓			Depression or excessive worry
			Dizziness or fainting spells				Rupture hernia				Loss of memory or amnesia
			Eye trouble				Piles or rectal disease				Nervous trouble of any sort
			Ear, nose, or throat trouble				Frequent or painful urination				Periods of unconsciousness
			Hearing loss				Bed wetting since age 12	✓			Have you ever had
			Chronic or frequent colds	✓			Kidney stone or blood in urine				homosexual contact?
			Severe tooth or gum trouble	✓			Sugar or albumin in urine	✓			Been exposed to AIDS
			Sinusitis	✓			VD—Syphilis, gonorrhea, etc.	✓			Alcohol Use (Excessive)
			Hay Fever				Recent gain or loss of weight	✓			Drug Use Addiction
			Head injury				Arthritis, Rheumatism, or Bursitis				Marijuana
			Skin diseases				Bone, joint or other deformity				Cocaine
			Thyroid trouble				Lameness				Heroin
			Tuberculosis				Loss of finger or toe				L.S.D.
	✓		Asthma				Painful or "Trick" shoulder or elbow				Amphetamines
	✓		Shortness of breath				Recurrent back pain				Others: (Specify)
	✓		Pain or pressure in chest				"Trick" or locked knee				
	✓		Chronic cough				Foot trouble				Alcohol or drug
	✓		Palpitation or pounding heart				Neuritis				Withdrawal Problems
	✓		Heart trouble				Paralysis (include infantile)				
	✓		High or low blood pressure								
	✓		Cramps in your legs					10. FEMALES ONLY HAVE YOU EVER			
	✓		Frequent indigestion								Been treated for a female disorder
	✓		Stomach, liver, or intestinal trouble								Had a change in menstrual pattern
	✓		Gall bladder trouble or gallstones								ARE YOU PREGNANT
	✓		Jaundice or hepatitis								SUSPECT YOU ARE PREGNANT

11. WHAT IS YOUR USUAL OCCUPATION?

12. ARE YOU (Check one)

☒ Right handed ☐ Left handed

CHECK EACH ITEM YES OR NO EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE BELOW

YES	NO		YES	NO	
	X	13. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.			18. Have you ever had any illness or injury other than those already noted? *(If yes, specify when, where, and give details.)*
	X	B. Inability to perform certain motions.			19. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? *(If yes, give complete address of doctor, hospital, clinic, and details.)*
	X	C. Inability to assume certain positions.			
	X	D. Other medical reasons *(If yes, give reasons.)*			20. Have you ever been rejected for military service because of physical, mental, or other reason? *(If yes, give date, and reason, for rejections.)*
	X	14. Have you ever been treated for a mental condition? *(If yes, specify when, where, and give details).*			
	X	15. Have you ever been denied life insurance? *(If yes, state reason and give details.)*			21. Have you ever been discharged from military service because of physical, mental, or other reasons? *(If yes, give date, reason, and type of discharge whether honorable, other than honorable, for unfitness or unsuitability.)*
	X	16. Have you had, or have you been advised to have, any operations? *(If yes, describe and give age at which occured.)*			
X		17. Have you ever been a patient in any type of hospital? *(If yes, specify when, where, why, and name of doctor and complete address of hospital.)*			22. Have you ever received, is there pending, or have you applied for pension, or compensation for existing disability? *(If yes, specify what kind, granted by whom, and what amount, when, why.)*

EXPLANATION: (#13–22 ABOVE)

#17 Emergency Room for Childhood illness ?

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record.

TYPED OR PRINTED NAME OF EXAMINEE	SIGNATURE
Timothy J. McVeigh	

INTAKE SCREENING:

INMATE RECEIVED FROM: COURT ____ TRANSFER ____ P.V. ____

OTHER ____

MEDICAL STAFF'S COMMENTS AND OBSERVATIONS: PLEASE DIRECT YOUR ANSWERS TO MENTAL STATUS, POTENTIAL SUICIDE, APPEARANCE, CONDUCT, STATE OR CONSCIOUSNESS, RASHES, JAUNDICE, BRUISES AND/OR MARKS, SWEATING, BODY DEFORMITIES, ETC. NOTE OBSERVATIONS IN BLOCK 23 BELOW.

IF DRUGS HAVE BEEN USED, NOTE TYPE, HOW LONG, HOW MUCH, HOW OFTEN, HOW USED, WHEN WERE THEY LAST USED: HAVE THERE BEEN ANY PROBLEMS SINCE STOPPING THE USE OF DRUGS OR ALCOHOL? ____

DOES PATIENT NEED TO BE SEEN IMMEDIATELY BY THE MEDICAL STAFF YES ____ NO ____

WHAT ARRANGEMENTS HAVE BEEN MADE? ____

DUTY STATUS: TEMPORARY WORK ____ RESTRICTED ____

GENERAL POPULATION ____ YES ____ NO ____

TYPE AND EXTENT OF LIMITATION ____

23. Physician's summary and elaboration of all pertinent data *(Physician shall comment on all positive answers in item 6 through 22. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)*

LAST PPD: 7-13-99
SUICIDAL THOUGHTS: YES/NO
LICE: YES/NO
ALLERGIES: NKDA
SMOKE: YES/NO
MEDICATIONS: NONE/SEE 600
MEDICAL COMPLAINTS: ~~Boric~~ Boric Acid - Dr P.A for S/C
RESTRICTIONS: NONE/
FUNCTIONAL ASSESSMENT: NORMAL
DIABETIC: YES/NO

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS
S.A. SWABY, RN	7-13-99		

REVERSE

U.S. Department of Justice
Federal Bureau Of Prisons

MEDICAL HISTORY REPORT

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. REGISTER NUMBER
McVeigh Timothy James	12076-064

3. PURPOSE OF EXAMINATION	4. DATE OF EXAMINATION	5. EXAMINING FACILITY
Admission	8/14/97	USP FLORENCE - ADX

6. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED *(Follow by description of past history, if complaint arises)*

Tagamet 400mg 3x day
or Pepsid 20mg 2x day

7. HAVE YOU EVER *(Please check each item)*

YES	NO	(Check each item)
	X	Lived with anyone who had tuberculosis
	X	Coughed up blood
	X	Bled excessively after injury or tooth extraction
	X	Attempted suicide
	X	Been a sleepwalker

8. DO YOU *(Please check each item)*

YES	NO	(Check each item)
	X	Wear glasses or contact lenses
X		Have vision in both eyes
	X	Wear a hearing aid
	X	Stutter or stammer habitually
	X	Wear a brace or back support

9. HAVE YOU EVER HAD OR HAVE YOU NOW *(Please check at left of each item)*

YES	NO	DON'T KNOW	(Check each item)
	X		Scarlet fever
	X		Rheumatic fever
	X		Swollen or painful joints
	X		Frequent or severe headache
	X		Dizziness or fainting spells
	X		Eye trouble
	X		Ear, nose, or throat trouble
	X		Hearing loss
	X		Chronic or frequent colds
	X		Severe tooth or gum trouble
	X		Sinusitis
	X		Hay Fever
	X		Head injury
	X		Skin diseases
	X		Thyroid trouble
	X		Tuberculosis
	X		Asthma
	X		Shortness of breath
	X		Pain or pressure in chest
	X		Chronic cough
	X		Palpitation or pounding heart
	X		Heart trouble
	X		High or low blood pressure
	X		Cramps in your legs
X			Frequent indigestion Heartburn - See Pepsid above
	X		Stomach, liver, or intestinal trouble
	X		Gall bladder trouble or gallstones
	X		Jaundice or hepatitis

YES	NO	DON'T KNOW	(Check each item)
	X		Adverse reaction to serum drug or medicine
	X		Broken bones
	X		Tumor, growth, cyst, cancer
	X		Rupture/hernia
	X		Piles or rectal disease
	X		Frequent or painful urination
	X		Bed wetting since age 12
	X		Kidney stone or blood in urine
	X		Sugar or albumin in urine
	X		VD—Syphilis, gonorrhea, etc.
	X		Recent gain or loss of weight
	X		Arthritis, Rheumatism, or Bursitis
	X		Bone, joint or other deformity
	X		Lameness
	X		Loss of finger or toe
	X		Painful or "Trick"shoulder or elbow
	X		Recurrent back pain
	X		"Trick" or locked knee
	X		Foot trouble
	X		Neuritis
	X		Paralysis (include infantile)

YES	NO	DON'T KNOW	(Check each item)
	X		Epilepsy or fits
	X		Car, train, sea or air sickness
	X		Frequent trouble sleeping
	X		Depression or excessive worry
	X		Loss of memory or amnesia
	X		Nervous trouble of any sort
	X		Periods of unconsciousness
	X		Have you ever had homosexual contact?
	X		Been exposed to AIDS
	X		Alcohol Use (Excessive)
	X		Drug Use/Addiction
	X		Marijuana
	X		Cocaine
	X		Heroin
	X		L.S.D.
	X		Amphetamines
	X		Others: (Specify)
	X		Alcohol or drug Withdrawal Problems

10. FEMALES ONLY HAVE YOU EVER

			Been treated for a female disorder
			Had a change in menstrual pattern
			ARE YOU PREGNANT
			SUSPECT YOU ARE PREGNANT

11. WHAT IS YOUR USUAL OCCUPATION?
N/A

12. ARE YOU (Check one)
☒ Right handed ☐ Left handed

CHECK EACH ITEM YES OR NO EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE BELOW

YES	NO		YES	NO	
	X	13. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.		X	18. Have you ever had any illness or injury other than those already noted? *(If yes, specify when, where, and give details.)*
	X	B. Inability to perform certain motions.		X	19. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? *(If yes, give complete address of doctor, hospital, clinic, and details.)*
	X	C. Inability to assume certain positions.		X	
	X	D. Other medical reasons *(If yes, give reasons.)*		X	20. Have you ever been rejected for military service because of physical, mental, or other reason? *(If yes, give date, and reason, for rejections.)*
	X	14. Have you, ever been treated for a mental condition? *(If yes, specify when, where, and give details).*		X	21. Have you ever been discharged from military service because of physical, mental, or other reasons? *(If yes, give date, reason, and type of discharge whether honorable, other than honorable, for unfitness or unsuitability.)*
	X	15. Have you ever been denied life insurance? *(If yes, state reason and give details.)*		X	
	X	16. Have you had, or have you been advised to have, any operations? *(If yes, describe and give age at which occured.)*		X	22. Have you ever received, is there pending, or have you applied for pension, or compensation for existing disability? *(If yes, specify what kind, granted by whom , and what amount, when, why.)*
	X	17. Have you ever been a patient in any type of hospital? *(If yes, specify when, where, why, and name of doctor and complete address of hospital.)*		X	

EXPLANATION: (#13–22 ABOVE)

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record.

TYPED OR PRINTED NAME OF EXAMINEE	SIGNATURE
Timothy S. McVeigh	

INTAKE SCREENING:

INMATE RECEIVED FROM: COURT ✓ TRANSFER ✓ P.V. _____

OTHER _____

MEDICAL STAFF'S COMMENTS AND OBSERVATIONS: PLEASE DIRECT YOUR ANSWERS TO MENTAL STATUS, POTENTIAL SUICIDE, APPEARANCE, CONDUCT, STATE OR CONSCIOUSNESS, RASHES, JAUNDICE, BRUISES AND/OR MARKS, SWEATING, BODY DEFORMITIES, ETC. NOTE OBSERVATIONS IN BLOCK 23 BELOW.

IF DRUGS HAVE BEEN USED, NOTE TYPE, HOW LONG, HOW MUCH, HOW OFTEN, HOW USED. WHEN WERE THEY LAST USED: HAVE THERE BEEN ANY PROBLEMS SINCE STOPPING THE USE OF DRUGS OR ALCOHOL? _____

DOES PATIENT NEED TO BE SEEN IMMEDIATELY BY THE MEDICAL STAFF YES ____ NO ✓

WHAT ARRANGEMENTS HAVE BEEN MADE? _____

DUTY STATUS: TEMPORARY WORK ____ RESTRICTED ✓

GENERAL POPULATION ____ YES ____ NO ✓

TYPE AND EXTENT OF LIMITATION _____

23. Physician's summary and elaboration of all pertinent data *(Physician shall comment on all positive answers in item 6 through 22. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)*

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS
J. Villasenor	8-16-97		

REVERSE

Federal Bureau Of Prisons

MEDICAL HIST[illegible] REPORT HEALTH SERVICE DEPT.
FCI ENGLEWOOD
[illegible] W. QUINCY AVE.
LITTLETON, CO. 80123

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME – FIRST NAME – MIDDLE NAME
MCVEIGH
TIMOTHY JAMES

2. REGISTER NUMBER
12076-064

3. RACE/SEX/AGE/DOB
W/M/07/04-23-1968

4. DATE OF EXAMINATION
3-30-96

HT/602 WT/160 HR/BN EY/BL
CUSTODY/IN

5. EXAMINING FACILITY
HEALTH SERVICE DEPT
FCI ENGLEWOOD
9595 W. QUINCY AVE.
LITTLETON, CO. 80123

6. STATEMENT OF EXAMINEE CONCERNING PRESENT AND PAST HEALTH CONDITIONS CURRENTLY USED *(Follow by description of past history, if complaint arises)*

INTAKE SCREENING

Wisdom tooth extraction 1994
Last PPD 1991 (-).
No other surgeries

Hospitalized for Pneumonia @ age 7.
Chickenpox as child.

7. HAVE YOU EVER *(Please check each item)*

YES	NO	(Check each item)
		Lived with anyone who had tuberculosis
		Coughed up blood
		Bled excessively after injury or tooth extraction
		Attempted suicide
		Been a sleepwalker

8. DO YOU *(Please check each item)*

YES	NO	(Check each item)
		Wear glasses or contact lenses
X		Have vision in both eyes
		Wear a hearing aid
		Stutter or stammer habitually
		Wear a brace or back support

9. HAVE YOU EVER HAD OR HAVE YOU NOW *(Please check at left of each item)*

YES	NO	DON'T KNOW	(Check each item)
			Scarlet fever
			Rheumatic fever
			Swollen or painful joints
			Frequent or severe headache
			Dizziness or fainting spells
			Eye trouble
			Ear, nose, or throat trouble
			Hearing loss
			Chronic or frequent colds
			Severe tooth or gum trouble
			Sinusitis
			Hay Fever
			Head injury
			Skin diseases
			Thyroid trouble
			Tuberculosis
			Asthma
			Shortness of breath
			Pain or pressure in chest
			Chronic cough
			Palpitation or pounding heart
			Heart trouble
			High or low blood pressure
			Cramps in your legs
			Frequent indigestion
			Stomach, liver, or intestinal trouble
			Gall bladder trouble or gallstones
			Jaundice or hepatitis

YES	NO	DON'T KNOW	(Check each item)
			Adverse reaction to serum drug or medicine
			Broken bones
			Tumor, growth, cyst, cancer
			Rupture/hernia
			Piles or rectal disease
			Frequent or painful urination
			Bed wetting since age 12
			Kidney stone or blood in urine
			Sugar or albumin in urine
			VD—Syphilis, gonorrhea, etc.
			Recent gain or loss of weight
			Arthritis, Rheumatism, or Bursitis
			Bone, joint or other deformity
			Lameness
			Loss of finger or toe
			Painful or "Trick" shoulder or elbow
			Recurrent back pain
			"Trick" or locked knee
			Foot trouble
			Neuritis
			Paralysis (include infantile)

YES	NO	DON'T KNOW	(Check each item)
			Epilepsy or fits
			Car, train, sea or air sickness
			Frequent trouble sleeping
			Depression or excessive worry
			Loss of memory or amnesia
			Nervous trouble of any sort
			Periods of unconsciousness
			Have you ever had homosexual contact?
			Been exposed to AIDS
			Alcohol Use (Excessive)
			Drug Use/Addiction
			Marijuana
			Cocaine
			Heroin
			L.S.D.
			Amphetamines
			Others: (Specify)
			Alcohol or drug Withdrawal Problems

10. FEMALES ONLY HAVE YOU EVER

			Been treated for a female disorder
			Had a change in menstrual pattern
			ARE YOU PREGNANT
			SUSPECT YOU ARE PREGNANT

11. WHAT IS YOUR USUAL OCCUPATION?

N/A

12. ARE YOU (Check one)

☒ Right handed ☐ Left handed

BSP LVN

Previous editions not usable

BP-360(60)
JANUARY 1988

EXPLAIN EACH ITEM YES OR NO EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE BELOW

YES	NO		YES	NO	
		13. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.			18. Have you ever had any illness or injury other than those already noted? *(If yes, specify when, where, and give details.)*
		B. Inability to perform certain motions.			19. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? *(If yes, give complete address of doctor, hospital, clinic, and details.)*
		C. Inability to assume certain positions.			
		D. Other medical reasons *(If yes, give reasons.)*			20. Have you ever been rejected for military service because of physical, mental, or other reason? *(If yes, give date, and reason, for rejections.)*
		14. Have you, ever been treated for a mental condition? *(If yes, specify when, where, and give details).*			
		15. Have you ever been denied life insurance? *(If yes, state reason and give details.)*			21. Have you ever been discharged from military service because of physical, mental, or other reasons? *(If yes, give date, reason, and type of discharge whether honorable, other than honorable, for unfitness or unsuitability.)*
		16. Have you had, or have you been advised to have, any operations? *(If yes, describe and give age at which occured.)*			
		17. Have you ever been a patient in any type of hospital? *(If yes, specify when, where, why, and name of doctor and complete address of hospital.)*			22. Have you ever received, is there pending, or have you applied for pension, or compensation for existing disability? *(If yes, specify what kind, granted by whom , and what amount, when, why.)*

EXPLANATION: (#13–22 ABOVE)

BP 114/90 P 92 T 97.3 R 18

None Required.

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record.

TYPED OR PRINTED NAME OF EXAMINEE: Timothy James Madigan

SIGNATURE:

INTAKE SCREENING:

INMATE RECEIVED FROM: COURT ___ TRANSFER ✓ P.V. ___

OTHER ___

MEDICAL STAFF'S COMMENTS AND OBSERVATIONS: PLEASE DIRECT YOUR ANSWERS TO MENTAL STATUS, POTENTIAL SUICIDE, APPEARANCE, CONDUCT, STATE OR CONSCIOUSNESS, RASHES, JAUNDICE, BRUISES AND/OR MARKS, SWEATING, BODY DEFORMITIES, ETC. NOTE OBSERVATIONS IN BLOCK 23 BELOW.

IF DRUGS HAVE BEEN USED, NOTE TYPE, HOW LONG, HOW MUCH, HOW OFTEN, HOW USED. WHEN WERE THEY LAST USED: HAVE THERE BEEN ANY PROBLEMS SINCE STOPPING THE USE OF DRUGS OR ALCOHOL? N/A

DOES PATIENT NEED TO BE SEEN IMMEDIATELY BY THE MEDICAL STAFF YES ✓ NO ___

WHAT ARRANGEMENTS HAVE BEEN MADE? Seen By Clinical Director & examined immediately

DUTY STATUS: TEMPORARY WORK ___ RESTRICTED ✓

GENERAL POPULATION ___ YES ___ NO ✓

TYPE AND EXTENT OF LIMITATION Special Housing.

23. Physician's summary and elaboration of all pertinent data *(Physician shall comment on all positive answers in item 6 through 22. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)*

→ Dental To see ON Monday.

No Meds.
No Allergies
No Surgeries.

Refusal of PPD testing & Blood drawing at this time.

Prior 960404 Entries noted
L.R. Kowalski, MD

960330

9.2.5 4-4-96
REVIEWED BY
G. THOMAS KRAUS MD

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS
L.R. Kowalski MD	960404		

REVERSE

Federal Bureau Of Prisons

MEDICAL HIS[illegible]EPORT

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME–FIRST NAME–MIDDLE NAME	2. REGISTER NUMBER

3. PURPOSE OF EXAMINATION	4. DATE OF EXAMINATION	5. EXAMINING FACILITY
ADMISSION	4-21-95	ERE

6. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED *(Follow by description of past history, if complaint arises)*

7. HAVE YOU EVER *(Please check each item)*

YES	NO	(Check each item)
	✓	Lived with anyone who had tuberculosis
	✓	Coughed up blood
	✓	Bled excessively after injury or tooth extraction
	✓	Attempted suicide
	✓	Been a sleepwalker

8. DO YOU *(Please check each item)*

YES	NO	(Check each item)
✓		Wear glasses or contact lenses
		Have vision in both eyes
	✓	Wear a hearing aid
	✓	Stutter or stammer habitually
	✓	Wear a brace or back support

9. HAVE YOU EVER HAD OR HAVE YOU NOW *(Please check at left of each item)*

YES	NO	DON'T KNOW	(Check each item)
	✓		Scarlet fever
	✓		Rheumatic fever
	✓		Swollen or painful joints
	✓		Frequent or severe headache
	✓		Dizziness or fainting spells
	✓		Eye trouble
	✓		Ear, nose, or throat trouble
	✓		Hearing loss
	✓		Chronic or frequent colds
	✓		Severe tooth or gum trouble
	✓		Sinusitis
	✓		Hay Fever
	✓		Head injury
	✓		Skin diseases
	✓		Thyroid trouble
	✓		Tuberculosis
	✓		Asthma
	✓		Shortness of breath
	✓		Pain or pressure in chest
	✓		Chronic cough
	✓		Palpitation or pounding heart
	✓		Heart trouble
	✓		High or low blood pressure
	✓		Cramps in your legs
	✓		Frequent indigestion
	✓		Stomach, liver, or intestinal trouble
	✓		Gall bladder trouble or gallstones
	✓		Jaundice or hepatitis

YES	NO	DON'T KNOW	(Check each item)
	✓		Adverse reaction to serum drug or medicine
	✓		Broken bones
	✓		Tumor, growth, cyst, cancer
	✓		Rupture/hernia
	✓		Piles or rectal disease
	✓		Frequent or painful urination
	✓		Bed wetting since age 12
	✓		Kidney stone or blood in urine
	✓		Sugar or albumin in urine
	✓		VD—Syphilis, gonorrhea, etc.
	✓		Recent gain or loss of weight
	✓		Arthritis, Rheumatism, or Bursitis
	✓		Bone, joint or other deformity
	✓		Lameness
	✓		Loss of finger or toe
	✓		Painful or "Trick"shoulder or elbow
	✓		Recurrent back pain
	✓		"Trick" or locked knee
	✓		Foot trouble
	✓		Neuritis
	✓		Paralysis (include infantile)

YES	NO	DON'T KNOW	(Check each item)
	✓		Epilepsy or fits
	✓		Car, train, sea or air sickness
	✓		Frequent trouble sleeping
	✓		Depression or excessive worry
	✓		Loss of memory or amnesia
	✓		Nervous trouble of any sort
	✓		Periods of unconsciousness
			Have you ever had homosexual contact?
	✓		Been exposed to AIDS
	✓		Alcohol Use (Excessive)
	✓		Drug Use/Addiction
	✓		Marijuana
	✓		Cocaine
	✓		Heroin
	✓		L.S.D.
	✓		Amphetamines
	✓		Others: (Specify)
			Alcohol or drug Withdrawal Problems

10. FEMALES ONLY HAVE YOU EVER

			Been treated for a female disorder
			Had a change in menstrual pattern
			ARE YOU PREGNANT
			SUSPECT YOU ARE PREGNANT

11. WHAT IS YOUR USUAL OCCUPATION?

12. ARE YOU (Check one)

☐ Right handed ☐ Left handed

CHECK EACH ITEM YES OR NO EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE BELOW

YES	NO		YES	NO	
		13. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.			18. Have you ever had any illness or injury other than those already noted? *(If yes, specify when, where, and give details.)*
		B. Inability to perform certain motions.			19. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? *(If yes, give complete address of doctor, hospit.. clinic, and details.)*
		C. Inability to assume certain positions.			
		D. Other medical reasons *(If yes, give reasons.)*			
		14. Have you, ever been treated for a mental condition? *(If yes, specify when, where, and give details).*			20. Have you ever been rejected for military service because of physical, mental, or other reason? *(If yes, give date, and reason, for rejections.)*
		15. Have you ever been denied life insurance? *(If yes, state reason and give details.)*			21. Have you ever been discharged from military service because of physical, mental, or other reasons? *(If yes, give date, reason, and type of discharge whether honorable, other than honorable, for u fitness or unsuitability.)*
		16. Have you had, or have you been advised to have, any operations? *(If yes, describe and give age at which occured.)*			
		17. Have you ever been a patient in any type of hospital? *(If yes, specify when, where, why, and name of doctor and complete address of hospital.)*			22. Have you ever received, is there pending, or have you applied for pension, or compensation for existing disability? *(If yes, specify what kind, granted by whom , and what amount, when, why.)*

EXPLANATION: (#13-22 ABOVE)

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record.

TYPED OR PRINTED NAME OF EXAMINEE	SIGNATURE

INTAKE SCREENING:

INMATE RECEIVED FROM: COURT ____ TRANSFER ____ P.V. ____

OTHER ____

MEDICAL STAFF'S COMMENTS AND OBSERVATIONS: PLEASE DIRECT YOUR ANSWERS TO MENTAL STATUS, POTENTIAL SUICIDE, APPEARANCE, CONDUCT, STATE OR CONSCIOUSNESS, RASHES, JAUNDICE, BRUISES AND/OR MARKS, SWEATING, BODY DEFORMITIES, ETC. NOTE OBSERVATIONS IN BLOCK 23 BELOW.

IF DRUGS HAVE BEEN USED, NOTE TYPE, HOW LONG, HOW MUCH, HOW OFTEN, HOW USED. WHEN WERE THEY LAST USED: HAVE THERE BEEN ANY PROBLEMS SINCE STOPPING THE USE OF DRUGS OR ALCOHOL? ____

DOES PATIENT NEED TO BE SEEN IMMEDIATELY BY THE MEDICAL STAFF YES ____ NO ____

WHAT ARRANGEMENTS HAVE BEEN MADE? ____

DUTY STATUS: TEMPORARY WORK ____ RESTRICTED ____

GENERAL POPULATION ____ YES ____ NO ____

TYPE AND EXTENT OF LIMITATION ____

23. Physician's summary and elaboration of all pertinent data *(Physician shall comment on all positive answers in item 6 through 22. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)*

12.2.5K 4-4-81

REVIEWED BY
G. THOMAS KRAUS MD

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS

REVERSE

U.S. Department of Justice

Federal Bureau Of Prisons

MEDICAL HISTORY REPORT

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME	2. REGISTER NUMBER
McVeigh, Timothy J.	12076-064

3. PURPOSE OF EXAMINATION	4. DATE OF EXAMINATION	5. EXAMINING FACILITY

6. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED *(Follow by description of past history, if complaint arises)*

7. HAVE YOU EVER *(Please check each item)*

YES	NO	(Check each item)
		Lived with anyone who had tuberculosis
		Coughed up blood
		Bled excessively after injury or tooth extraction
		Attempted suicide
		Been a sleepwalker

8. DO YOU *(Please check each item)*

YES	NO	(Check each item)
	X	Wear glasses or contact lenses
X		Have vision in both eyes
		Wear a hearing aid
		Stutter or stammer habitually
		Wear a brace or back support

9. HAVE YOU EVER HAD OR HAVE YOU NOW *(Please check at left of each item)*

YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)	YES	NO	DON'T KNOW	(Check each item)
			Scarlet fever				Adverse reaction to serum drug				Epilepsy or fits
			Rheumatic fever				or medicine				Car, train, sea or air sickness
			Swollen or painful joints				Broken bones				Frequent trouble sleeping
			Frequent or severe headache				Tumor, growth, cyst, cancer				Depression or excessive worry
			Dizziness or fainting spells				Rupture/hernia				Loss of memory or amnesia
			Eye trouble				Piles or rectal disease				Nervous trouble of any sort
			Ear, nose, or throat trouble				Frequent or painful urination				Periods of unconsciousness
			Hearing loss				Bed wetting since age 12				Have you ever had
			Chronic or frequent colds				Kidney stone or blood in urine				homosexual contact?
			Severe tooth or gum trouble				Sugar or albumin in urine				Been exposed to AIDS
			Sinusitis				VD—Syphilis, gonorrhea, etc.				Alcohol Use (Excessive)
			Hay Fever				Recent gain or loss of weight				Drug Use/Addiction
			Head injury				Arthritis, Rheumatism, or Bursitis				Marijuana
			Skin diseases				Bone, joint or other deformity				Cocaine
			Thyroid trouble				Lameness				Heroin
			Tuberculosis				Loss of finger or toe				L.S.D.
			Asthma				Painful or "Trick"shoulder or elbow				Amphetamines
			Shortness of breath				Recurrent back pain				Others: (Specify)
			Pain or pressure in chest				"Trick" or locked knee				
			Chronic cough				Foot trouble		X		Alcohol or drug
			Palpitation or pounding heart				Neuritis				Withdrawal Problems
			Heart trouble				Paralysis (include infantile)				
			High or low blood pressure								
			Cramps in your legs					10. FEMALES ONLY HAVE YOU EVER			
			Frequent indigestion								Been treated for a female disorder
			Stomach, liver, or intestinal trouble								Had a change in menstrual pattern
			Gall bladder trouble or gallstones								ARE YOU PREGNANT
			Jaundice or hepatitis								SUSPECT YOU ARE PREGNANT

11. WHAT IS YOUR USUAL OCCUPATION?

12. ARE YOU (Check one)

☐ Right handed ☐ Left handed

CHECK EACH ITEM YES OR NO EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE BELOW

YES	NO		YES	NO	
		13. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.			18. Have you ever had any illness or injury other than those already noted? *(If yes, specify when, where, and give details.)*
		B. Inability to perform certain motions.			19. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? *(If yes, give complete address of doctor, hospital, clinic, and details.)*
		C. Inability to assume certain positions.			
		D. Other medical reasons *(If yes, give reasons.)*			20. Have you ever been rejected for military service because of physical, mental, or other reason? *(If yes, give date, and reason, for rejections.)*
		14. Have you, ever been treated for a mental condition? *(If yes, specify when, where, and give details).*			
		15. Have you ever been denied life insurance? *(If yes, state reason and give details.)*			21. Have you ever been discharged from military service because of physical, mental, or other reasons? *(If yes, give date, reason, and type of discharge whether honorable, other than honorable, for unfitness or unsuitability.)*
		16. Have you had, or have you been advised to have, any operations? *(If yes, describe and give age at which occured.)*			
		17. Have you ever been a patient in any type of hospital? *(If yes, specify when, where, why, and name of doctor and complete address of hospital.)*			22. Have you ever received, is there pending, or have you applied for pension, or compensation for existing disability? *(If yes, specify what kind, granted by whom , and what amount, when, why.)*

EXPLANATION: (#13-22 ABOVE)

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record.

TYPED OR PRINTED NAME OF EXAMINEE	SIGNATURE

INTAKE SCREENING:

INMATE RECEIVED FROM: COURT ____ TRANSFER ____ P.V. _____

OTHER _____

MEDICAL STAFF'S COMMENTS AND OBSERVATIONS: PLEASE DIRECT YOUR ANSWERS TO MENTAL STATUS, POTENTIAL SUICIDE, APPEARANCE, CONDUCT, STATE OR CONSCIOUSNESS, RASHES, JAUNDICE, BRUISES AND/OR MARKS, SWEATING, BODY DEFORMITIES, ETC. NOTE OBSERVATIONS IN BLOCK 23 BELOW.

IF DRUGS HAVE BEEN USED, NOTE TYPE, HOW LONG, HOW MUCH, HOW OFTEN, HOW USED. WHEN WERE THEY LAST USED: HAVE THERE BEEN ANY PROBLEMS SINCE STOPPING THE USE OF DRUGS OR ALCOHOL? _____

DOES PATIENT NEED TO BE SEEN IMMEDIATELY BY THE MEDICAL STAFF YES ____ NO ____

WHAT ARRANGEMENTS HAVE BEEN MADE? _____

DUTY STATUS: TEMPORARY WORK ____ RESTRICTED _____

GENERAL POPULATION ____ YES ____ NO _____

TYPE AND EXTENT OF LIMITATION _____

23. Physician's summary and elaboration of all pertinent data *(Physician shall comment on all positive answers in item 6 through 22. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)*

Pt refused to conduct from Back S/Sc only?

22.2.5C 4-4-96
REVIEWED BY
G. THOMAS KRAUS MD

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS
L. Nichols, SRA	4/11/96	[signature] SOA	

REVERSE

SCU

BP-S354.060 **INTAKE SCREENING (MEDICAL)** CDFRM
NOV 94

U.S. DEPARTMENT OF JUSTICE **FEDERAL BUREAU OF PRISONS**

(Medical staff shall complete this screening form on all arrivals to the Institution)

Institution	Date of Arrival	Time of Arrival
USP TERRE HAUTE	7-13-99	1600

Inmate's Name	Register Number
TIMOTHY JAMES MCVEIGH	12076-064

MEDICAL CLEARANCE

1. BP-149(60) reviewed? ☒ yes; ☐ no (Explain)

2. General Population Housing Approved? ☒ yes; ☐ no (Specify limitation or need)

3. Approved for Temporary Work Assignment? ☐ yes; ☒ no (Specify limitations or exclusions)

   NOT UNTIL MEDICALLY EVALUATED

4. For Holdovers: OK for Continued Transport? ☒ yes; ☐ no (Explain)

5. Disabilities? ☐ yes ☒ no (If yes, enter code(s) into MDS)
   Code(s)

ANY RECENT TEST, EXAMS OR CONSULTS? YES/NO WERE RESULTS GIVEN? YES/NO

6. Remarks:
   LAST PPD:
   LICE: YES/NO
   SUICIDAL THOUGHTS: YES/NO
   MEDICAL C/O's
   MEDICATIONS: NONE/SEE 600
   ALLERGIES: NKDA/

Dr Hpp

Medical Staff Signature	Date	Time
[signature]	7-13-99	1635

Medical Staff Title

Record Copy - Inmate Central File; copy - file
(This form may be replicated via WP)

7-13-99
1600

Replaces BP-354(60) of APRIL 1990
and BP-S354 of AUG 1994

[signature]

Printed on Recycled Paper

BP-S354.060 **INTAKE SCREENING (MEDICAL)** CDFRM
NOV 94

U.S. DEPARTMENT OF JUSTICE **FEDERAL BUREAU OF PRISONS**

(Medical staff shall complete this screening form on all arrivals to the Institution)

Institution	Date of Arrival	Time of Arrival
USP Florence, ADX	8/14/97	1455 H

Inmate's Name	Register Number
McVEIGH, Timothy	12076-064

MEDICAL CLEARANCE

1. BP-149(60) reviewed? ☑ yes; ☐ no (Explain)

2. General Population Housing Approved? ☑ yes; ☐ no (Specify limitation or need)

3. Approved for Temporary Work Assignment? ☐ yes; ☑ no (Specify limitations or exclusions)
... until medically cleared.

4. For Holdovers: OK for Continued Transport? ☑ yes; ☐ no (Explain)

5. Disabilities? ☐ yes ☑ no (If yes, enter code(s) into MDS)
Code(s)

6. Remarks: PPD administered. Current meds: Famotidine 20 mg, 1 BID and Tagamet 400 mg, 1 TID. Noted some rashes over the neck areas. ⊖ pain; ⊖ pruritus - R/O Allergic rxn to vest. ⊕ Hx Hyperlipidemia; ⊕ Hx, Gastritis; High Coronary risk profile.

Medical Staff Signature	Date	Time
[signature]	8/14/97	1455 H

Medical Staff Title

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(This form may be replicated via WP)

Replaces BP-354(60) of APRIL 1990
and BP-S354 of AUG 1994

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U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

INTAKE SCREENING *(MEDICAL)*

(Medical staff shall complete this screening form on all arrivals to the institution)

INSTITUTION	DATE OF ARRIVAL	TIME OF ARRIVAL
	3-30-96	~~1945~~ 0130

INMATE'S NAME	REGISTER NUMBER
McVeigh, Timothy	3-30-96

MEDICAL CLEARANCE

[1] BP-149(60) REVIEWED? ☐ YES ☒ NO *(Explain):*

No Medical Files accompanied transfer.

[2] General Population Housing Approved? ☐ YES ☑ NO *(Specify limitation or need):*

Special Housing Unit

[3] Approved for Temporary Work Assignment? ☐ YES ☑ NO *(Specify limitations or exclusions):*

[4] For Holdovers: OK for Continued Transport? ☑ YES ☐ NO *(Explain):*

[5] Remarks: Full Exam completed Refusal of PPD & CBC, No Lice Seen

MEDICAL STAFF SIGNATURE	DATE
	960330 960404

MEDICAL STAFF TITLE	TIME
960330 - Clinical Director	0239

Prior Entries noted
L.R. Kowalski, MD

HEALTH SERVICE DEPT.
FCI ENGLEWOOD
8595 W. QUINCY AVE.
LITTLETON, CO. 80123

REVIEWED BY
G. THOMAS KRAUS MD
4-4-96

ORIGINAL - INMATE CENTRAL FILE
CANARY - FILE

BP-S354.060 **INTAKE SCREENING (MEDICAL)** CDFRM
NOV 94
U.S. DEPARTMENT OF JUSTICE **FEDERAL BUREAU OF PRISONS**

(Medical staff shall complete this screening form on all arrivals to the Institution)

Institution	Date of Arrival	Time of Arrival
FCI, ERE, OK	2 Feb 96	1400

Inmate's Name	Register Number
McVeigh, Timothy	17076-064

MEDICAL CLEARANCE

1. BP-149(60) reviewed? ☐ yes; ☑ no (Explain) None Made

2. General Population Housing Approved? ☑ yes; ☐ no (Specify limitation or need)

3. Approved for Temporary Work Assignment? ☑ yes; ☐ no (Specify limitations or exclusions)

4. For Holdovers: OK for Continued Transport? ☑ yes; ☐ no (Explain)

5. Disabilities? ☐ yes ☑ no (If yes, enter code(s) into MDS)
Code(s)

6. Remarks: FHM
No complaint No Medication
No Allergies

Medical Staff Signature	Date	Time
[signature]	2 Feb 96	1410

Medical Staff Title

M. ENGLAND, PA
FCI
EL RENO, OK

R.Z.K - 4-4-96
REVIEWED BY
G. THOMAS KRAUS MD

Record Copy - Inmate Central File; copy - file
(This form may be replicated via WP)

Replaces BP-354(60) of APRIL 1990
and BP-S354 of AUG 1994

BP-S354.060 **INTAKE SCREENING (MEDICAL)** CDFRM
NOV 94
U.S. DEPARTMENT OF JUSTICE **FEDERAL BUREAU OF PRISONS**

(Medical staff shall complete this screening form on all arrivals to the Institution)

Institution	Date
El Reno	[illegible]96

Inmate's Name

MCVEIGH
TIMOTHY JAMES 12076-064
W/M/D/04-23-1968
HT/602 WT/160 HR/BN EY/BL
CUSTODY/IN

M E D I C A L

1. BP-149(60) reviewed? ☐ yes; ☒ no
USM

2. General Population Housing Approved? ☐ yes; ☒ no (Specify limitation or need)
~~DOJ~~ do to security

3. Approved for Temporary Work Assignment? ☐ yes; ☒ no (Specify limitations or exclusions)

4. For Holdovers: OK for Continued Transport? ☒ yes; ☐ no (Explain)

5. Disabilities? ☐ yes ☒ no (If yes, enter code(s) into MDS)
Code(s)

6. Remarks: NOTE
Pt will fill out History form and give it to the Lt in SHU.

Medical Staff Signature	Date	Time
[signature]	5/11/95	10:40 AM

Medical Staff Title LESLIE NICHOLS, ASHA/SUPV.P.A. FCI EL RENO, OKLA.

Record Copy - Inmate Central File; copy - file
(This form may be replicated via WP)

5.2.95 4-4-96
REVIEWED BY
G. THOMAS KRAUS MD

Replaces BP-354(60) of APRIL 1990 and BP-S354 of AUG 1994

CLINICAL RECORD	DENTAL TREATMENT RECORD (Continuation)	
DATE	DIAGNOSIS - TREATMENT - REMARKS	SIGNATURE
3/16/00 1200 SC SHU	@cc "This tooth broke." @ Pt points to L #7. DL decay noted. MC decay also noted on #2. #7 had RCT done already. Minimal problems with #2. (A) Decay (P) 2% Xylo w/ 1:100,000 epi x 1, Dintfil, Prepped DL #7 and MC #2. Both preps Etch, Sealed. Dycal placed on #2. Tytin A11 mg #2. Herculite #7. R.D. SHEPHERD, DMD	

(Continued On Reverse Side)

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

REGISTER NO.	WARD NO.

U.S. PENITENTIARY
TERRE HAUTE
MEDICAL SERVICES

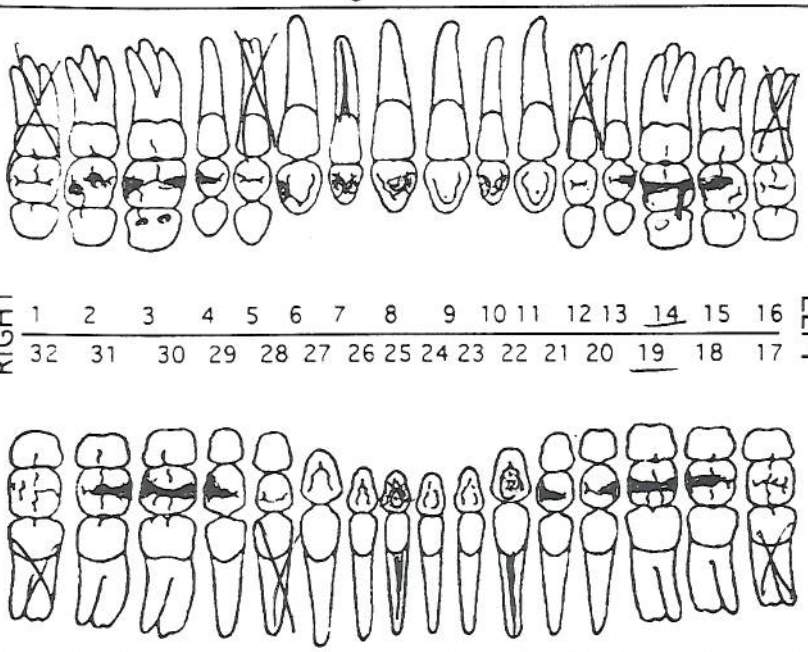
McVeigh, Tim
12076-064

DENTAL TREATMENT RECORD
HRSA-237 (4/95)
EF

BP-S618.060 **CLINICAL DENTAL RECORD** CDFRM
AUG 96

U.S. DEPARTMENT OF JUSTICE **FEDERAL BUREAU OF PRISONS**

Examination: ☐ Screening ☑ Comprehensive ☐ Periodic



Occlusion

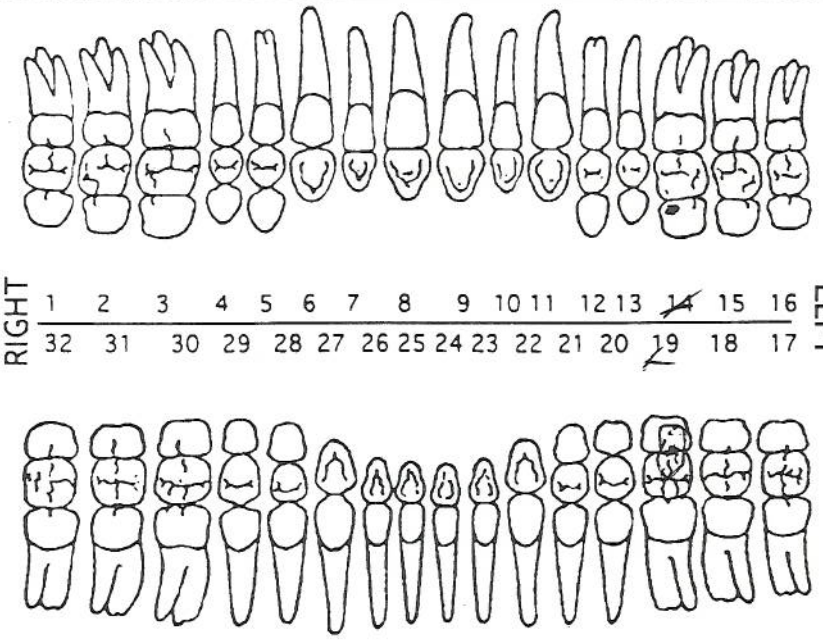
Oral Hygiene
Good → Fair Poor

CPITN

Head & Neck/Soft Tissue
WNL

Additional Findings
D: 2
M: ~~16~~
F: 15

Treatment Completed



Recommended Treatment Plan

☐ Radiographs

☐ Dental Prophylaxis
☐ Oral Hygiene Instruction

☐ Periodontal Evaluation 0 I II III

☐ Oral Surgical Procedures

☐ Endodontic

☑ Restorative
#14 - O
#19 - OL

☐ Prosthodontic Evaluation

Patient Name Number Sex: (M) F Age:

12076-064

McVeigh, Tim

UNITED STATES PENITENTIARY, ADX
P.O. BOX 8500
FLORENCE, CO 81226

Dentist Signature Date

R. SCHOPPERT, D.D.S. 12-24-98

Roy + Schoppert DDS