

NAME OF EMPLOYEE WILLIAMS, OWEN	AGENCY AD	<input type="checkbox"/> PRE-EMPLOYMENT <input checked="" type="checkbox"/> IN-SERVICE
EMPLOYEE NO.	DOB 1 / 22 / 20	<input type="checkbox"/> SPECIAL <input checked="" type="checkbox"/> EXAMINATION
DEPENDENT	DOB	D.C.

- ☒ 1. Meets required medical standards for full Foreign Service duty or Career appointment.
- ☐ 2. Meets required medical standards for Foreign Service duty at a post with adequate medical facilities.
- ☐ 3. Meets required medical standards for Foreign Service duty at non-altitude post with adequate medical facilities.
- ☐ 4. Meets required medical standards for Foreign Service duty at non-altitude post.
- ☐ 5. Does not meet required Medical Standards for any Foreign Service duty.
- ☐ 6. Cleared for separation or resignation.
- ☐ 7. Pending further examination or treatment as indicated below:
- | | | |
|--|---|---|
| <input type="checkbox"/> a. Consultation USA | <input type="checkbox"/> c. Hospital report | <input type="checkbox"/> e. Letter from attending physician |
| <input type="checkbox"/> b. Consultation Wash., D.C. | <input type="checkbox"/> d. Lab. Data | <input type="checkbox"/> f. Correction of medical problem |
- ☐ 8. Pending status -- cleared.

SIGNATURE OF EXAMINING OR REVIEWING DOCTOR

DATE

J. HEWITT, M.D.

7-16-64

FORM
8-63 DS-823

DEPARTMENT OF STATE
MEDICAL DIVISION
ABSTRACT OF MEDICAL REPORT

5 - Copy for Agency or Post