

FOREIGN SERVICE
UNITED STATES OF AMERICA
MEDICAL EXAMINATION OF VISA APPLICANTS

PLACE
American Embassy, Moscow, USSR
DATE OF EXAMINATION
May 24, 1962

At the request of the American Consul at
CITY Moscow COUNTRY USSR

I certify that on the above date I examined
NAME Marina N. OSWALD AGE 20 SEX F

I examined specifically for evidence of any of the following conditions:

CLASS A:

- TUBERCULOSIS (in any form)
- LEPROSY (Hansen's Disease)

DANGEROUS CONTAGIOUS DISEASES:

- | | | |
|---------------|---------------------------------|----------------------------|
| Actinomycosis | Granuloma Inguinale | Ringworm of scalp |
| Amebiasis | Keratoconjunctivitis infections | Schistosomiasis |
| Blastomycosis | Leishmaniasis | Syphilis, infectious stage |
| Chancroid | Lymphogranuloma Venereum | Trachoma |
| Favus | Mycetoma | Trypanosomiasis |
| Filariasis | Paragonimiasis | Yaws |
| Gonorrhea | | |

MENTAL CONDITIONS:

- | | | |
|--|---|---------------------------------------|
| Feeble-mindedness (mental deficiency) | Previous occurrence of one or more attacks of insanity | Mental defect |
| Insanity | Psychopathic personality | Narcotic drug addiction |
| | Epilepsy (Idiopathic) | Chronic alcoholism |
| | | (See proviso, sec. 347, USPTIS Re.,.) |

CLASS B:

Physical Defect, Disease, or Disability Serious in Degree or Permanent in Nature Amounting to a Substantial Departure from Normal Physical Well-Being.

CLASS C:

Minor Conditions.

(Check number (1) below or complete number (2))

My examination, including the X-ray and other reports below, revealed:

- (1) No defect, disease, or disability
- (2) Defect, disease, or disability, or previous occurrence of one or more attacks of insanity, as follows (give class—A, B, or C—diagnosis, and pertinent details*):

Chest X-ray report Negative

_____ from Dr. Soviet Polyclinic

Blood serological report Negative from Dr. Soviet Polyclinic

Urinalysis report _____ from Dr. _____

SIGNATURE OF MEDICAL/TECHNICAL ADVISOR
Alexis H. Davison
TITLE
Captain, USA F, MC
DATE OF FINAL NOTIFICATION

*Continue on reverse side if necessary.