

FORM #5-390 8-17-59 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
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I certify that on the above date I examined	NAME	Marina N. OSWALD	AGE	20	SEX	F
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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

Amebiasis

Blastomycosis

Chancroid

Favus

Filariasis

Gonorrhea

Granuloma Inguinale

Keratoconjunctivitis infections

Leishmaniasis

Lymphogranuloma Venereum

Mycetoma

Paragonimiasis

Ringworm of scalp

Schistosomiasis

Syphilis, infectious stage

Trachoma

Trypanosomiasis

Yaws

MENTAL CONDITIONS:

Feeble-mindedness

(mental deficiency)

Insanity

Previous occurrence of one or more

attacks of insanity

Psychopathic personality

Epilepsy (Idiopathic)

Mental defect

Narcotic drug addiction

Chronic alcoholism

(See proviso, sec. 34.7, USPHS Regs.)

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 EXAMINER'S ADVISOR Alexis H. Davison TITLE Captain, USNR, MC DATE OF EXAMINATION _____

*Continue on reverse side if necessary.