	1	N	OTE - SH	ADED AREAS TO I	BE COMPLE	TED BY INPUT A	CTIVITY		
1. COPY TO				RATING DECISION			2. FILE NUMBER		
3. TRANS. CODE 4. DATE OF ISSUE 5. LAST I				70		DEATH 7.	7. INITIALS AND SURNAME OF VETERAN		
B. TYPE OF RATING	MALE FEMALE	to BRANCH	11. ACTIV EOD 4-4-68	RAD 4-28-70	12. ADDTL. SVC. 1.WT. 2.PTE 3.SCD	13. DATE OF BIRTH (Mo., day, yr.)	14. COMBAT 1. NONE 2. COMP 3. NON COMP 4. BOTH	4	15. EMPLOYABILITY 1. EMPLOYABLE OR NOT AN ISSUE 2. UNEMPLOYABLE
1. COMPETENT OR (0 II NOT AN ISSUE (9 III		17. NO. OF S (0 through		18. FUTURE DATE CONTROLS					19. DATE OF THIS RATING 9-30-70
		(9 to Show 9 or more)		PHYSICAL EXAM. MO. YR. REASON NO Exam 01			ACT. MO. YR. REASON		
	,				NARRATIVE				

- J. OC received 6-16-70
- I. SC and eval of mult conditions
- F. On 1-18-69 in Vietnam he sustained mult fragment wounds on rt side of his body and an intraocular foreign body in the rt eye. This was removed, and he was evacuated for convalescence. He also had a perforation of both tympanic membranes at time of explosion. At Letterman General Hospital rt ear was found to have a healed perforation at 12:00. He had mult well-healed scars on rt arm and leg. Visual acuity was 20/80 in rt and 20/20 in 1t eye without correction. The rt pupil was dilated and fixed. He still had mult small fragments in stroma of cornea. The lens change was consistent with a traumatic cataract. There is a reaction of trauma to temporal area, rt. In about November 1967 he complained of headaches, but all exams were negative. On VA ear, nose and throat exam his only eye complaint is blurred vision on rt. VOD is 20/40 on rt with best correction and VOS is 20/20 unaided. Externally, there is a scar on the rt cornea perpendicular and well-healed. No redness in the globe. There is incipient lens change. Tympanic membranes intact but scarred and retracted. Audiometric exam reveals rt ear spondee 28, PB 961in Area B; 1t ear spondee 12, PB 94 in Area A. On VA orthopedic exam he complains if he gets hit over the back of the hand below the thumb the thumb becomes numb and hurts. If he uses his rt arm for much it gets a little area on the forearm that swells. There is extensive pepper spot tattooing over dorsum of rt hand and dorsum and lower one-half of forearm. There is also some minor pepper spotting on proximal rt arm in region of deltoid. On dorsum of rt forearm in mid