

SECRET
(When Filled In)

| REQUEST FOR MEDICAL EVALUATION | | 1. DATE OF REQUEST | | | | | | |
|--|---|---|---------|---------------|------------|---------------|--------------------------------|--|
| | | 6 November 1968 | | | | | | |
| 2. NAME (Last, First, Middle) | 3. POSITION TITLE | 4. GRADE | | | | | | |
| KURGVEL, Aleks | Transcriber | GS 12 | | | | | | |
| 5. OFFICE, DIVISION, BRANCH | 6. EMPLOYEE'S EXT. | | | | | | | |
| SB/S/PT | 6935 | | | | | | | |
| 7. PURPOSE OF EVALUATION | | | | | | | | |
| <input type="checkbox"/> PRE-EMPLOYMENT | <input type="checkbox"/> HQS/TDY | <table border="1"><tr><td>ETO</td></tr><tr><td>STATION</td></tr><tr><td>TDY OR PCS</td></tr><tr><td>TYPE OF COVER</td></tr><tr><td>NO. OF DEPENDENTS TO ACCOMPANY</td></tr><tr><td>NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED</td></tr></table> | ETO | STATION | TDY OR PCS | TYPE OF COVER | NO. OF DEPENDENTS TO ACCOMPANY | NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED |
| ETO | | | | | | | | |
| STATION | | | | | | | | |
| TDY OR PCS | | | | | | | | |
| TYPE OF COVER | | | | | | | | |
| NO. OF DEPENDENTS TO ACCOMPANY | | | | | | | | |
| NO. OF DEPENDENTS' REPORTS OF MEDICAL HISTORY (SF 89) ATTACHED | | | | | | | | |
| <input type="checkbox"/> ENTRANCE ON DUTY | <input type="checkbox"/> OVERSEAS ASSIGNMENT | | | | | | | |
| <input checked="" type="checkbox"/> TDY STANDBY | <input type="checkbox"/> RETURN FROM OVERSEAS | | | | | | | |
| <input type="checkbox"/> SPECIAL TRAINING | <table border="1"><tr><td>ETA</td></tr><tr><td>STATION</td></tr><tr><td>NO. OF DEP.'S</td></tr></table> | ETA | STATION | NO. OF DEP.'S | | | | |
| ETA | | | | | | | | |
| STATION | | | | | | | | |
| NO. OF DEP.'S | | | | | | | | |
| <input type="checkbox"/> ANNUAL | | | | | | | | |
| <input type="checkbox"/> RETURN TO DUTY | | | | | | | | |
| <input type="checkbox"/> FITNESS FOR DUTY | | | | | | | | |
| <input type="checkbox"/> MEDICAL RETIREMENT | | | | | | | | |
| 8. OVERSEAS PLANNING EVALUATION (One block must be checked) | | | | | | | | |
| <input checked="" type="checkbox"/> YES | SIGNATURE <i>E J</i> | | | | | | | |
| <input type="checkbox"/> NO | ROOM NO. & BUILDING | EXT. | | | | | | |
| | 4 D 0004 | 6935 | | | | | | |
| 10. COMMENTS | | | | | | | | |
| Subject is a contract employee with SB Div. QUALIFIED FOR TDY STANDBY UNTIL Jan 70 | | | | | | | | |
| 11. REPORT OF EVALUATION | | | | | | | | |
| DATE | SIGNATURE FOR CHIEF OF MEDICAL STAFF | | | | | | | |
| | <i>E J</i> | | | | | | | |

FORM 10-59 259 USE PREVIOUS EDITIONS.

SECRET

(20)
DECLASSIFIED AND RELEASED BY
CENTRAL INTELLIGENCE AGENCY
SOURCE METHOD EXEMPTION 3B2B
NAZI WAR CRIMES DISCLOSURE ACT
DATE 2006