

| REPORT OF CASUALTY                                                                                                                                                                                                                                                                             |  | REPORT NUMBER AND TYPE                                                                                                                                                       | DATE PREPARED<br>17 March 1967 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 1. SERVICE IDENTIFICATION (Name, Service Number, Grade or Rate, Component, Branch and Organization)                                                                                                                                                                                            |  |                                                                                                                                                                              |                                |
| JACOBSON, Russell Harold, Jr., 677 36 63, HN, USN DUSTA: SECOND BN NINTH MAR                                                                                                                                                                                                                   |  |                                                                                                                                                                              |                                |
| 2. CASUALTY STATUS <input checked="" type="checkbox"/> BATTLE <input type="checkbox"/> NON-BATTLE                                                                                                                                                                                              |  |                                                                                                                                                                              |                                |
| <u>WOUNDED IN ACTION</u> - 16 March 1967 vicinity of Thua Thien Province, South Vietnam;<br>Received gunshot wound right buttock with possible compound fracture right leg from<br><u>enemy rifle fire during patrol on operation CHINOOK II. Condition fair and prognosis</u><br><u>good.</u> |  |                                                                                                                                                                              |                                |
| 3. DATE AND PLACE OF BIRTH, RACE, RELIGIOUS PREFERENCE                                                                                                                                                                                                                                         |  |                                                                                                                                                                              |                                |
| 7 November 1946; New London, Connecticut; Race: Protestant                                                                                                                                                                                                                                     |  |                                                                                                                                                                              |                                |
| 4. DATE AND PLACE OF LAST ENTRY ON ACTIVE DUTY IN CURRENT STATUS AND HOME OF RECORD AT TIME                                                                                                                                                                                                    |  |                                                                                                                                                                              |                                |
| 5. SOCIAL SECURITY NUMBER, PAY GRADE, LENGTH OF SERVICE FOR PAY, BASIC PAY, INCENTIVE PAY                                                                                                                                                                                                      |  |                                                                                                                                                                              |                                |
| CHECK IF APPLICABLE<br><input type="checkbox"/> CREW <input type="checkbox"/> NON-CREW                                                                                                                                                                                                         |  |                                                                                                                                                                              |                                |
| 6. DUTY STATUS                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                              |                                |
| Active Duty                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                              |                                |
| 7. INTERESTED PERSONS (Name, Address, Relationship)                                                                                                                                                                                                                                            |  |                                                                                                                                                                              |                                |
| Russell Harold Jacobson 19 Laurel Circle Drive, Norwich, Connecticut. Father                                                                                                                                                                                                                   |  |                                                                                                                                                                              |                                |
| Marion Morris Jacobson Same Mother                                                                                                                                                                                                                                                             |  |                                                                                                                                                                              |                                |
| 8. REPORT FOR VA TO FOLLOW <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                                                                                            |  |                                                                                                                                                                              |                                |
| 9. REPORTING COMMAND AND DATE REPORT RECEIVED IN DEPARTMENT                                                                                                                                                                                                                                    |  |                                                                                                                                                                              |                                |
| 10. SELECTIVE SERVICE NUMBER, LOCAL BOARD, AND LOCATION (If unknown, enter date and place of first entry in Armed Services)                                                                                                                                                                    |  |                                                                                                                                                                              |                                |
| 11. PRIOR SERVICE DATA <input type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                                                                                                |  |                                                                                                                                                                              |                                |
| 12. REMARKS                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                              |                                |
| FOOTNOTES:<br>1 Adult next of kin.<br>2 Beneficiary for gratuity pay in event there is no surviving wife or child - as designated on record of emergency data.<br>3 Beneficiary for unpaid pay and allowances - as designated on record of emergency data.                                     |  |                                                                                                                                                                              |                                |
| 13. DISTRIBUTION                                                                                                                                                                                                                                                                               |  | 14. (SIGNATURE ELEMENT)<br>Certified to be a true Certification of Casualty.<br><i>Edmund D. Miller</i><br>Head, Casualty Branch<br>By direction of Chief of Naval Personnel |                                |

Finish File Pers-623



HEADQUARTERS  
3d Marine Division (Rein), FMF  
FPO San Francisco 96602

7C/GFM/gp  
1650/M-37  
17 Mar 1967

From: Commanding General  
To: Hospitalman Russell H. JACOBSON JR. 677 36 68/8404 USN  
Via: Commanding Officer, 2d Battalion, 9th Marines

Subj: Award of the Purple Heart Medal

Ref: (a) FMFPacO P1650.1A

Encl: (1) Purple Heart Medal

1. In accordance with the authority delegated by reference (a), the Commanding General, 3d Marine Division takes pride in awarding you the Purple Heart Medal.
2. Enclosed is the Purple Heart Medal for wounds received in combat action, while in support of the Forces of the Republic of Vietnam in their struggle with the insurgent communist (Viet Cong) forces, on 16 March 1967.
3. A permanent certificate will be issued to you by the Chief of Naval Personnel upon your request. It is recommended that you make application for this certificate from the Chief of Naval Personnel upon your return to CONUS.

W. B. KYLE

Copy to:  
BUPERS  
CG, FMFPac  
CO, 9thMar

EXEMPT REPORT

REC'D OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH

|                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    |                                                                    |                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------|
| DISPOSITION DATA                                                                                                                                               | HEADQUARTERS FIRST NAVAL DISTRICT, BOSTON, MASS on 26 FEB 68                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                    | the below-named individual was                                     |                                                             |
|                                                                                                                                                                | (Ship or Station)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (Location)                                         | (Date)                                                             |                                                             |
| ENLISTMENT DATA                                                                                                                                                | <input type="checkbox"/> DISCHARGED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> RELEASED FROM ACTIVE DUTY | <input type="checkbox"/> TRANSFERRED TO FLEET RESERVE              | <input type="checkbox"/> CLASS                              |
|                                                                                                                                                                | <input type="checkbox"/> RETIRED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> DECEASED                  | <input checked="" type="checkbox"/> TEMPORARILY PHYSICALLY RETIRED | <input type="checkbox"/> OTHER (Specify in remarks section) |
| TRAVEL DATA                                                                                                                                                    | This individual was: <input checked="" type="checkbox"/> RELEASED FROM ACTIVE DUTY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                    | <input type="checkbox"/> CONTINUED ON ACTIVE DUTY                  |                                                             |
|                                                                                                                                                                | REASON: Temporary Disability Retirement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                    | TYPE DISCHARGE CERTIFICATE: DD214-N                                |                                                             |
| MISCELLANEOUS DATA                                                                                                                                             | AUTHORITY: BuPers Mem 141323Z FEB 68 & Art. C-14202 BuPers Manual                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |                                                                    |                                                             |
|                                                                                                                                                                | HOME OF RECORD AT TIME OF ENLISTMENT, INDUCTION, OR ORDER TO ACTIVE DUTY: NORWICH, NEW LONDON, CONNECTICUT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                    |                                                                    |                                                             |
| DISBURSING DATA                                                                                                                                                | I hereby elect mileage allowance to: NOT SELECTED AT THIS TIME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                    |                                                                    |                                                             |
|                                                                                                                                                                | Place of: NOT APPLICABLE (Location)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |                                                                    |                                                             |
| DISBURSING DATA                                                                                                                                                | SIGNATURE: Russell H. Jacobson Jr. (See Travel Instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                    |                                                                    |                                                             |
|                                                                                                                                                                | Completed 12 years service for pay purposes on 21 OCT 67 PAYMENT OF DISCHARGE GRATUITY: <input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> DEFERRED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    |                                                                    |                                                             |
| DISBURSING DATA                                                                                                                                                | <p> <input type="checkbox"/> REQUESTED ON BOARD <input checked="" type="checkbox"/> SELECTED CASH SETTLEMENT ZERO (00) DAYS UNUSED LEAVE <input type="checkbox"/> ELECTED TO CARRY OVER UNUSED LEAVE TO NEW ENLISTMENT         </p> <p> <input type="checkbox"/> NOT SELECTED SETTLEMENT <input type="checkbox"/> ENTER CHECKAGE FOR DAYS EXCESS LEAVE FROM TO         </p>                                                                                                                                                                                                                                                                                                                       |                                                    |                                                                    |                                                             |
|                                                                                                                                                                | <p>           Selective Service [REDACTED]<br/>           Social Security Number [REDACTED]<br/>           Home Address for mail [REDACTED] Laurel Circle Dr., Norwich, CONN 06360<br/>           Released from active duty effective: 26 FEB 68<br/>           Placed on the Temporary Disability Retired List effective: 27 FEB 68<br/>           Percent of disability pay rated at NINETY (90)<br/>           Issued Armed Forces of the United States Report of Transfer or Discharge (DD214-N)<br/>           Final trait average upon release from active duty: 3.50<br/>           Overall trait average for military behavior: 3.60<br/>           Reenlistment Code: RE-3P         </p> |                                                    |                                                                    |                                                             |
| DISBURSING DATA                                                                                                                                                | <p>           The disbursing officer is authorized and directed to credit mileage allowances and other allowances as provided by law and regulations and to close accounts required in accordance with current instructions.         </p>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                    |                                                                    |                                                             |
|                                                                                                                                                                | <p>           SIGNATURE: R. D. STEWART<br/>           NAME AND TITLE: LT USN/MILPERSOFF IND., BY DIR.<br/>           C. O. ORDER NO.: 273-68<br/>           S. O. ORDER NO.: 65160         </p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    |                                                                    |                                                             |
| DISBURSING DATA                                                                                                                                                | MILEAGE ALLOWANCE CREDITED \$: NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |                                                                    |                                                             |
|                                                                                                                                                                | <p>           DUE AT DISCHARGE \$<br/>           PERSONAL FUNDS \$<br/>           GRATUITY CREDITED \$         </p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |                                                                    |                                                             |
| SHIP OR STATION: HEADQUARTERS FIRST NAVAL DISTRICT, BOSTON, MASSACHUSETTS 02210                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    |                                                                    |                                                             |
| <p>           NAME (Last) (First) (Middle) MOVING NO. DATE BRANCH AND CLASS<br/>           JACOBSON Jr. Russell Harold 677 36 68 HRC/E-4 NAVY/USN         </p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    |                                                                    |                                                             |

RECORD OF DISCHARGE, RELEASE FROM ACTIVE DUTY, OR DEATH

NAVPERS-601-14/NAVCOMPT-512 (REV. 4-59) 74 ☐  
S/N 0105-401-2202

|                            |                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                            |  |                                                                                          |  |  |                                                                      |  |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------|--|--|----------------------------------------------------------------------|--|
| PERSONAL DATA              | 1. LAST NAME - FIRST NAME - MIDDLE NAME<br><b>JACOBSON Jr., Russell Harold</b>                                                                                                                                          |  | 2. SERVICE NUMBER<br><b>677 36 68</b>                                                                                                                                                                                                                                                                      |  | <div style="background-color: black; width: 100px; height: 100px;"></div>                |  |  |                                                                      |  |
|                            | 3. DEPARTMENT, COMPONENT AND BRANCH OR CLASS<br><b>NAVY/USN</b>                                                                                                                                                         |  | 5A. GRADE, RATE OR RANK<br><b>HM3</b>                                                                                                                                                                                                                                                                      |  |                                                                                          |  |  | 5. DATE OF BIRTH<br>DAY: <b>16</b> MONTH: <b>MAR</b> YEAR: <b>67</b> |  |
|                            | 4. U. S. CITIZEN<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO                                                                                                                                 |  | 5B. PLACE OF BIRTH (City and State or Country)<br><b>NEW LONDON, CONN.</b>                                                                                                                                                                                                                                 |  |                                                                                          |  |  | 6. DATE OF BIRTH<br>DAY: <b>07</b> MONTH: <b>NOV</b> YEAR: <b>46</b> |  |
| SELECTIVE SERVICE DATA     | 7A. SELECTIVE SERVICE NUMBER<br><div style="background-color: black; width: 100px; height: 30px;"></div>                                                                                                                |  | 7B. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE<br><b>#24, NORWICH, CONN.</b>                                                                                                                                                                                                   |  | 8. DATE INDUCTED<br>DAY: <b>NA</b> MONTH: <b>NA</b> YEAR: <b>NA</b>                      |  |  |                                                                      |  |
|                            | 9. STATION OR INSTALLATION AT WHICH EFFECTED<br><b>HEADQUARTERS 1ND, BOSTON, MASS 02210</b>                                                                                                                             |  |                                                                                                                                                                                                                                                                                                            |  |                                                                                          |  |  |                                                                      |  |
|                            | 10. PERSON AND AUTHORITY<br><b>BuPers Manual Art. C-14202 &amp; BuPers Msg 141323Z FEB 68, Placed on the Temporary Disability Retired List-270</b>                                                                      |  | 11. EFFECTIVE DATE<br>DAY: <b>26</b> MONTH: <b>FEB</b> YEAR: <b>68</b>                                                                                                                                                                                                                                     |  |                                                                                          |  |  |                                                                      |  |
| TRANSFER OR DISCHARGE DATA | 12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND<br><b>2NDEN, 9th MARINES 3rd MARDIV (REIN) FM</b>                                                                                                                            |  | 13. CHARACTER OF SERVICE<br><b>HONORABLE</b>                                                                                                                                                                                                                                                               |  | 14. TYPE OF CERTIFICATE ISSUED<br><b>SEE REMARKS</b>                                     |  |  |                                                                      |  |
|                            | 15. DISTRICT AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED<br><b>NAVAL RESERVE MANPOWER CENTER, BANNERIDGE, MARYLAND 21905</b>                                                                                   |  | (RECORDS ONLY)                                                                                                                                                                                                                                                                                             |  | 16. REENLISTMENT CODE<br><b>RE-3P</b>                                                    |  |  |                                                                      |  |
|                            | 17. TERMINAL DATE OF RESERVE<br>DAY: <b>NA</b> MONTH: <b>NA</b> YEAR: <b>NA</b>                                                                                                                                         |  | 18. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION<br><input checked="" type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Enlistment) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER                                                              |  | 19. DATE OF ENTRY<br>DAY: <b>04</b> MONTH: <b>21</b> YEAR: <b>OCT 65</b>                 |  |  |                                                                      |  |
| SERVICE DATA               | 20. PRIOR REGULAR ENLISTMENTS<br><b>NONE</b>                                                                                                                                                                            |  | 21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC<br><b>HR-HS/E-1</b>                                                                                                                                                                                                                       |  | 22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State)<br><b>NORWICH, CONN.</b> |  |  |                                                                      |  |
|                            | 23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE<br>(Street, RFD, City, County, State and ZIP Code)<br><b>NORWICH, NEW LONDON, CONN.</b>                                                                         |  | 24. STATEMENT OF SERVICE                                                                                                                                                                                                                                                                                   |  | 25. YEARS MONTHS DAYS                                                                    |  |  |                                                                      |  |
|                            | 26. SPECIALTY NUMBER & TITLE<br><b>Hospital Corpsman (HM)</b>                                                                                                                                                           |  | 27. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER<br><b>079-Medical Assistant</b>                                                                                                                                                                                                                          |  | 28. TOTAL ACTIVE SERVICE<br><b>02 04 06</b>                                              |  |  |                                                                      |  |
| VA AND EMP. SERVICE DATA   | 29. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED<br><b>NATIONAL DEFENSE SERVICE MEDAL<br/>VIETNAM SERVICE MEDAL WITH THE FLEET MARINE CORPS COMBAT OPS INSIGNIA</b> |  | 30. EDUCATION AND TRAINING COMPLETED<br><b>ECC/BASIC MILITARY REQUIREMENTS<br/>ECC/PETTY OFFICER THIRD AND SECOND<br/>MTC/HOSPITALMAN<br/>ECC/HOSPITALMAN THIRD CLASS<br/>U.S. NAVAL HOSPITAL CORPS SCHOOL - FROM: 6 JAN 66 TO 14 APR 66<br/>FIELD MEDICAL SERVICE SCHOOL - FROM: 7 OCT 66 TO 8 NOV 66</b> |  | 31. MONTH ALLOTMENT<br><b>NA</b>                                                         |  |  |                                                                      |  |
|                            | 32. NON-PAY PERIODS LOST (Preceding Two Years)<br><b>ELIV: NONE<br/>TL: NONE</b>                                                                                                                                        |  | 33. DAYS ACCRUED LEAVE PAID<br><b>NONE</b>                                                                                                                                                                                                                                                                 |  | 34. AMOUNT OF ALLOTMENT<br><b>NA</b>                                                     |  |  |                                                                      |  |
|                            | 35. VA CLAIM NUMBER<br><b>NONE</b>                                                                                                                                                                                      |  | 36. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE<br><input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE                                                                                                                                              |  | 37. MONTH ALLOTMENT<br><b>NA</b>                                                         |  |  |                                                                      |  |
| REMARKS                    | 38. REMARKS<br><b>HIGH SCHOOL - 04<br/>NO CERTIFICATE ISSUED AT TIME OF SEPARATION<br/>EFFECTIVE DATE OF TEMPORARY RETIREMENT: 27 FEB 68</b>                                                                            |  |                                                                                                                                                                                                                                                                                                            |  |                                                                                          |  |  |                                                                      |  |
|                            | 39. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED<br><i>Russell H. Jacobson Jr.</i>                                                                                                                               |  |                                                                                                                                                                                                                                                                                                            |  |                                                                                          |  |  |                                                                      |  |
|                            | 40. SIGNATURE OF OFFICER AUTHORIZED TO SIGN<br><i>R. H. Stewart</i>                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                            |  |                                                                                          |  |  |                                                                      |  |
| AUTHENTICATION             | 41. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE<br>(Street, RFD, City, County, State and ZIP Code)<br><b>19 LAUREL CIRCLE DRIVE<br/>NORWICH, CONNECTICUT - 06360</b>                             |  | 42. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER<br><b>RE: LT STEWART, LTJG, USN<br/>MIL PERS OFF 1ND, BY DIR</b>                                                                                                                                                                                    |  |                                                                                          |  |  |                                                                      |  |
|                            |                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                            |  |                                                                                          |  |  |                                                                      |  |

Pers-E32-MH-ph  
19 Jun 73

From: Chief of Naval Personnel

To: HM3 Russell Harold JACOBSON, Jr., USN-RET  
August Hill, Apt C-2  
Mansfield Center, CT 06250

Subj: Purple Heart Certificate; forwarding of

Ref: (a) Your request of 18 May 73

Encl: (1) Purple Heart Certificate

1. The enclosure is forwarded in compliance with your request.

H. M. POWLUS  
By direction

FINISH FILE PERS 1

DR. DUPUY/AB

ROUGH TYPED: 12-8-67

ROUGH MEDICAL BOARD TO A PHYSICAL EVALUATION BOARD REPORT ON:

JACOBSON, Russell H. Jr.

*#113*  
USN/AD

6773663 J-370707

PRIMARY DIAGNOSIS: *#1*

Dg. 1. MULTIPLE FRAGMENTATION AND GUNSHOT WOUNDS OF RIGHT UPPER EXTREMITY, RIGHT BUTTOCK, RIGHT FLANK AND BOTH LOWER EXTREMITIES, #9060

Dg. 2. OPEN COMMINUTED FRACTURE OF LEFT TIBIA, #8230-833

Dg. 3. OPEN COMMINUTED FRACTURE OF LEFT FIBULA, #8230-838

Dg. 4. LEFT PERONEAL NERVE TRANSECTION, #9560-875

*Dg. 5. Penetrating wound to the abdomen*

This 21-year old ~~Guatemalan~~ male, USN/AD was admitted to the

sick list on 16 March 1967 in the Republic of Vietnam *where* he

sustained the above injuries. *He* ~~The patient~~ was ~~xxxxx~~ transferred

to Clark Air Force Base, Philippines from 16 March 1967 to

23 March 1967 where he was treated and ~~then transferred to~~

CONUS on 23 March 1967 *arriving* ~~and arriving~~ at the Naval Hospital, & Chelsea,

Massachusetts on 27 March 1967, with the ~~above diagnoses~~.

This patient has had no other previous Medical Boards.

This hospital corpsman was on patrol in the Republic of

Vietnam on 16 March 1967 when he sustained the above injuries.

*He* ~~He~~ was taken to ~~D. 2177~~ *in the* Republic of Vietnam where his

wounds were debrided and then he was transferred to the USS Repose

*He sustained a* ~~where examination revealed a laceration of the left peroneal nerve injury~~

*and intra-abdominal shrapnel fragments by x-ray were discovered*

*along with a compound left tibial and fibular fracture. X-RAYS REVEALED*

*INTRA-ABDOMINAL SHRAPNEL FRAGMENTATION* ~~He was~~ taken to Surgery where he was debrided, had a negative exploratory

laparotomy *with AN* ~~incidental appendectomy, was~~ *his wounds were*

*Multiple transfusions of whole blood were given. He was* ~~transferred to~~ *Clark Air Force Base on 23 March 1967* ~~at~~ *Clark Air Force Base*

(OVER)

SUBJECT: JACOBSON, Russell H. Nxx Hx Jr. HN/USN/AD 6773663 J-370707

*a wound of*  
~~revealed soft tissue necrosis and loss of the entire gluteus medius and minimus on the right and multiple penetrating wounds were noted throughout the iliac crest with obvious sinus tract formation.~~

*IN THE PHILIPPINES*

~~At this time a wide debridement was carried out. Wounds X-12445.~~

*OF THE RIGHT*  
~~of the compound tibial fracture showed early bone necrosis and cyst formation. Bone fragments were left and muscles were widely debrided.~~  
*this wound was also debrided further.*

~~The routine laboratory results were within normal limits with the exception of the complete blood count which revealed a WBC white blood count of 14,000 with a shift to the left, hematocrit-31, hemoglobin-9.8. The x-ray reports at this time stated that the chest film was essentially negative. The pelvis; ~~revealed~~ *REVEALED* innumerable metallic fragments overlying the right half of the pelvis and the right hip joint with ~~apparent~~ *apparent* severe soft tissue injury associated with these metallic fragments which measure up to ~~an~~ 10 mm in diameter. There does not seem to be any significant associated bone injury at this time. Left Lower Leg, The AP and lateral views through plaster show a comminuted fracture of the upper shaft of the tibia which appears to be in good alignment in both projections and there is a fracture of the proximal third of the shaft of the fibula with the distal fragment displaced anteriorly ~~with~~ the width of the shaft in the lateral projection. The alignment in the AP projection is good. AP views of 3 October 1967 shows some deformity of the head of the femur on the right which lies in the upper portion of the acetabulum with the joint space obliterated in this area.~~

(CONT:)

(CONT:)

SUBJECT: JACOBSON, Russell H. Jr. HN/USN/AD 6773663 J-370707

The AP and lateral views of the left tibia show extensively comminuted fractures of the junction of the upper and middle thirds of the tibial shaft and a fracture of the upper third of the shaft of the fibula. There is only slight evidence of healing at the tibial fracture site although the comminuted fracture fragments are partially united with a large defect in the shaft of the tibia at the fracture site which is not filled in. The defect measures 5.5x2 cm in size. The distal portion of the fibula is displaced anteriorly the width of the shaft and there is about 3 cm of overriding present at the fracture site. There appears to be some minimal fusion present at the proximal end of the distal fragment.

The physical examination on admission revealed a well-nourished, well-developed, Caucasian male in pain from the right hip area. A long cast on the left leg and a large bandage over the right hip and flank, wrapped right lower extremity and bandages on the right arm.

The patient's physical findings were compatible with the

Wounds described in the present history.

R ROUTINE LABORATORY EXAMINATION ON ADMISSION WAS NORMAL.  
R The patient was treated in this hospital with multiple debridements of his wounds, split-thickness grafts and plaster cast changes. The patient's course was that of gradual progressive improvement for the first six months as he was kept immobilized in a spica cast in order to attain healing of his left leg and fusion of his right hip. The patient

(OVER)

SUBJECT: JACOBSON, Russell H. HN/USN /AD 6773663 J-370707

-----  
 developed a kidney stone and pyelonephrosis which <sup>subsequently</sup> required a RIGHT nephrectomy ~~for treatment~~. Since the latter operation the patient has been progressively improving.

Present Status: The patient has multiple scars over his right upper extremity, back, right buttock and lower extremity ~~fx~~ from the multiple ~~fx~~ <sup>shell</sup> fragmentation wounds. There is also a long nephrectomy scar over his right flank area and three surgical scars of the ~~right~~ <sup>left</sup> leg measuring 24 cm ~~long~~, 12 cm ~~long~~ and 22 cm in length. The right hip is fused in 15 degrees of flexion. The right

KNEE JOINT ~~KNEE~~ ~~leg~~ can only be flexed to 50 degrees and extended to 0 degrees. THE QUADRICEPS ~~GRADE AS FAIR~~ <sup>be</sup> ~~TO GOOD~~ <sup>THE</sup> ~~THE RIGHT HIP IS FUSED IN 15 DEGREES OF FLEXION. THE RIGHT~~

~~THE RIGHT FOOT CAN BE PLANTAR FLEXED~~ The right foot can be plantar flexed to 45 degrees but lacks 10 degrees of dorsiflexion in order to ~~reach~~ the neutral position. <sup>PLANTAR FLEXION OF THE RIGHT FOOT IS</sup> ~~THE PATIENT HAS STRONG PLANTAR FLEXION OF~~ <sup>GRADE AS GOOD</sup> ~~AND DORSIFLEXION IS GRADE AS POOR~~ the right foot with very weak dorsiflexion. The hamstrings are

<sup>GRADE AS POOR</sup> ~~markedly weakened and~~ The right ankle is swollen with a plus 3 edema. The right medius and gluteus maximus <sup>GLUTEUS</sup> ~~are missing on the right~~ <sup>GRADE AS 0</sup>

~~on that side.~~ The left thigh can be flexed to a 90 degree <sup>AND</sup> ~~position~~ <sup>EXTENDS TO 150</sup> ~~with normal extension.~~ The left ~~leg~~ <sup>KNEE JOINT FLEXES</sup> ~~can be flexed only to a 90 degree S~~ <sup>AND EXTENDS TO 0</sup> ~~position with normal extension.~~ The left lower extremity is 1 "

shorter than ~~the~~ the right, ~~lower extremity.~~ The left tibial and fibular fractures have healed <sup>WITH AN INTERNAL ROTATION</sup> ~~with internal rotation of~~ <sup>DEFORMITY OF</sup> ~~approximately 20 degrees.~~ Dorsiflexion of the left foot <sup>GRADE AS POOR</sup> ~~is weak,~~ <sup>AND</sup> ~~plantar flexion is absent.~~ <sup>AS 0.</sup> The patient has complete anesthesia

(CONT.)

(CONT:)

SUBJECT: JACOBSON, Russell H. HN/USN/AD 6773663 J-370707

of the dorsal portion of his left foot compatible with ~~that of~~ <sup>THE DISTRIBUTION</sup>  
~~OF THE~~ <sup>OF THE</sup> peroneal nerve ~~palsyx innervationx transaction~~. The dorsal surface  
of the right foot is anesthetic only on the medial ~~xxdx~~ portion  
from the great toe to the ankle. The patient is now ambulating  
with crutches, <sup>AND HE WEARS A FOOT DROP BRACE ON THE LEFT</sup>  
~~with a moderate amount of disability~~ <sup>AND HE WEARS A FOOT DROP BRACE ON THE LEFT</sup>  
~~fixed~~ <sup>fixed</sup> ~~right hip and left leg~~ <sup>right hip and left leg</sup> ~~inflexionx~~ <sup>inflexionx</sup> ~~from~~ <sup>from</sup> The patient has  
~~been measured for a drop foot brace.~~

The patient appeared before a Medical Board who concurred with the above findings and ~~diagnoses~~ diagnoses.

It ~~is~~ ~~xxx~~ is the recommendation of the Medical Board that the patient appear before a Physical Evaluation Board.

There is no ~~discretionary~~ disciplinary action pending in this case.

~~KNOWING ADDITIONAL DIAGNOSIS: D8.5. RENAL CALCULI, #~~

~~Additional Data: D<sub>95</sub> renal cell carcinoma~~

J. W. HOWARD,  
CAPT MC USN  
CHIEF, ORTHOPAEDICS

W. J. Fenning  
(Another Member Please)

T. DUPUY,  
LT MC USN

20784

CLINICAL RECORD

DIAGNOSTIC SUMMARY

DATE OF ADMISSION

DATE OF DISCHARGE

NUMBER OF DAYS HOSPITALIZED

3/27/67

CLINICAL DIAGNOSES

T-99<sup>2</sup>

P-

R-

B/p

HT 6'0"

WT. 150 lbs

- 1) M F & G S Ws of Right upper extremity, @ buttocks, @ flank & both lower extremities - 9060
- 2) Open comminuted fx of left tibia & fibula - 8230
- 3) Left peroneal nerve transected - 1566-875
- 4) Acute Nephrositis @ - 4020

No Known Allergies

Discharged 7 Dec 67

OPERATIONS

1. Multiple debridements & skin graftings - 858
2. Nephrectomy - 504
2. Nephrectomy - 521

Case 11/7/46

THERAPEUTIC PROCEDURES AND OTHER FACTORS OF CLINICAL INTEREST

|                             | YES | NO | CLINICAL RESEARCH STUDY |
|-----------------------------|-----|----|-------------------------|
| HOSPITAL ACQUIRED INFECTION |     |    |                         |
| REPORT SUBMITTED            |     |    | SUBJECT                 |
| INFECTION COMMITTEE REVIEW  |     |    | PROJECT CODE SHEET      |

PATHOLOGICAL DIAGNOSES

|                                                                                         |                                                                                                                                                 |                                                    |                                  |
|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------|
| CAUSE OF DEATH<br><br>(Do not enter more than one cause per line for items a, b, and c) | THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC., IT MEANS THE DISEASE, INJURY, OR COMPLICATIONS WHICH CAUSED DEATH. | Ia. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH |
|                                                                                         | ANTECEDENT CAUSES<br>MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (ITEM b) STATING THE UNDERLYING CAUSE LAST.                      | b. DUE TO (OR AS CONSEQUENCE OF)                   |                                  |
|                                                                                         | THIS MEANS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.                                      | c. DUE TO (OR AS CONSEQUENCE OF)                   |                                  |
|                                                                                         |                                                                                                                                                 | II. OTHER SIGNIFICANT CONDITIONS                   |                                  |

SIGNATURE OF PHYSICIAN

DATE

IDENTIFICATION NO.

ORGANIZATION  
CHIEF

PATIENT'S IDENTIFICATION

(For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

WARD NO.

6772163

DIAGNOSTIC SUMMARY

Standard Form 501

MEDICAL BOARD STATEMENT OF PATIENT /  
NAVMED 6100/2 (3-65) 0105-208-2000

U. S. NAVAL HOSPITAL

QUINCY, MASSACHUSETTS 02150

STATEMENT OF PATIENT  
CONCERNING THE FINDINGS OF A MEDICAL BOARD

I have been informed of the findings of the medical board of \_\_\_\_\_  
(date)  
in my case that my present condition is unfit for duty  
(Board's finding)  
and of the recommendation of the Board that I appear before a Physical  
Evaluation Board

Having been informed of the findings and recommendation of the Board, I  
do (not) desire to submit a statement in rebuttal.

Signed:

*Russell Harold Jackson, Jr.*  
Russell Harold JACKSON, JR., HSB/007  
H213/452

Witnessed: \_\_\_\_\_

## CLINICAL RECORD

## PHYSICAL EXAMINATION

| DATE OF EXAM. | HEIGHT | WEIGHT  |         |          | TEMPERATURE | PULSE                                        | BLOOD PRESSURE |
|---------------|--------|---------|---------|----------|-------------|----------------------------------------------|----------------|
|               |        | AVERAGE | MAXIMUM | PRESENT  |             |                                              |                |
| 4-4-68        | 6'     |         |         | 122 lbs. | 98          | 76<br>Respirations: 130/80<br>10 and regular |                |

INSTRUCTIONS.—Describe (1) General Appearance and Mental Status; (2) Head and Neck (General); (3) Eyes; (4) Ears; (5) Nose; (6) Mouth; (7) Throat; (8) Teeth; (9) Chest (General); (10) Lungs; (11) Cardiovascular; (12) Abdomen; (13) Hernia; (14) Genitalia; (15) Rectum; (16) Prostate; (17) Back; (18) Extremities; (19) Neurological; (20) Skin; (21) Lymphatics.

GENERAL APPEARANCE AND MENTAL STATUS: The patient is a thin, cachectic looking boy, walking with a cane, with a left short leg brace, limping to the right. He is pleasant and cooperative.

HEENT: Is within normal limits.

NECK: Is negative.

CHEST: Is clear to P&A.

HEART: No cardiomegaly. Normal sinus rhythm. No murmurs.

ABDOMEN: Midline scar from the pubis to the umbilicus. Scar in the right flank. Multiple scars over the right flank area, secondary to injury. Severe scarring over the right hip. There is no gluteal muscle on the right hip and buttock area. No liver or spleen felt. No tenderness.

HERNIA: No hernias.

GENITALIA: Normal.

RECTUM: Rectal examination not done.

EXTREMITIES: The patient has a left short leg brace. There is a 3 cm. open, draining area with bone exposed. The bone can be moved with an instrument. The drainage is sero-sanguinous and purulent. Full range of motion with weakness of the left dorsiflexion of his foot. Right leg - he has 30 degree flexion of his right hip, unable to move it in other ways. There is no tenderness on palpation but tenderness on movement in the medial aspect of the hip. The left knee can only be flexed to 45 degrees. There is no tenderness. Muscle power is adequate.

NEUROLOGICAL: Is within normal limits, except for weakness of the dorsiflexion of his left foot.

INITIAL IMPRESSION: Multiple war injuries, post tibial fracture (left)  
Multiple injuries of the right hip, with loss of gluteal muscles.  
Post right nephrectomy.  
Post laparotomy.  
Left peroneal nerve injury with weakness.  
Osteomyelitis of left tibia with sequestra and malnourishment, secondary to above.

Trans. 4-8-68

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

Approved by:

MAURICE E. PIKE, M.D.

JACOBSON, RUSSELL H. [REDACTED] 1  
604721 [REDACTED] 474768  
CIB. NORWICH, CT. 06360 P S M  
RUSSELL FATHER [REDACTED]  
SAME ADD. TE [REDACTED]

Dictated by: [REDACTED]  
REGISTER NO. [REDACTED]

VICTOR E. AGOSTA, M.D.

PHYSICAL EXAMINATION

Standard Form 506

506-104

VA HOSP

TWGT

CON.

CLINICAL RECORD

HISTORY—Part 1

NATURE AND DURATION OF COMPLAINTS (Include circumstance of admission)

CHIEF COMPLAINT: Draining sinus, left leg.

HISTORY OF PRESENT ILLNESSES

The patient is a 22 year old, VeitNam corpsman, wounded March, 1967, Kae Sanh, VietNam, by bullets and hand grenade. He had his right buttock blown away with some multiple shrapnel wounds of his hip, contusion of his right kidney, fracture of the left tibia. He had an exploratory laparotomy, which was negative and an appendectomy was done. The right hip became infected, which was treated open and he had a self effusion of his right hip. For the left tibial fracture he was put in a bilateral spica cast and left tibial fracture healed on its own. He has been treated in Chelsea Naval Hospital in Boston. In September of 1967 he started getting pain in his right CVA area and IVP revealed non-functioning kidney on the right with multiple calcifications. In retrospect it seemed that he had contusion of his right kidney and calcifications forming in it, secondary to his long bed rest. The patient weighed 180 pounds at the time of his injury and weighed 80 pounds until three months ago. He was discharged in January of 1968 from the Chelsea Hospital and has been followed there since then. In February he had draining from his left tibia again. This was treated locally and he was told that nothing would be done at this time and that it should be followed. At the same time he was found to have some pus in his kidneys. He has been treated with Gantrisin since then. He has now gained up to 122 pounds but his normal weight is 150 to 160 pounds.

At the present time the patient is active. He moves around and walks around a lot but his severe pain in his right hip, requiring 8 Darvon a day. He has no pain in his left leg. He has a short leg brace on his left leg does not get any pain, even at the end of the day. The patient has been on a low calcium diet because of the stones that were formed in his right kidney. He was told to get off the low calcium diet on his last visit to Chelsea Naval Hospital. He neglected to do so for the fear of reforming stones in his left kidney.

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

WARD NO.

JACOBSON, RUSSELL H. JR.

604781 SU

1. NORWICH, CT. 06360 P S M

SAME ADD.

TEL

AVY 6773668 10/17/68 2/26/68 OP

R. 160 HRO

HISTORY—Part 1

Standard Form 504  
504-105

VA HOSP  
HWSH  
CON.

PATIENT'S NAME JACOBSON, Russell H. AGE 21 SEX M WARD NO. 1 NAME OF HOSPITAL VA Hospital, Newington, Connecticut

DIAGNOSES (List and number in order of clinical importance all established diagnoses for which treatment was given. Place the letter "X" before the one diagnosis responsible for the major part of the patient's stay.)

ICDA CODE

- \* 1) Osteomyelitis, <sup>chronic</sup> left tibia with sequestrum, secondary to war injury.  
2) Left footdrop. <sup>Past traumatic</sup>

730.1  
749.7

Final Summary Sent 6-17-68  
To HTER, ST. --- R.O. (Base)

Major diagnoses noted but not treated 3) Bony ankylosis of right hip with loss of gluteal muscles, secondary to war injury.

- 4) Status post right nephrectomy.  
5) Status post exploratory laparotomy.  
6) Status post appendectomy.

OPERATIONS PERFORMED AT THIS HOSPITAL DURING CURRENT ADMISSION

DATE

- 1) Sequestrectomy; debridement of osteomyelitic wound, left tibia with insertion of drains for continuous irrigation.

4-9-68

80.0

SUMMARY (Brief statement should include, if applicable, history, pertinent physical findings, course in hospital, treatment given, condition at discharge, date patient can resume pre-hospital activity, recommendations for follow-up treatment, medications furnished at discharge, and competency opinion.)

This is a 21 year old Vietnam veteran who was wounded in March of 1967, by bullets and hand grenade. He had his right buttock blown away with multiple shrapnel wounds of this hip, contusions of the right kidney and compound fracture of the left tibia. Initial exploratory laparotomy was negative. Incidental appendectomy was performed. The right hip became infected--this cleared and the hip fused spontaneously, leaving him with only 30 degrees of forward flexion. Treatment at one time consisted of a bilateral spica cast. He has been followed at Chelsea Naval Hospital. The right kidney was subsequently removed at Chelsea when it was found to be non-functioning by intravenous pyelogram. On physical examination, the patient was 6 feet tall, weight 122 pounds. He was very thin and cachectic-looking. He walked with a cane and left short leg brace and obviously with fusion of the right hip. He was alert and co-operative. Examination was negative but for prominent midline scar of the abdomen, from pubis to umbilicus, as well as right flank scar. There was severe scarring of the right hip. The right hip was capable of 30 degrees of flexion only. The knee and ankle performed normally. On the left leg, there was a 3.0 cm., open, draining area with bone exposed. The bone was able to be moved freely with an instrument. The drainage was noted to be serosanguineous and purulent. There was a left footdrop. Admission hemogram revealed a white count of 4,000, hematocrit of 45.5. The differential was unremarkable, sed rate only 3. Initial cultures of the wound of the left leg showed only Serratia species. Subsequently, from the operating room, this wound grew out Serratia and Klebsiella. Further drainage was noted and Pseudomonas was grown at that time. He continued to show Pseudomonas aeruginosa until the 25th of April when Aerobacter was reported. Pseudomonas was again reported on the 3rd of May and by May 20th there was no growth from his left tibial wound. On April 9th, the

| ADMISSION DATE | DISCHARGE DATE | TYPE OF DISCHARGE | INPATIENT DAYS | SIGNATURE OF PHYSICIAN   |
|----------------|----------------|-------------------|----------------|--------------------------|
| 4-4-68         | 5-20-68        | MHB (MHB)         | 46             | NORMAN H. HIGGINS, M. D. |

VA Form 10-1000  
NOV 1965

EXISTING STOCK OF VA FORM 10-1000,  
NOV 1964, WILL BE USED.

VAF 10-1004 COMPLETED

HOSPITAL SUMMARY

APPROVED:

|                                                    |                                  |                            |                    |
|----------------------------------------------------|----------------------------------|----------------------------|--------------------|
| <b>TRANSMITTAL OF AND/OR ENTITLEMENT TO AWARDS</b> | NPRC CASE NUMBER<br>C-0007275605 | EXAMINER CODE<br>JBRASSELL | DATE<br>04/28/2026 |
| NAME<br>RUSSELL HAROLD JACOBSON JR                 | SERVICE NO/SSN<br>6773668        | BRANCH<br>US NAVY          | RECORD GROUP       |

A REVIEW OF THE OFFICIAL MILITARY PERSONNEL FILE INDICATES ENTITLEMENT TO THE FOLLOWING AWARDS OR DEVICES

☐ PREVIOUSLY ISSUED AWARDS ARE INDICATED BY A # SYMBOL
☐ REPLACEMENT SET PREVIOUSLY PROVIDED (\*\* LIST ONLY \*\*)

| AVAILABLE FOR ISSUANCE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| <div style="display: flex; justify-content: space-between; font-weight: bold; font-size: small;"> <span><input type="checkbox"/> Medal of Honor</span> <span><input type="checkbox"/> World War II Victory Medal</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span><input type="checkbox"/> Navy Cross</span> <span><input type="checkbox"/> Navy Occupation Service Medal (w/ Europe or Asia Clasp)</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span><input type="checkbox"/> Defense Distinguished Service Medal</span> <span><input checked="" type="checkbox"/> National Defense Service Medal</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span><input type="checkbox"/> Distinguished Service Medal</span> <span><input type="checkbox"/> Korean Service Medal</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span><input type="checkbox"/> Silver Star Medal</span> <span><input type="checkbox"/> Antarctica Service Medal</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span><input type="checkbox"/> Defense Superior Service Medal</span> <span><input type="checkbox"/> Armed Forces Expeditionary Medal</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span><input type="checkbox"/> Legion of Merit</span> <span><input checked="" type="checkbox"/> Vietnam Service Medal W/FLEET MC INSIGNIA</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span><input type="checkbox"/> Distinguished Flying Cross</span> <span><input type="checkbox"/> Southwest Asia Service Medal</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span><input type="checkbox"/> Navy and Marine Corps Medal</span> <span><input type="checkbox"/> Kosovo Campaign Medal</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span><input type="checkbox"/> Bronze Star Medal</span> <span><input type="checkbox"/> Afghanistan Campaign Medal</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span><input checked="" type="checkbox"/> Purple Heart</span> <span><input type="checkbox"/> Iraq Campaign Medal</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span><input type="checkbox"/> Defense Meritorious Service Medal</span> <span><input type="checkbox"/> Inherent Resolve Campaign Medal</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span><input type="checkbox"/> Meritorious Service Medal</span> <span><input type="checkbox"/> Global War on Terrorism Expeditionary Medal</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span><input type="checkbox"/> Air Medal</span> <span><input type="checkbox"/> Global War on Terrorism Service Medal</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span><input type="checkbox"/> Joint Service Commendation Medal</span> <span><input type="checkbox"/> Korea Defense Service Medal</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span><input type="checkbox"/> Navy and Marine Corps Commendation Medal</span> <span><input type="checkbox"/> Armed Forces Service Medal</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span><input type="checkbox"/> Joint Service Achievement Medal</span> <span><input type="checkbox"/> Humanitarian Service Medal</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span><input type="checkbox"/> Navy and Marine Corps Achievement Medal</span> <span><input type="checkbox"/> Military Outstanding Volunteer Service Medal</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span><input type="checkbox"/> Combat Action Ribbon</span> <span><input type="checkbox"/> Sea Service Deployment Ribbon</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span><input type="checkbox"/> Presidential Unit Citation</span> <span><input type="checkbox"/> Navy Arctic Service Ribbon</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span><input type="checkbox"/> Joint Meritorious Unit Award</span> <span><input type="checkbox"/> Navy Reserve Sea Service Ribbon</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span><input type="checkbox"/> Navy Unit Commendation</span> <span><input type="checkbox"/> Navy and Marine Corps Overseas Service Ribbon</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span><input type="checkbox"/> Meritorious Unit Commendation</span> <span><input type="checkbox"/> Navy Recruiting Service Ribbon</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span><input type="checkbox"/> Navy "E" Ribbon</span> <span><input type="checkbox"/> Marine Corps Recruiting Ribbon</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span><input type="checkbox"/> Prisoner of War Medal</span> <span><input type="checkbox"/> Marine Corps Drill Instructor Ribbon</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span><input type="checkbox"/> Navy Good Conduct Medal</span> <span><input type="checkbox"/> Marine Corps Security Guard Ribbon</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span><input type="checkbox"/> Marine Corps Good Conduct Medal</span> <span><input type="checkbox"/> Navy Accession Training Service Ribbon</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span><input type="checkbox"/> Naval Reserve Meritorious Service Medal</span> <span><input type="checkbox"/> Marine Corps Combat Instructor Ribbon</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span><input type="checkbox"/> Selected Marine Corps Reserve Medal</span> <span><input type="checkbox"/> Armed Forces Reserve Medal</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span><input type="checkbox"/> Navy Fleet Marine Force Ribbon</span> <span><input type="checkbox"/> Naval Reserve Medal</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span><input type="checkbox"/> Navy Expeditionary Medal</span> <span><input type="checkbox"/> Navy Rifle (Expert / Sharpshooter / Marksman)</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span><input type="checkbox"/> Marine Corps Expeditionary Medal</span> <span><input type="checkbox"/> Navy Pistol (Expert / Sharpshooter / Marksman)</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span><input type="checkbox"/> China Service Medal (Extended)</span> <span><input type="checkbox"/> Navy Ceremonial Duty Ribbon</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span><input type="checkbox"/> American Defense Service Medal (w/Base or Fleet Clasp)</span> <span><input type="checkbox"/> Navy Basic Military Training Honor Graduate Ribbon</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span><input type="checkbox"/> American Campaign Medal</span> <span><input type="checkbox"/> Honorable Discharge Button</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span><input type="checkbox"/> European-African-Middle Eastern Campaign Medal</span> <span><input type="checkbox"/> Honorable Reserve Discharge Button</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span><input type="checkbox"/> Asiatic Pacific Campaign Medal</span> <span><input type="checkbox"/> Honorable Service Lapel Pin (Ruptured Duck)</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span><input type="checkbox"/> World War I Victory Medal</span> </div> | <div style="display: flex; justify-content: space-between; font-weight: bold; font-size: small;"> <span>FOREIGN AWARDS:</span> <span>FOREIGN AWARDS CONTINUED:</span> </div> <div style="display: flex; justify-content: space-between; font-size: x-small; margin-top: 5px;"> <span><i>The Department of Navy is NOT authorized to issue or reissue Foreign Awards however authorized awards may be purchased from commercial sources.</i></span> <span><i>The Department of Navy is NOT authorized to issue or reissue Foreign Awards however authorized awards may be purchased from commercial sources.</i></span> </div> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <div> <input type="checkbox"/> Philippine Republic Presidential Unit Citation<br/> <input type="checkbox"/> Philippine Defense Ribbon<br/> <input type="checkbox"/> Philippine Independence Ribbon<br/> <input type="checkbox"/> Republic of Korea Presidential Unit Citation<br/> <input type="checkbox"/> Republic of Vietnam Meritorious Unit Citation (Gallantry Cross Color w/Palm)<br/> <input type="checkbox"/> Republic of Vietnam Meritorious Unit Citation (Civil Actions First Class Color w/Palm) </div> <div> <input type="checkbox"/> Philippine Liberation Ribbon<br/> <input type="checkbox"/> Vietnam Presidential Unit Citation </div> </div> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <div> <input type="checkbox"/> United Nations Service Medal<br/> <input type="checkbox"/> NATO Medal<br/> <input type="checkbox"/> Inter-American Defense Board Medal<br/> <input type="checkbox"/> Republic of Vietnam Campaign Medal w/1960 device<br/> <input type="checkbox"/> Kuwait Liberation Medal (Kuwait / Saudi Arabia)<br/> <input type="checkbox"/> Republic of Korea War Service Medal </div> <div> <input type="checkbox"/> United Nations Medal<br/> <input type="checkbox"/> Multinational Force and Observers Medal </div> </div> |

The Department of the Navy does NOT issue or reissue the following medals/badges/insignias.

☐ Commemorative Medal/Congressional Gold Medal
☐ Badges
☐ Insignias

COMMENT:

REQUESTOR:

Navy Personnel Command  
PERS 312  
5720 Integrity Drive  
Millington, TN 38055

NAVPERS 1650/96 (Revised 03/2024)
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