

Exam Scheduling Request

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Email: N/A

File Number: 61251800

DOB: April 16, 1945

Gender: M

Exam Jurisdiction RO: 313

POA/VSO: 074 - AMERICAN LEGION

Branch(es) of Service
Marine Corps

Entry on Duty
May 08, 1963

Release Active Duty
May 07, 1967

Era(s) of Service
Vietnam Era

020 New	Date of Claim: see 526ez
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Post-Discharge Claim

Payee Number: 00

Remand: NO

bilateral hearing loss Classification: Hearing Loss Type: NEW
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Standard Language Output Text:

The Veteran is claiming service connection for bilateral hearing loss. Please examine the Veteran for a chronic disability related to his or her claimed condition and indicate the current level of severity.

MEDICAL OPINION REQUESTED: Direct service connection (Audio Opinion based on MOS-Related Hazardous Noise Exposure)

The Veteran is claiming that his or her bilateral hearing loss is related to exposure to hazardous noise. Please provide a Direct medical opinion response and review the following tabbed evidence. If an examination or additional testing is required, obtain them prior to rendering your opinion.

DD 214 Certified Original - Certificate of Release or Discharge From Active Duty In eFolder at the following location: : Record showing MOS of Infantry (03XX) which had a High probability for hazardous noise exposure.

Clinician: If using the ACE process to complete the Medical Examination, please explain the basis for the decision not to examine the Veteran, and identify the specific materials reviewed to complete the Medical Examination.

The Veteran does not need to report for all examinations for the following Contention:

- bilateral hearing loss

Please review the Veteran's electronic folder(s) and state that it was reviewed in your report.

Your review is not limited to the evidence identified on this request form, or tabbed in the claims folder. If an examination or additional testing is required, obtain them prior to rendering your opinion.

POTENTIALLY RELEVANT EVIDENCE: Please enter all tab descriptions of evidence, locations, and dates.

NOTE: Your (examiner) review of the record is NOT restricted to the evidence listed below. This list is provided in an effort to assist the examiner in locating potentially relevant evidence.

Tab A: DD 214 showing MOS of Machine Gunner and Combat Action Ribbon

Tab B: STRs entrance and exit audio exams pgs 17, 20, 23

Tab C: Baltimore VAMC records page 6-9

For this Contention, VBMS expects a results package to at minimum include data pertaining to the following DBQ(s):

- DBQ AUDIO Hearing Loss and Tinnitus

left knee condition

Classification: Musculoskeletal - Knee

Type: NEW

Standard Language Output Text:

The Veteran is claiming service connection for left knee condition. Please examine the Veteran for a chronic disability related to his or her claimed condition and indicate the current level of severity.

When completing any musculoskeletal DBQ, additional information is required to comply with a recent US Court of Appeals for Veterans Claims (CAVC) decision in the case of Mitchell v. Shinseki, relating to functional limitations. In the section of the DBQ titled "Functional loss and additional limitation in ROM" additional questions must be addressed. For each joint examined, please provide an opinion.

- (1) Whether pain, weakness, fatigability, or incoordination could significantly limit functional ability during flare-ups, or when the joint is used repeatedly over a period of time, and
- (2) Describe any such additional limitation due to pain, weakness, fatigability or incoordination, and if feasible, this opinion should be expressed in terms of the degrees of additional ROM loss due to "pain on use or during flare-ups".
- (3) If such opinion is not feasible, please state and provide an explanation as to why the opinion cannot be rendered.
- (4) For any joint condition, please test the contralateral joint, unless medically contraindicated. Address pain on both passive and active motion, and on both weightbearing and non-weightbearing motion. If unable to test, please provide rationale.

When pain is associated with movement, the examiner must give a statement on whether pain could significantly limit functional ability during flare-ups and repeated use over time in terms of additional loss of range of motion. Pursuant to the Court's holding in Sharp v. Shulkin, 29 Vet.App. 26 (2017), if a flare-up event is not directly observed during the examination, the examiner is requested to provide an estimate on the frequency, duration, and severity of decreased range of motion in degrees during flare-ups in the exam report.

If the examiner is unable to provide a statement regarding additional loss of range of motion during flare-ups or repeated use over time without resorting to speculation, he or she must provide a rationale for this statement based on all procurable information to include the veteran's testimony on examination, case specific evidence to include medical treatment records when applicable, and the examiner's medical expertise. The statement should not be based on an examiner's shortcomings or a general aversion to offering this statement on issues not directly observed.

TYPE OF MEDICAL OPINION REQUESTED: Direct service connection

Does the Veteran have a diagnosis of (a) left knee condition that is at least as likely as not (50 percent or greater probability) incurred in or caused by (the) left knee sprain in 1967 during service?

Rationale must be provided in the appropriate section.

Please review the Veteran's electronic folder(s) and state that it was reviewed in your report.

Clinician: If using the ACE process to complete the Medical Examination, please explain the basis for the decision not to examine the Veteran, and identify the specific materials reviewed to complete the Medical Examination.

The Veteran does not need to report for all examinations for the following Contention:

- left knee condition

Please review the Veteran's electronic folder(s) and state that it was reviewed in your report.

Your review is not limited to the evidence identified on this request form, or tabbed in the claims folder. If an examination or additional testing is required, obtain them prior to rendering your opinion.

POTENTIALLY RELEVANT EVIDENCE: Please enter all tab descriptions of evidence, locations, and dates.

NOTE: Your (examiner) review of the record is NOT restricted to the evidence listed below. This list is provided in an effort to assist the examiner in locating potentially relevant evidence.

Tab B: STRs treatment of left knee sprain p.19

Tab C: Baltimore VAMC treatment pgs. 38-42

For this Contention, VBMS expects a results package to at minimum include data pertaining to the following DBQ(s):

- DBQ MUSC Knee and Lower Leg
- DBQ Medical Opinion

Created By: vstudent107
Exam Request Destination: QTC