IMPORTANT: The Department of Veterans Affairs (VA) will not pay or reimburse any expenses or cost incurred in the process of completing and/or submitting this form. Please read the privacy act and respondent burden information before completing form.

NAME OF PATIENT/VETERAN:	SSN:	EXAMINATION DATE:
Jubar Donte Ramsey	220271013	11/18/2019

NOTE TO PHYSICIAN: Your patient is applying to the U.S. Department of Veterans Affairs (VA) for disability benefits. VA will consider the information you provide on this questionnaire as part of their evaluation in processing the Veteran's claim.

ACCEPTABLE CLINICAL EVIDENCE (ACE)

METHOD USED TO OBTAIN MEDICAL INFORMATION TO COMPLETE THIS DOCUMENT:

☐ Review of available records (without in-person or video telehealth examination) using the Acceptable Clinical Evidence (ACE) process because the existing medical evidence provided sufficient information on which to prepare the DBQ and such an examination will likely provide no additional relevant evidence.

☐ Review of available records in conjunction with a telephone interview with the Veteran (without in-person or telehealth examination) using the ACE process because the existing medical evidence supplemented with a telephone interview provided sufficient information on which to prepare the DBQ and such an examination would likely provide no additional relevant evidence.

☐ Examination via approved video telehealth

☒ In-person examination

EVIDENCE REVIEW

☐ No records were reviewed

☐ Not requested

☐ VA claims file (hard copy paper C-file)

☒ VA e-folder (VBMS or Virtual VA)

☐ CPRS

☒ Other (Please identify other evidence reviewed):

C-file reviewed thoroughly

Dates of service: 11/28/11-6/30/2015; Reserves from 6/30/2015 until 6/2017

Lab testing from 9/16/19:
Lymph # (Auto) 2.0 K/mcl (NL 1-3.2)
CD 4 + & CD3+ %: 51 % (30-61)
CD8 + & CD3+ %: 30 % (12-42)
CD4+ & CD3+ count: 1004 cells/cmm (490-1740)
CD8+ & CD3+ count: 598 cells/cmm (180-1170)
Ratio CD4/CD8: 1.68 #/# (0.86-5.0)

6/20/19 (VAMC-DC, ID clinic): Diagnosed with HIV in military in 2016. Several weeks prior + for rectal gonorrhea and had latent syphilis. He got 2 of 3 PCN shots with missed shot 3 of 3. No significant medication side effects. Treatment restarted for latent syphilis.
Abacavir 600/Dolut 50/Lamiv 300 (Triumeq) take 1 tab po daily

Documented rectal gonorrhea s/p treatment (6/2019)

6/18/19 (VAMC-Washington)-transferring care from outside ID provider in Riverdale, MD. HIV –stable on Triumeq, continue.

5/17/19 (VAMC-Washington): PMH of HIV (dx 2016)

30 Jan 2017 + testing

HIV diagnostics and monitoring, 9100 Brookville rd, Building 508, Silver Spring, MD HIV + 1/24/17

Chronological Record of HIV-1 testing

4/16/15 HIV testing negative

8/7/2014 HIV testing negative

1/13/14 & 1/9/13: HIV testing negative.

7/19/2012: HIV testing negative.

11/30/11 (Recruit Screening Panel): HIV testing negative.

EVIDENCE COMMENTS:

C-file reviewed thoroughly

Dates of service: 11/28/11-6/30/2015; Reserves from 6/30/2015 until 6/2017

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7/19/2012: HIV testing negative.

11/30/11 (Recruit Screening Panel): HIV testing negative.

SECTION I - DEFINITIONS

Aggravation of preexisting nonservice-connected disabilities. A preexisting injury or disease will be considered to have been aggravated by active military, naval, or air service, where there is an increase in disability during such service, unless there is a specific finding that the increase in disability is due to the natural progress of the disease.
Aggravation of nonservice-connected disabilities. Any increase in severity of a nonservice-connected disease or injury that is proximately due to or the result of a service-connected disease or injury, and not due to the natural progress of the nonservice-connected disease, will be service connected.

SECTION II - RESTATEMENT OF REQUESTED OPINION

2a. Insert requested opinion from general remarks:

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

2b. Indicate type of exam for which opinion has been requested *(e.g. Skin Diseases)*:

DBQ INFECT HIV Related Illnesses

SECTION III – MEDICAL OPINION FOR DIRECT SERVICE CONNECTION

Choose the statement that most closely approximates the etiology of this claimed condition.

☐ 3a. The claimed condition was at least as likely as not *(50 percent or greater probability)* incurred in or caused by the claimed in-service injury, event, or illness.

☒ 3b. The claimed condition was less likely than not *(less than 50 percent probability)* incurred in or caused by the claimed in-service injury, event, or illness.

3c. Provide rationale:

The Veteran's diagnosis of (a) HIV positive is less likely as not (less than 50 percent probability) incurred in or caused during service. The c-file was reviewed thoroughly. While in service (11/28/11-6/30/2015) the Veteran tested negative for HIV from 11/30/11 (during recruit screening panel) and annually until 4/15/2015. Positive HIV testing noted in 1/24/2017 while in the reserves (not active duty service). A nexus has not been established.

SECTION IV – MEDICAL OPINION FOR SECONDARY SERVICE CONNECTION

Choose the statement that most closely approximates the etiology of this claimed condition.

☐ 4a. The claimed condition is at least as likely as not *(50 percent or greater probability)* proximately due to or the result of the Veteran's service connected condition.

☐ 4b. The claimed condition is less likely than not *(less than 50 percent probability)* proximately due to or the result of Veteran's service connected condition.

4c. Provide rationale:

SECTION V – MEDICAL OPINION FOR AGGRAVATION OF A CONDITION THAT EXISTED PRIOR TO SERVICE

Choose the statement that most closely approximates the etiology of this claimed condition.

☐ 5a. The claimed condition, which clearly and unmistakably existed prior to service, was aggravated beyond its natural progression by an in-service injury, event, or illness.

☐ 5b. The claimed condition, which clearly and unmistakably existed prior to service, was clearly and unmistakably not aggravated beyond its natural progression by an in-service injury, event, or illness.

5c. Provide rationale:

SECTION VI - MEDICAL OPINION FOR AGGRAVATION OF A NONSERVICE CONNECTED CONDITION BY A SERVICE CONNECTED CONDITION

6a. Can you determine a baseline level of severity of *(claimed condition/diagnosis)* based upon medical evidence available prior to aggravation or the earliest medical evidence following aggravation by *(service connected condition)*?

☐ YES ☐ NO

If YES to question 6a, answer the following:

i. Describe the baseline level of severity of *(claimed condition/diagnosis)* based upon medical evidence available prior to aggravation or the earliest medical evidence following aggravation by *(service connected condition)*:

ii. Provide the date and nature of the medical evidence used to provide the baseline:

iii. Is The current severity of the *(claimed condition/diagnosis)* greater than the baseline?

☐ YES ☐ NO

If YES, was the Veteran's *(claimed condition/diagnosis)* at least as likely as not aggravated beyond its natural progression by the service connected condition?

☐ YES *(provide rationale in section B)*

☐ NO *(provide rationale in section B)*

If "NO" to question 6a, answer the following:

i. Provide rationale as to why a baseline cannot be established *(e.g. medical evidence is not sufficient to support a determination of a baseline level of severity)*:

ii. Regardless of an established baseline, was the Veteran's *(claimed condition/diagnosis)* at least as likely as not aggravated beyond its natural progression by service connected condition?

☐ YES *(provide rationale in section B)*
☐ NO *(provide rationale in section B)*

6b. Provide rationale:

SECTION VII - OPINION REGARDING CONFLICTING MEDICAL EVIDENCE

7. I have reviewed the conflicting medical evidence and am providing the following opinion:

Veteran was instructed to send all personal medical records to the VA Evidence Intake Center if applicable, for proper submission into VBMS.

SECTION IX – PHYSICIAN'S CERTIFICATION AND SIGNATURE

CERTIFICATION: To the best of my knowledge, the information contained herein accurate, complete, and current.

10a. PHYSICIAN SIGNATURE:	10b. PHYSICIAN PRINTED NAME:	10c. DATE:
Jackelin Curry Digitally Signed 11/24/2019 07:39:12 PM NP	Jackelin Curry Adult Nurse Practitioner, Nurse Practitioner – General Practice	11/24/2019

10d. PHYSICIAN PHONE AND FAX NUMBERS:	10e. PHYSICIAN NATIONAL PROVIDER IDENTIFIER (NPI) NUMBER:	10f. PHYSICIAN ADDRESS:
240-206-9413 240-206-9732	1760635411 Lic. #: R142306, MD	4201 Northview Drive Suite 410 Bowie MD 20716