



Medical Opinion Disability Benefits Questionnaire

NAME OF CLAIMANT/VETERAN: JUBAR RAMSEY D	CLAIMANT/VETERAN'S SOCIAL SECURITY NUMBER: 220-27-1013	DATE OF EXAMINATION: 12/10/2025
HOME ADDRESS: 4020 MINNESOTA AVE NE, APT 666 WASHINGTON, DC 20019	EXAMINING LOCATION AND ADDRESS: VES	
HOME TELEPHONE: 2025102187		
CONTRACTOR: VES	VES NUMBER: 227253654866	

Note to examiner - The Veteran 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.

Is this questionnaire being completed in conjunction with a VA C&P examination request?

☒ Yes ☐ No

How was the examination completed? (check all that apply)

☐ In-person examination

☒ Records reviewed

☒ Examination via approved video telehealth

☐ Other, please specify in comments box

Comments:

ACCEPTABLE CLINICAL EVIDENCE (ACE)

Indicate the 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 questionnaire and such an examination would likely provide no additional relevant evidence.

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

EVIDENCE REVIEW

Evidence reviewed (check all that apply):

☐ Not requested

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

☒ VA e-folder

☐ No records were reviewed

☐ VA electronic health record

☐ Other, please specify in comments box

Evidence comments:

All available records were reviewed and findings considered when completing this DBQ.

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:

For Internal VA Use

Medical Opinion Disability Benefits Questionnaire

Contractor: VES

Name: JUBAR RAMSEY D

Updated on: 2025-02-25 ~v25_1

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MEDICAL OPINION 1 OF 1) PLEASE COMPLETE SECTION THREE AND STATE WHETHER THE VETERAN'S MEDICAL RECORDS SUPPORT THAT ANY CURRENTLY DIAGNOSED CONDITION(S) RELATED TO THE VETERAN'S CLAIMED POST-TRAUMATIC STRESS DISORDER, IS/ARE AT LEAST AS LIKELY AS NOT (LIKELIHOOD IS AT LEAST APPROXIMATELY BALANCED OR NEARLY EQUAL, IF NOT HIGHER) INCURRED IN OR CAUSED BY THE HIGH-STRESS AND TRAUMATIC TRAINING EXPERIENCES AT QUANTICO DURING SERVICE.

2B. Indicate type of exam for which opinion has been requested (e.g. skin diseases):

PTSD

SECTION III - MEDICAL OPINION FOR DIRECT SERVICE CONNECTION

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

☒ 3A. The claimed condition was at least as likely as not (likelihood is at least approximately balanced or nearly equal, if not higher) incurred in or caused by the claimed in-service injury, event, or illness. Provide rationale in Section C.

☐ 3B. The claimed condition was less likely than not (likelihood is less than approximately balanced or nearly equal) incurred in or caused by the claimed in-service injury, event, or illness. Provide rationale in Section C.

3C. Rationale:

Veteran's diagnosis of major depressive disorder, recurrent, moderate IS/ARE AT LEAST AS LIKELY AS NOT (LIKELIHOOD IS AT LEAST APPROXIMATELY BALANCED OR NEARLY EQUAL, IF NOT HIGHER) INCURRED IN OR CAUSED BY THE HIGH-STRESS AND TRAUMATIC TRAINING EXPERIENCES AT QUANTICO DURING SERVICE.

Rationale: Veteran's MEPS accepted. Veterans VA records include housing/economic problems starting in 2015 around military discharge. He has a VA diagnosis of alcohol use disorder starting 5/3/2019, major depressive disorder 3/1/2022 and insomnia on active problem list. STR indicates veteran was seen for acute alcoholic gastritis 4/17/2015 and endorsed loss of memory and frequent trouble sleeping on RMH-med history 5/1/2025. Veteran's experience at Quantico does not meet criterion A for PTSD; however, based on in-service records and veteran's statement in support of claim, it is evident he was having mental health symptoms in service that have persisted post-service. He reported significant distress following this training and difficulty adjusting due to lack of support while in the military, particularly during training. It is reasonable to say that his depression started in service and has persisted.

Veteran's diagnosis of alcohol use disorder, severe IS/ARE AT LEAST AS LIKELY AS NOT (LIKELIHOOD IS AT LEAST APPROXIMATELY BALANCED OR NEARLY EQUAL, IF NOT HIGHER) INCURRED IN OR CAUSED BY THE HIGH-STRESS AND TRAUMATIC TRAINING EXPERIENCES AT QUANTICO DURING SERVICE.

Rationale: Veteran's MEPS accepted. Veterans VA records include housing/economic problems starting in 2015 around military discharge. He has a VA diagnosis of alcohol use disorder starting 5/3/2019, major depressive disorder 3/1/2022 and insomnia on active problem list. STR indicates veteran was seen for acute alcoholic gastritis 4/17/2015 and endorsed loss of memory and frequent trouble sleeping on RMH-med history 5/1/2025. Veteran's experience at Quantico does not meet criterion A for PTSD; however, based on in-service records and veteran's statement in support of claim, it is evident he was having mental health symptoms in service that have persisted post-service. He reported significant distress following this training and difficulty adjusting due to lack of support while in the military, particularly during training. It is reasonable to say that his alcohol use disorder started in service and has persisted.

SECTION IV - MEDICAL OPINION FOR SECONDARY SERVICE CONNECTION

☐ 4A. The claimed condition is at least as likely as not (likelihood is at least approximately balanced or nearly equal, if not higher) proximately due to or the result of the Veteran's service connected condition. Provide rationale in Section C.

☐ 4B. The claimed condition is less likely than not (likelihood is less than approximately balanced or nearly equal) proximately due to or the result of the Veteran's service connected condition. Provide rationale in Section C.

4C. Rationale:

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

☐ 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. Provide rationale in Section C.

☐ 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. Provide rationale in Section C.

5C. 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 (insert "service connected condition")?

☐ Yes (provide rationale in Section 6B.)

☐ No (provide rationale in Section 6B.)

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 (insert "service connected condition")?

☐ Yes (provide rationale in section 6B.)

☐ No (provide rationale in section 6B.)

6B. Provide rationale:

VII - GULF WAR OPINION

7A. Please evaluate the medical records for this Veteran with Southwest Asia service for any chronic disability pattern.

For each condition and/or symptom identified in the Gulf War General Medical Examination questionnaire or any other associated questionnaire, determine whether the Veteran's disability pattern is:

(1) an undiagnosed illness

(2) a diagnosable but medically unexplained chronic multi-symptom illness of unknown etiology (MUCMI)

(3) a diagnosable chronic multi-symptom illness with a partially explained etiology, or

(4) a disease with a clear and specific etiology and diagnosis.

If, after reviewing the claims file, you determine that the Veteran's disability pattern was either (1) an undiagnosed illness; or (2) MUCMI, then please provide a medical statement identifying which disability pattern (1 or 2) is present with supporting rationale in 7B and/or 7C. For any signs or symptoms described in the Gulf War General Medical Examination questionnaire or any other associated questionnaire, identify those that are attributable to each undiagnosed illness or MUCMI.

If, after reviewing the claims file, you determine that the Veteran's disability pattern was either (3) a diagnosable chronic multi-symptom illness with a partially explained etiology, or (4) a disease with a clear and specific etiology and diagnosis, then please

provide a medical statement identifying which disability pattern (3 or 4) is present and provide a medical statement with supporting rationale in 7B and/or 7C. The rationale must address both the etiology and pathophysiology for each disability pattern. Also complete the Medical Opinion for Toxic Exposure Risk Activities (TERA) in Section VIII.

7B. Medical statement with supporting rationale explaining disability pattern (for each condition):

7C. Are any of the diagnoses a gastrointestinal disorder?

☐ Yes ☐ No

If yes, indicate if the gastrointestinal disorder is functional (disability pattern 1 or 2), or structural (disability pattern 3 or 4).

☐ Functional ☐ Structural

Provide an explanation of whether the disorder is functional or structural and discuss any testing (if available) that was completed identifying the specific gastrointestinal disorder diagnosed.

SECTION VIII - MEDICAL OPINION FOR TOXIC EXPOSURE RISK ACTIVITIES (TERA)

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

☐ 8A. The claimed condition was at least as likely as not (likelihood is at least approximately balanced or nearly equal, if not higher) caused by the indicated toxic exposure risk activity(ies), after considering the total potential exposure through all applicable military deployments of the Veteran and the synergistic, combined effect of all toxic exposure risk activities of the Veteran. Provide rationale in Section C.

☐ 8B. The claimed condition was less likely than not (likelihood is less than approximately balanced or nearly equal) caused by the indicated toxic exposure risk activity(ies), after considering the total potential exposure through all applicable military deployments of the Veteran and the synergistic, combined effect of all toxic exposure risk activities of the Veteran. Provide rationale in Section C.

8C. Provide rationale:

SECTION IX - OPINION REGARDING CONFLICTING MEDICAL EVIDENCE

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

SECTION X - REMARKS

10A. Remarks (if any – please identify the section to which the remark pertains when appropriate).

Is there a need for the Veteran to follow up with his/her primary care provider regarding any life threatening or abnormal findings in this examination (not limited to claimed condition(s))? No

SECTION XI - EXAMINER'S CERTIFICATION AND SIGNATURE

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

11A. Examiner's signature:	<u>Alexandra Hershberger, PhD</u> Alexandra Hershberger, PhD (Dec 15, 2025 11:50:44 PST)	
11B. Examiner's printed name:	ALEXANDRA R. HERSHBERGER, Ph.D.	
11C. Date signed:	See date in digital signature above.	
11D. Examiner's phone/fax numbers:	1-877-637-8387	Fax: 1-800-320-3908
11E. National Provider Identifier (NPI) number:	1699236364	
11F. Medical license number and state:	265972 KY	
11G. Examiner's address:	VA-TELE-C&P KENTUCKY 123 TELE-C&P, TELE-C&P, KY 40003	
11H. Examiner's specialty:	Psychologist	