Medical Opinion
Disability Benefits Questionnaire

NAME OF CLAIMANT/VETERAN:	CLAIMANT/VETERAN'S SOCIAL SECURITY NUMBER:	DATE OF EXAMINATION:
JUBAR RAMSEY D	220-27-1013	03/23/2026
HOME ADDRESS: 4020 MINNESOTA AVE NE, APT 666 WASHINGTON, DC 20019	**EXAMINING LOCATION AND ADDRESS:** VES	
HOME TELEPHONE: 2025102187		
CONTRACTOR: VES	**VES NUMBER:** 227264052225	

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?
[X] Yes [] No

How was the examination completed? (check all that apply)
[X] In-person examination
[X] 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)
[X] 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:

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 CONDITION(S), TO INCLUDE:

A) RIGHT KNEE TENDONITIS
B) KNEE PAIN CONDITION

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 COMPLAINTS AND TREATMENT IN SERVICE DURING SERVICE.

PLEASE BE SURE EACH CONDITION ABOVE IS ADDRESSED IN YOUR RATIONALE

NOTE TO EXAMINER: PLEASE DISREGARD ANY MENTION OF TABS OR PAGE NUMBERS IN THE AVAILABLE EVIDENCE PROVIDED BELOW. THE SEQUENCE OF RECORDS IN VA'S SYSTEM CANNOT DIRECTLY CORRELATE TO THE SEQUENCE OF DOCUMENTS AVAILABLE IN THE MRV FILE.
ADDITIONAL INFORMATION:
- VA 21-22 APPOINTMENT OF VETERAN'S SERV. ORG. AS CLAIMANT REP, DAV YY, UPLOAD DATE: 09/24/2019, PAGE NUMBER: 1
- SERVICE TREATMENT RECORDS, SUBJECT: TAB A: KNEES/SHOULDER, UPLOAD DATE: 08/08/2015, PAGE NUMBER: 2
- WASHINGTON VAMC (3/4/2026), UPLOAD DATE: 03/09/2026, PAGE NUMBER: 1

BRANCH OF SERVICE AND SERVICE DATES: MARINE CORPS 2011/11/28/05:00 - 2015/05/30/04:00

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

KNEE

SECTION III - MEDICAL OPINION FOR DIRECT SERVICE CONNECTION

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

[X] 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:

It is at least as likely as not that the veteran's claimed conditions, to include:

A) RIGHT KNEE TENDONITIS
B) KNEE PAIN CONDITION (diagnosed as Bilateral Knee Tendinitis, Knee Strain, Instability and Shin Splints)

are caused by the COMPLAINTS AND TREATMENT IN SERVICE.

Veteran medical records were reviewed, and veteran lay stories were addressed. The claimed diagnosis is chronic in nature; diagnosis is consistent with the veteran's in-service condition and there are no other conditions in records to account for such a diagnosis. Potentially relevant medical evidence reviewed includes but is not limited to: STRs 7/18/2014 intermittent right knee pain since 2012, tendonitis; 3/20/2013 bilateral knee buckling for more than a year; 1/21/2012 right knee pain for one week; RMH 5/1/2015 knee trouble, knee pain since boot camp, diagnosed with overuse.

The veteran developed excruciating pain while in military active duty from running, marching, heavy lifting, exercise combat, jumps, physical training, pull-ups, push-ups. It is medically known that the physical demands of military service, such as wearing heavy equipment, lifting objects, physical training, etc, often leads to musculoskeletal injuries such as is seen with this veteran's knee tendinitis, knee strain, instability and shin splints conditions. There is evidence of chronicity, and a nexus has been established.

Vähi I, Rips L, Varblane A, Pääsuke M. Musculoskeletal Injury Risk in a Military Cadet Population Participating in an Injury-Prevention Program. Medicina (Kaunas). 2023 Feb 13;59(2):356. doi: 10.3390/medicina59020356. PMID: 36837558; PMCID: PMC9961050.

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:	Carmen Sigley Carmen Sigley (Mar 28, 2026 08:32:24 EDT)
11B. Examiner's printed name:	CARMEN G. SIGLEY, NP
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:	1083035133
11F. Medical license number and state:	RN1036123 DC
11G. Examiner's address:	VA-WASHINGTON DC 4 1145 19TH STREET NORTHWEST, SUITE 610, WASHINGTON, DC 20036
11H. Examiner's specialty:	Nurse Practitioner