

February 28, 2010

MEMORANDUM FOR

ROBERT GIBBS
ASSISTANT TO THE PRESIDENT AND
WHITE HOUSE PRESS SECRETARY

FROM:

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SUBJECT:

The President's First Periodic Physical Exam as President

President Barack Obama completed his first routine periodic physical examination as President of the United States today, at the National Naval Medical Center in Bethesda, Maryland. I performed and supervised the examination with appropriate specialty consultations and diagnostic testing. The purposes of this year's exam were:

- to provide the President every opportunity to enjoy the benefits of good health, now and for years to come, and
- to provide the public with a candid medical assessment of the President's ability to carry out the duties of his office, now and for the duration of his tenure.

The President's previous physical examination was completed in July 2008, under the supervision of the Attending Physician to Congress. This year's examination focused on evidence-based screening prevention and primary care, targeted to the President as an individual and his occupation.

With the consent of President Obama, I release the following executive health summary.

Summary

The President is in excellent health and "fit for duty". All clinical data indicate that he will remain so for the duration of his Presidency.

The President completed all age-appropriate screening tests, to include colorectal cancer screening. A CT-colonography was performed with normal results.

Recommendations

Follow-up colorectal cancer screening is recommended in 5 years for routine colon cancer screening.

Continue smoking cessation efforts, a daily exercise program, healthy diet, moderation in alcohol intake, periodic dental care, and remain up-to-date with recommended immunizations.

Continue modified exercise regimen, and lower extremity muscle strengthening program, for occasional left patella-femoral pain secondary to chronic tendonitis.

Recommend dietary modification to reduce LDL cholesterol below 130.

Past Medical History

No significant illnesses

Past Surgical History

None

Medications

Occasional use of non-steroidal anti-inflammatory medication, associated with physical activity

Malaria chemoprophylaxis associated with travel to areas with malaria

Nicotine replacement therapy, self-use

Jet lag/time zone management, direct physician prescribed program, occasional medication use

Immunizations

Up-to-date for recommended routine, global travel, and influenza (seasonal and 2009 H1N1) immunizations

Physical Examination

Vital Statistics

Age: 48 years old

Height: 73 inches

Weight: 179.9 pounds (with shoes and workout attire)

Body Mass Index: 23.7

Resting heart rate (seated): 56

Resting blood pressure (seated): 105/62

Pulse-oximetry: 98% (room air)

Temperature: 97.8 degrees F

System-specific Examination Summary

ENT (ears, nose, throat): Normal exam of the head, ears, pharynx, neck, and thyroid. Thyroid function tests were normal.

Eyes: Full optometric exam was completed, no ocular pathology was discovered. Visual fields were normal. Uncorrected visual acuity (distant and near) was 20/20 in both eyes. Glaucoma screening was completed. Mild myopia, astigmatism, and presbyopia were noted, but did not warrant correction.

Pulmonary: Lungs were clear to auscultation.

Gastrointestinal: Normal, to include CT-colonography.

Cardiology: Normal, to include EKG and EBCT. Lipid profile with Total Cholesterol 209, Triglyceride 46, HDL 62, LDL 138, VLDL 9 and Total Cholesterol to HDL ratio of 3.4. Homocysteine 11.6 and CRP ultrasensitive 0.015, FBS 87

Dermatology: Benign

Musculoskeletal: Normal, except for left knee with mild patella crepitus and grind, some weakness of hip external rotation on left side with minimal weakness on "step down" bilaterally.

Neurological: No focal deficits

Genitourinary System: Exam was normal without evidence of prostate nodularity or hypertrophy. PSA was 0.70 (normal < 4.0).

Laboratory Data

A standard battery of routine screening laboratory tests was performed and were within the normal range.