

For Immediate Release
Office of the Press Secretary
August 4, 2001

Summary of the President's Physical Examination

I have interviewed and examined President George W. Bush, and have reviewed his medical record. Within the scope of my specialty, I find him to be fit for duty and have every reasonable expectation that he will remain fit for duty for the duration of his Presidency.

Dr. James Butler
CAPT, MC, USN, FACP
Chief, Gastroenterology
National Naval Medical Center
Consultant to the Attending
Physician to Congress

Dr. Murray Sean Donovan
CDR, MC, USN
Consultant to the Attending
Physician to Congress
Chief, Radiology
National Naval Medical Center

Dr. Sushil Jain
CAPT, MSC, OD, MS, FAAO
Head, Department of Optometry
National Naval Medical Center

Dr. Thomas James DeGraba, M.D.
Director,
Clinical Stroke Research Unit, Stroke Branch
National Institute of
Neurologic Disorder and Stroke

Dr. Stephen S. Haas
M.D., FAAOS
Team Physician,
Washington Wizards,
Capitals and Mystics

Ms. Margaret Jylkka
MS, CCC-A, FAAA
Chief, Audiology
National Naval Medical Center

Dr. Richard A. Keller
COL, MC, USA
Chief, Dermatologic Surgery
Walter Reed

Army Medical Center

Dr. Eric A. Mair
Lt Col, MC, USAF, FAAP
Chief,
Division of Otolaryngology-
Head and Neck Surgery
Uniformed Services University of the Health Sciences

Dr. Allen H. Roberts II
CAPT, MC, USN, FACP, FCCP
Head, Critical Care
Pulmonary Critical Care
Medicine
National Naval Medical Center

Dr. William Marston Linehan
M.D., FACS
Chief,
Urologic Oncology Branch
National Cancer Institute
National Institute of Health

Dr. Richard L. Morrissey
CAPT, MC, USN, FACC
Chief of Cardiology
National Naval Medical Center

Dr. Carey Craig Williams
LCDR, MSC, USN, DPM, AAPPS
Chief, Podiatric Services
National Naval Medical Center
Consultant to the Attending
Physician to Congress

Supervised and Reviewed by:

Dr. Kenneth Cooper Dr.
MD, MPH, FACPM, FACSM
President and Founder
The Cooper Aerobics Center

Richard J. Tubb
Col, MC, USAF, SFS
Director, White House Medical Unit
The Presidents Physician

President George W. Bush
Summary of Medical History
August 4th, 2001

With a date of birth of July 6th, 1946, the President is 55 years old. Dr. Kenneth Cooper performed the Presidents previous medical examination at the Cooper Clinic in Dallas, Texas in June 2000, as he has since 1989. With the exception of the knee MRI, all tests were performed to establish a baseline for the Presidents tenure and as screening (c.f. diagnostic) examinations.

Past Medical History

There is no past medical history of hypertension, diabetes, tuberculosis, sexually transmitted disease, stroke or heart disease.

The President has a history of activity and sports-related injuries. These injuries resolved without sequelae, and do not impact his current exercise program or duties.

- Musculoskeletal low back pain secondary to lifting; fully evaluated in 1990, currently asymptomatic
- Left medial meniscal injury, 1997, with subsequent surgical repair

Benign colonic adenomatous polyps removed on screening colonoscopy, 7/98, 12/99

Mild high frequency hearing loss; speech frequencies excellent

Nasal congestion suggestive of seasonal allergic rhinitis experienced this past spring in D.C.
Currently asymptomatic

Blood transfusions: none

Past Surgical History

Appendectomy 1956

Left medial menisectomy as above, 3/97

Medications

The President uses vitamins but does not routinely use prescription medications.

Immunizations

The Presidents immunizations are current for worldwide travel.

Social History

Tobacco: An occasional cigar.

Alcohol: None.

Caffeine: Diet sodas and coffee.

Exercise: The President currently runs (on average) 3.0 miles, 4 times weekly. He also routinely cross-trains with swimming, free weights and elliptical trainer.

Other: The President has not missed work due to illness since his last physical exam.

Physical Examination

Vital Statistics:

Age: 55 years old

Height: 72 inches (without shoes)

Temperature: 97 degrees F (oral)

Weight: 189.75# (previous 194.5#)

Body fat: 14.5% (previous 19.94%)

Resting heart rate (seated): 43 bpm

Resting blood pressure (seated): 118/74

Oxygen saturation (via pulse oximetry, room air): 98%

System-specific examination summary

HEENT: HEENT exam, including fiberoptic nasolaryngoscopy, was unremarkable except for a documented mild bilateral high frequency hearing loss at from 4000-8000 kHz. Hearing is excellent in the speech frequencies and is unchanged since June 2000. The degree and frequency involved does not impact normal conversation. Physical examination of the neck and thyroid was unremarkable. Thyroid function tests were normal.

Eyes: No ocular pathology was discovered on slit lamp or dilated direct ophthalmoscopy. Visual fields and intraocular pressure were normal. Uncompensated (uncorrected) distant visual acuity was 20/25 in the right eye, 20/30 in the left eye. Both were correctable to 20/20. (Glasses are not required for distant vision. The President uses reading glasses as needed.)

Neurologic exam: Normal.

Pulmonary: Pulmonary examination and pulmonary function tests were normal. Chest x-ray was unremarkable.

Gastrointestinal: Normal. Abdominal ultrasound was unremarkable. Colonoscopy was last performed in December 1999. Surveillance colonoscopy is not indicated until next year.

2

Cardiology: Physical examination of the circulatory system was normal. The resting EKG was consistent with aerobic conditioning. There was no evidence of heart disease.

Consistent with his past examinations at the Cooper Clinic, the President underwent Balke exercise treadmill testing (ETT) and echocardiogram. He exercised for a total of 26:00 minutes, 100% maximum predicted heart rate, and calculated MVO₂ of 52.5. (Previous ETT: 24:00

minutes, maximal heart rate 174, MVO₂ 49.6). No signs or symptoms of cardiovascular pathology were noted. Echocardiogram was within normal limits. Fasting Lipid panel: Total Cholesterol: 170 (*desirable<200); HDL: 42 (>40); LDL: 112 (optimal<100, near optimal<130); Triglycerides: 80 (<150). Cardio C-reactive protein analysis was 0.4 (reference range 0-1.9) placing him in the lowest risk category. Homocysteine was 8.6 (5.4-11.9). Coronary calcification score last year was 0 and was not repeated this year.

(*Newly-released NCEP-ATP III Guidelines)

Dermatology: Three, small actinic keratoses were noted and treated with liquid nitrogen.

Musculoskeletal: Musculoskeletal and podiatric physical examinations were unremarkable. X-rays and MRI of both knees showed post-operative and degenerative changes consistent with activity and age.

Genitourinary System: Exam was within normal limits without evidence of benign prostatic hypertrophy. PSA was 0.78 (normal < 4.0). Baseline prostatic ultrasound was normal in 1999 and was not repeated.

Laboratories

A standard battery of over 70 routine blood and urine laboratory tests was performed and was normal. Tuberculosis skin test was negative (no evidence of exposure). All imaging studies showed no evidence of disease.

3

Summary

The President is in outstanding health and is fit for duty. All data suggest that he will remain so for the duration of his Presidency. Based on an overview of his examination and history the following clinical diagnoses are made:

1. The President is in the top 2% of men his age in cardiovascular fitness. This fitness level would place him in the Excellent category for men 40-44 and Superior range for men 45 and older. He is stratified to a very low coronary risk profile.
2. Mild high frequency hearing loss unchanged from previous examinations.
3. Mild hyperopic astigmatism/presbyopia fully correctable. Reading glasses to be used on an as needed basis.
4. Symptoms suggestive of seasonal allergic rhinitis, currently asymptomatic.
5. Actinic keratoses, treated.
6. History of benign colonic adenomas. Follow-up surveillance colonoscopy is recommended next year.
7. History of activity-related musculoskeletal injuries without limitations. Knee imaging studies showed changes consistent with previous knee surgery, age, and activity.