

150.377

# ATTESTATION PAPER.

No.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Folio. ✓

## QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

- 66th BATTALION
1. What is your name?..... *Ouellette, Fred*
  2. In what Town, Township or Parish, and in what Country were you born?..... *Quebec Canada*
  3. What is the name of your next-of-kin?..... *(Sister) Alex Levesque*
  4. What is the address of your next-of-kin?..... *Rimouski P.Q. Quebec*
  5. What is the date of your birth?..... *22nd Feb 1876*
  6. What is your Trade or Calling?..... *Brigadier*
  7. Are you married?..... *no*
  8. Are you willing to be vaccinated or re-vaccinated?..... *yes*
  9. Do you now belong to the Active Militia?..... *no*
  10. Have you ever served in any Military Force?..... *no*  
If so, state particulars of former Service.
  11. Do you understand the nature and terms of your engagement?..... *yes*
  12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?..... *yes*
- Ouellette Fred* (Signature of Man).  
*b. butris* (Signature of Witness).

## DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Fred Ouellette*, do solemnly declare that the above answers made by me to the above questions are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

*Ouellette Fred* (Signature of Recruit)

Date *3rd July* 1915 *b. butris* (Signature of Witness)

## OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Fred Ouellette*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

*Ouellette Fred* (Signature of Recruit)

Date *3rd July* 1915 *b. butris* (Signature of Witness)

## CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at *Edmonton* this *3rd* day of *July* 1915

*A. C. Hopkins* (Signature of Justice)

I certify that the above is a true copy of the Attestation of the above-named Recruit.

*A. C. Hopkins* (Approving Officer)

# Description of Oullette, Fred on Enlistment.

Apparent Age 41 years ..... months.  
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Height ..... 5 ft. 7 1/4 ins.

Chest measurement { Girth when fully expanded ..... 35 ins.  
 Range of expansion ..... 2 1/2 ins.

Complexion ..... blear

Eyes ..... Blue

Hair ..... Brown

Scar on back  
" " left buttock

Religious denominations. { Church of England .....  
 Presbyterian .....  
 Wesleyan .....  
 Baptist or Congregationalist .....  
 Other Protestants (Denomination to be stated.) .....  
 Roman Catholic ..... yes  
 Jewish .....

137 #

## CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him\* fit for the **Canadian Over-Seas Expeditionary Force.**

Date 3rd July 1915

Place Edmonton

[Signature]  
 Medical Officer.

\*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

## CERTIFICATE OF OFFICER COMMANDING UNIT.

Fred Oullette ..... having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

[Signature] (Signature of Officer)

Date 3rd July 1915

Lieut. Col.  
 Commanding 68th Overseas Battn. C.E.F.

REGIMENTAL DOCUMENTS

NAME *Quellette, Fred*

REGT. NO. *100377*

UNIT *66<sup>th</sup> Str*

H. Q. FILE NO.

CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
ATTESTATION PAPER (M.F.W. 23, 133, or 51)	<i>10-10-24</i>	<i>W</i>			DEATH
CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.B.W. 263 or A.F.B. 120)					
COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)					
MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)					DISCHARGE
DENTAL HISTORY SHEET (M.F.B. 465)					Category
MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)					
MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					DESERTION
LAST PAY CERTIFICATE (M.F.W. 44)					
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)				<i>C7049</i>	
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
<i>Discard</i>					
<i>12, 122</i>					
<i>1 A.F.B. 122</i>					
<i>1 A.F.B. 178</i>					
<i>1 Paycard</i>					
					<i>39 - 7</i>
					<i>24 - 7</i>
					<i>10 - 7</i>
					<i>1</i>

*W*

*10*

*H*

Category

*MX 8/10/24*



REG'T L NO 100377  
 H. Q. FILE NO. 649-

NAME Ouellette Fred

RANK AND CORPS Plt. Co. 10th Battalion (Bomb) 10th

CABLE

NATURE OF CASUALTY

1st R. D.

FOLLOWS  
 NO. 1  
 FOLLOWS

No.	DATE	C.	NATURE OF CASUALTY
02569	10-10-16		Killed in action Sept. 26th, 1916.
G. F. B. 2090a			" " " " "
Rosen	9-10-16.		
Holed	14-2-17.)		

LIST No

HOSPITAL

DATE OF  
ADMISSION

REMARKS

A475. Reported from Base 26-9-16 Killed in action.

649-0-878

✓ ✓ *10 Bn.*  
OUELETTE, Fred (Pte) *10 Bn.* No. 100377 *form.* 66th Bn.

Medals and Decorations(NIL)

Plaques and Scroll (NIL) Unable to locate  
*Ser # 804576* next of kin. *lll*

Memorial Cross (NIL)

*Not eligible for star.  
E. Sig. " V.M.  
M.J. E. Sig. " B.W.M.*

57103 *L.*

2038



Name **OUKLETTE F.** Rank~~Pte.~~  
A/cpl.

Reg. No. 100377.

Unit 10th. Battalion.

25-0-238

Next of Kin Canada.

Date	Movement	Place	Casualty	List No.	Notified N/K O.	W.O. List
26/9/16	Reported from Base KILLED IN ACTION.  Correct rank to read A/cpl.			A475. A599.	O	2569.



156

*Handwritten initials*

Number... 100377 ..... Rank... L. Capt *B*

Surname... O. U. E. L. L. E. T. T. E. .... *V*

Christian Name... Fred. ....

Units... 10. th. Div. Cav. Inf. Theatre of War... France

Date of Service... 21-2-16... *D*

Remarks.....

Latest Address... *Unable to locate*

.....

Roll No. *B* *66*

Page 648 *Remarks*

Date

Rank

Regtl. No.

Fyle Depot

M. or S.

Age

Religion

Ref. H.Q.

1  
 245 3 16 1 5  
 16 40 10 3

Character on discharge

Date

Date and place of enlistment

Date of Medical Boards

Remarks

Pt. 2 Order No.

Surname **Ouellette** Christian Name or Names **F.** Reg. No. **100377**  
 Rank **Pte.** Unit **10th Bn.** Co. Troop Batty.  
 Hospital Date of Admission

Transferred

Hosp.

Hosp.

Hosp.

Hosp.

## Diagnosis

(1)  
Later Diagnosis (if changed)

(2)

(3)

Additional Diagnosis: if more than one state present

Killed in Action 26.9.16

## DISPOSITION

Date

C.L.11.10.16 A475

## REMARKS

Reported from Base

A.M.D. 2 DEPT.  
 Bd. of D.G.M.S. O.M.F.C. London.

# EPITOME OF HOSPITAL TREATMENT.

Hospital

Adm.

1.

2.

3.

4.

5.

6.

7.

35

CERTIFIED Form B. 103.  
 Canadian Record Office,  
 Westminster House,  
 7, Millbank, S.W.

## Casualty Form—Active Service.

Regiment or Corps 66th Battalion, C.E.F.Regimental No. 100377 Rank Private Name Ouellette, F.Enlisted (a) 3/7/15 Terms of Service (a) Duration of war Service reckons from (a) \_\_\_\_\_Date of promotion } \_\_\_\_\_ Date of appointment } \_\_\_\_\_ Numerical position on }  
to present rank } to lance rank } roll of N.C.Os. }

Extended \_\_\_\_\_ Re-engaged \_\_\_\_\_ Qualification (b) \_\_\_\_\_

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		Transferred to 9th Reserve Battalion, C.E.F.	Dibgate	23-9-15	<i>J. J. K. &amp; Co.</i>
		Transferred to ..... Batt.	France		
<i>21/2/16</i>	<i>OC C.E.F.</i>	<i>Embarked for France</i>	<i>17 216</i>	<i>595 ag (2) of 1476</i>	
		<i>Arrived in France &amp; taken on strength 10<sup>th</sup> Bn.</i>	<i>Field</i>	<i>21/2/16</i>	<i>Part II, O. No. 11-1916</i>
<i>11/3/16</i>	<i>10th BN.</i>	<i>Joined Unit</i>	<i>Field</i>	<i>10/3/16</i>	<i>B.213 C.Rp.272.</i>
<i>24/4/16</i>	<i>ComSec.</i>	<i>name to read "Ouellette"</i>	<i>"</i>	<i>4/4/16</i>	<i>K.I. 104/2nd/10/5. Part II, O. 15-1916</i>
<i>30/9/16</i>	<i>10<sup>th</sup> Bn</i>	<i>Killed in action</i>	<i>"</i>	<i>26/9/16</i>	<i>B.213 - 369 Part 2 - orders 50-9/10/16</i>
					<i>W. Hogan Captain for Lt. Col. ady.</i>

(a) In the case of a man who has re-engaged for, or enlisted into Section D, Army Reserve, particulars of such re-engagement or enlistment will be entered.  
 (b) e.g., Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

[P.T.O.]

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				



Rank \_\_\_\_\_ Name *Quellette F. (R.L. 20 d/1/10).*  
**QUELETTE, Fred**  
 Unit *66th Bn. to 9th Bn.* If in perm. Corps, }  
 What Unit? } Married or Single **Single**  
 Place and Date of Enlistment *Edmonton 3rd July 1915.* Place of Birth *Quebec, Canada*  
 Name and Address, Next-of-Kin *Alex. Leveser, Rimouski, P. Quebec.*  
 Relationship **Sister**  
 Assigned Pay Monthly \$ \_\_\_\_\_ Payable to \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Separation Allowance \$ \_\_\_\_\_ Payable to \_\_\_\_\_  
*Wounded in England.* **21 SEP 1915** Relationship **N/E R. B. 4**  
 Discharge, Date and Place \_\_\_\_\_ Reason **N.A** Character \_\_\_\_\_

*M.A.  
8/10/21 m.j.*

*R 125-0-238*

Report		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date	REMARKS Taken from Official Documents ✓
Date	From whom received				
19.2.16	<i>O.C. 9<sup>th</sup></i>	<i>Wounded off; trans. to 10<sup>th</sup> Batt.</i>	<i>France.</i>	19.2.16	<i>PT II D. O. 50.</i>
7-3-16	<i>10<sup>th</sup> Bn</i>	<i>Taken on strength 10<sup>th</sup></i>	<i>In the Field</i>	21-2-16	<i>Pt II O #11</i>
11-10-16	<i>"</i>	<i>Killed in action</i>	<i>"</i>	26-9-16	<i>Pt II O 475 Pt II 51</i>
5-3-17	<i>10 Bn</i>	<i>Applied Lance Corp.</i>	<i>"</i>	12-6-16	<i>Pt II O 19.</i>



# MEDICAL HISTORY SHEET.

Surname Quellette Christian Name Fredrick

Examined { on 3<sup>rd</sup> day of July 1915  
 { at Edmonton.  
 Birthplace { City or Town Quebec  
 { County Canada

Approved by [Signature]  
 Rank Capt. M.O.

Apparent age 41  
 Trade or occupation Bridgeman  
 Height 5 Feet 7 $\frac{1}{2}$  Inches.  
 Weight 137 Lbs.  
 Chest measurement { Minimum 32 $\frac{1}{2}$  inches.  
 { Maximum expansion 35 ~~37~~ inches.  
 Physical development good  
 Small-Pox Marks no

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT,
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left  
 { Number none  
 When Vaccinated last Sept 5  
 (a) Marks indicating congenital peculiarities or previous disease Scars on back  
Scars on left Buttock

Date	Result	VACCINATIONS.
<u>Sept 5</u>		<u>W.D. J. [Signature]</u> M.O.
		M.O.
		M.O.

(b) Slight defects but not sufficient to cause rejection  
ay 3  
13

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>ay 3</u>		<u>W.D. J. [Signature]</u> M.O.
<u>13</u>		<u>W.D. J. [Signature]</u> M.O.
		M.O.

Enlisted on 3<sup>rd</sup> day of July 1915 at Edmonton

	CORPS.	REG'T NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>66<sup>th</sup> B. Batt<sup>n</sup></u>	<u>100377</u>		
Transferred to.....	<u>b. C. F.</u>			

### EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

N. B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.



Rank

Name **QUELETTE, Fred**Reg'l No. **100377**

P-56

Unit **66th Bn. to 9th Bn.**If in perm. Corps,  
What Unit?Married or Single **Single**Place and Date of Enlistment **Edmonton 3rd July 1915.**Place of Birth **Quebec, Canada**Name and Address, Next-of-Kin **Alex. Leveser, Rimouski, P. Quebec.**Relationship **Sister**Assigned Pay Monthly \$ **Nil.**

Payable to

Relationship

Separation Allowance \$

Payable to

Relationship

Discharge, Date and Place

Reason **Killed in A**

Character

**11-10-16****Gla 475****26-9-16**

Date		PAY			Field Allowance			Other Credits	Total Credits	Voucher		Cash Payments	Assigned pay	Other Charges	Total Debits	Balance	Remarks, Casualties, etc				
From	To	No. of Days	Rate	Amount	No. of Days	Rate	Amount			No.	Date										
16/9/15	31/10/15	46	1 <sup>00</sup>	46.	46	10	460	10.	6060			2433			2433	3627	Clothing Co.				
1/11/15	31/11/15	30	1	30.	30	10	300	3627	6927	786		1947			4867	9060.					
1/12/15	31/12/15	31	1	31.	31	10	310	2060	5440	891		1460			4136	1334.					
1/1/16	31/1/16	31	1	31.	31	10	310	1334	4744	974		1460			2190	2554.					
1/2/16	19/2/16	19	1	19	19	10	190	2554	4644	1139		1483			2190	2454	If issued to B.O. 50/3. 19.2.16				
2/2/16	31	10		10	10		10		11	1240		430			238	3316	was given to Mrs. Leveser 4th Bn. 8.2.16				
1/1/16	31	31		31	31		310		3410			974			698	6028					
BALANCE TRANSFERRED TO NEW LEDGER																					
																198.	1980 10. 22/-80	165 14	238/67 52	60.28	

Statement of  
APR 20 1916

Account rendered

Statement of

MAY 7 1917

Account rendered

Cash found in  
effects no. reg.

Settled

M



MARRIED OR SINGLE *Single*  
 PLACE OF BIRTH *Quebec*  
 NAME AND ADDRESS OF NEXT OF KIN *Alx. Lereser.  
 Remouski. p. Quebec.*  
 RELATIONSHIP OF NEXT OF KIN *Sister*  
 NAME AND ADDRESS OF NEXT OF KIN  
 RELATIONSHIP OF NEXT OF KIN  
 SEPARATION ALLOWANCE MONTHLY \$ EFFECTIVE (DATE)  
 PAYABLE TO  
 RELATIONSHIP OF DEPENDANT

CASUALTIES, PROMOTIONS, &c.			
PARTICULARS	EFFECTIVE DATE	AUTHORITY	
<i>Killed in Action</i>	<i>26-9-16</i>	<i>Ex A 475 1/10</i>	
<i>Appointed 1/cpl</i>	<i>12/6/16</i>	<i>DD. 19 537</i>	
		<i>0</i>	
ADMISSIONS TO HOSPITAL, &c.			
DATE ADMITTED	DATE DISCHARGED	V. OR A.	NAME OF HOSPITAL

REG'L. No *100377* RANK *Plt 1/cpl* NAME *Ouelette* Fred.  
 IF IN PERM. CORPS WHAT UNIT UNIT *10th Bn* TRANSFERRED TO *Non Eff* DATE *27-9-16* AUTHORITY *Ex A 475 1/10*  
 PERMANENT FORCE ALLOWANCES TRANSFERRED TO DATE AUTHORITY  
 PLACE OF ATTESTATION *Edmonton* TRANSFERRED TO DATE AUTHORITY  
 DATE OF ATTESTATION *July 3, 1915* TRANSFERRED TO DATE AUTHORITY  
 ASSIGNED PAY MONTHLY \$ *Nil* DATE EFFECTIVE  
 PAYABLE TO RELATIONSHIP  
 ASSIGNED PAY MONTHLY \$ DATE EFFECTIVE  
 PAYABLE TO RELATIONSHIP  
 STOP-PAYMENT FORM (ASSIGNED PAY) RENDERED (DATE) EFFECTIVE REASON  
 DISCHARGE DATE AND PLACE REASON AND AUTHORITY  
 ACCOUNT TRANSFERRED TO NON-EFFECTIVE BRANCH (DATE) *27-9-16*  
 ACCOUNT TRANSFERRED TO OFFICERS' PAY BRANCH (DATE)



DATE	PAY			FIELD ALLOWANCE			WORKING OR SPECIAL PAY			ASSIGNED PAY CREDITS	OTHER CREDITS	TOTAL CREDITS	ACQUITTANCE ROLLS				CASH PAYMENTS				ASSIGNED PAY	OTHER CHARGES	TOTAL DEBITS	BALANCE		PAY WITHHELD OR DEFERRED	PAY AVAILABLE FOR ISSUE	REMARKS						
	NO. OF DAYS	AMOUNT		NO. OF DAYS	AMOUNT		NO. OF DAYS	AMOUNT					1		2		3		4					CREDIT	DEBIT									
		RATE	\$		C.	RATE		\$	C.				RATE	\$	C.	NO.	DATE	NO.	DATE	NO.									DATE	NO.	DATE			
											227.80																							
<i>Apr 30 '16</i>	<i>30</i>	<i>30</i>		<i>3</i>							<i>33</i>	<i>989.14</i>	<i>1001.61</i>	<i>714</i>					<i>262</i>	<i>262</i>					<i>167</i>	<i>525</i>	<i>60</i>	<i>281</i>						
<i>May 31</i>	<i>31</i>			<i>310</i>							<i>34</i>	<i>1083.25</i>	<i>1124.16</i>	<i>15</i>					<i>255</i>	<i>255</i>					<i>510</i>	<i>117</i>	<i>04</i>							
<i>1/6 30/6</i>	<i>30</i>			<i>3</i>							<i>33</i>		<i>1171.6</i>	<i>6</i>						<i>256</i>	<i>256</i>				<i>256</i>	<i>147</i>	<i>48</i>							
<i>July 31</i>	<i>31</i>			<i>310</i>							<i>34</i>	<i>123.15</i>	<i>1250.77</i>	<i>7</i>					<i>341</i>	<i>349</i>				<i>1039</i>	<i>171</i>	<i>19</i>								
<i>1/18 31/8</i>	<i>31</i>			<i>310</i>							<i>34</i>	<i>1326.18</i>	<i>1404.08</i>	<i>18</i>					<i>349</i>	<i>349</i>				<i>698</i>	<i>198</i>	<i>31</i>								
<i>Sept 30</i>	<i>30</i>			<i>3</i>							<i>33</i>	<i>127.29</i>	<i>1499.47</i>	<i>9</i>					<i>349</i>	<i>349</i>				<i>698</i>	<i>224</i>	<i>33</i>						<i>Killed in Action 26/9/16 Ex A 475 1/10 over Paris 14 days Sept 16 Trans to N.E. 27-9-16</i>		
<i>Checked</i>																									<i>440</i>	<i>440</i>	<i>219</i>	<i>93x</i>						
<i>N.E. McKim</i>											<i>535</i>	<i>535</i>														<i>219</i>	<i>93</i>							<i>Ex 535 - Appointed 1/cpl 12/6/16 107 days @ .05. DD. 19. 5371</i>
<i>N.E. June 1917</i>																				<i>225</i>	<i>228</i>				<i>225</i>	<i>228</i>							<i>225<sup>28</sup> to Ottawa for shell 27/5/17</i>	
																				<i>225</i>	<i>228</i>													

Cash found in effects no report

Statement of  
 APR 25 1917  
 Account rendered

Statement of  
 MAY 9 1917  
 Account rendered





# MEDICAL HISTORY OF AN INVALID.

1.—Station.

2.—Regiment of Corps. *66 Overseas Battalion  
C.E.F.*

3.—Regimental No. and Rank. }

4.—Name. *Quette, Lucia*

5.—Age last Birthday. *41*

6.—Enlisted { on *2nd July 1915*  
at *Edmonton*

7.—Former Trade or Occupation. }

Date

8.—General remarks on his :—

(a) Conduct.

(b) Habits.

(c) Temperance.

*(For this purpose the Company defaulters sheets will be obtained from the man's Commanding Officer.)*

OPINION OF THE MEDICAL BOARD.

9.—Service.	Years. Days.	
	From	To
PERIODS.		

10.—Disease or Disability.

11.—Date of origin, cause, present condition and whether the same is the result of service or climate.

Has it been aggravated by intemperance, vice or misconduct ?

Date

Date

Approved

Date

MEDICAL HISTORY OF AN INVALID.

12.—In gunshot wounds, or other injuries, state how caused; whether received in action or in Field Service, and at what place, and whether on or off duty. If not received in action, was a Court of Inquiry held?

13.—In the event of the disability being attributed to exposure on duty, state clearly the nature of such exposure, and whether it was exceptional or otherwise.

14.—If aggravated, though not primarily caused by his service as a soldier, explain how it has been so aggravated.

15.—Is the disability permanent? If not, state its probable duration. To what extent will it prevent his earning a full livelihood?

16.—Full particulars of medical treatment of case up to date of invaliding.

17.—If previously proposed for discharge on medical grounds, state the date, the disability, for which recommended for discharge, and the cause of remand of Corps.

HISTORY OF AN INVALID

18—State if for discharge on account of unfitness for service.

(As Station or Hospital where finally disposed of)

Station and Hospital

Date

Admitted from	Discharged to	Remarks

Medical Officer by whom the case is brought forward.

OPINION OF THE MEDICAL BOARD.

(In which it should be stated how far the Board concurs in the above Report.)

Signatures :—

..... President.

Station

Date

Members.

Date

Assistant Director of Medical Services.

Approved.

Date

Director of Medical Services.

[OVER]

If previously proposed for discharge on medical grounds, state the date the disability for which recommended for discharge and the cause of removal of Corps.

(At Station or Hospital where finally disposed of.)

Station and Hospital } Arrived from }

Date

If admitted.	If under treatment.		Disease.	How fully disposed of.	Date of Discharge, &c.
Index No.	From	From			
Date					

Summary of Causes of invaliding, or remarks as to remand to Regiment, Station or Depôt.

Date of final Medical Board or decision. }

Administrative Medical Officer.

DETAILED MEDICAL HISTORY OF INVALID.	
Station	Date
Corps	Date
Regimental No.	Date
Name	Date
Disability	Date
Hospital or Station transferred to for final disposal.	
Date of final disposal	Date
How finally disposed of	Date
Rank	

Militia Form B. 227.  
 20th Ed. 5-15.  
 H. G. 1772-39-117.

The original Report is invariably to accompany the discharge documents of Invalids.