

ATTESTATION PAPER.

Original

No. 3345-18

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... Porter.
- 1a. What are your Christian names?..... George Frederick.
- 1b. What is your present address?..... R.R.2 - Aylmer Ont
- 2. In what Town, Township or Parish, and in what Country were you born?..... Aylmer, Ont.
- 3. What is the name of your next-of-kin?..... Mr. Thos. H. Porter
- 4. What is the address of your next-of-kin?..... R.R.2. Aylmer Ont.
- 4a. What is the relationship of your next-of-kin?..... Father.
- 5. What is the date of your birth?..... Mar. 9 - 1892
- 6. What is your Trade or Calling?..... Farmer
- 7. Are you married?..... No
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... 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
- 13. Have you ever been discharged from any Branch of His Majesty's Forces as medically unfit? .. No
- 14. If so, what was the nature of the disability?..... -
- 15. Have you ever offered to serve in any Branch of His Majesty's Forces and been rejected?..... No
- 16. If so, what was the reason?..... -

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Geo. Frederick Porter, do solemnly declare that the above are answers made by me to the above questions and that they 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.

George F. Porter (Signature of Recruit)

Date May 25 1917 H. E. White (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I,, 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.

George F. Porter (Signature of Recruit)

Date May 25 1917 Geo. G. G. G. (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 London Ont this 25th day of May 1917.

W. J. Chittick (Signature of Justice)

George Frederick Porter
Description of *Frederick Porter* on Enlistment.

Apparent Age.....*25* years*2* 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. *4*^{*3*}/_{*4*} ins.

Chest measurement. { Girth when fully expanded.....*34*^{*1*}/_{*2*} ins.
 { Range of expansion.....*32* ins.

Complexion.....*Fair*

Eyes.....*Blue*

Hair.....*Light Brown*

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

RIGHT EYE D ^{*30*}/_{*20*} LEFT EYE D ^{*30*}/_{*20*}
 HEARING R *normal* L *normal*

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.....*May 25th* 191*7*.

H. Kingsmill

Place.....*London Ont.*

Major A. D. C.

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.

George Frederick Porter.....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.

W. B. ... (Signature of Officer)

Date.....*MAY 25 1917*.....191*7*.

S

- Proceedings of Court of Inquiry or on men reported Missing on Active Service.....
- Attestation Papers..... 2
- Declaration of change of name.....
- Authority for special enlistments.....
- Documents of re-enlisted men.....
- Regimental Conduct Sheet.....
- Compulsory Stoppages.....
- Casualty Forms.....
- Proceedings on discharge.....
- Corps History Sheet.....
- Date and No. of Deposit Receipt for Purchase Money and Amount.....
- Parchment Certificate.....
- Medical Report for Invalids.....
- Medical History Sheet..... 2
- Proceedings of Regt. Court Martial.....
- Copies of Convictions by Civil Power.....
- Company Conduct Sheet.....
- Clothing Transfer Certificate.....
- Inventory of Kit.....
- Last Pay Certificate..... 1

purpose - 1

DISCHARGE DOCUMENTS

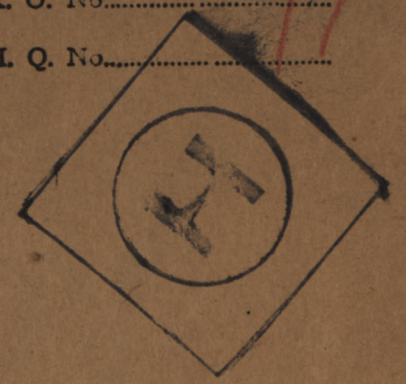
Name *Porter, George, Frederick.*
 Regt. No. *334518* Rank *Cpr.*
 Corps *63rd Bty. C.F.A., C.E.F.*

C
me

Medically unfit

3455.

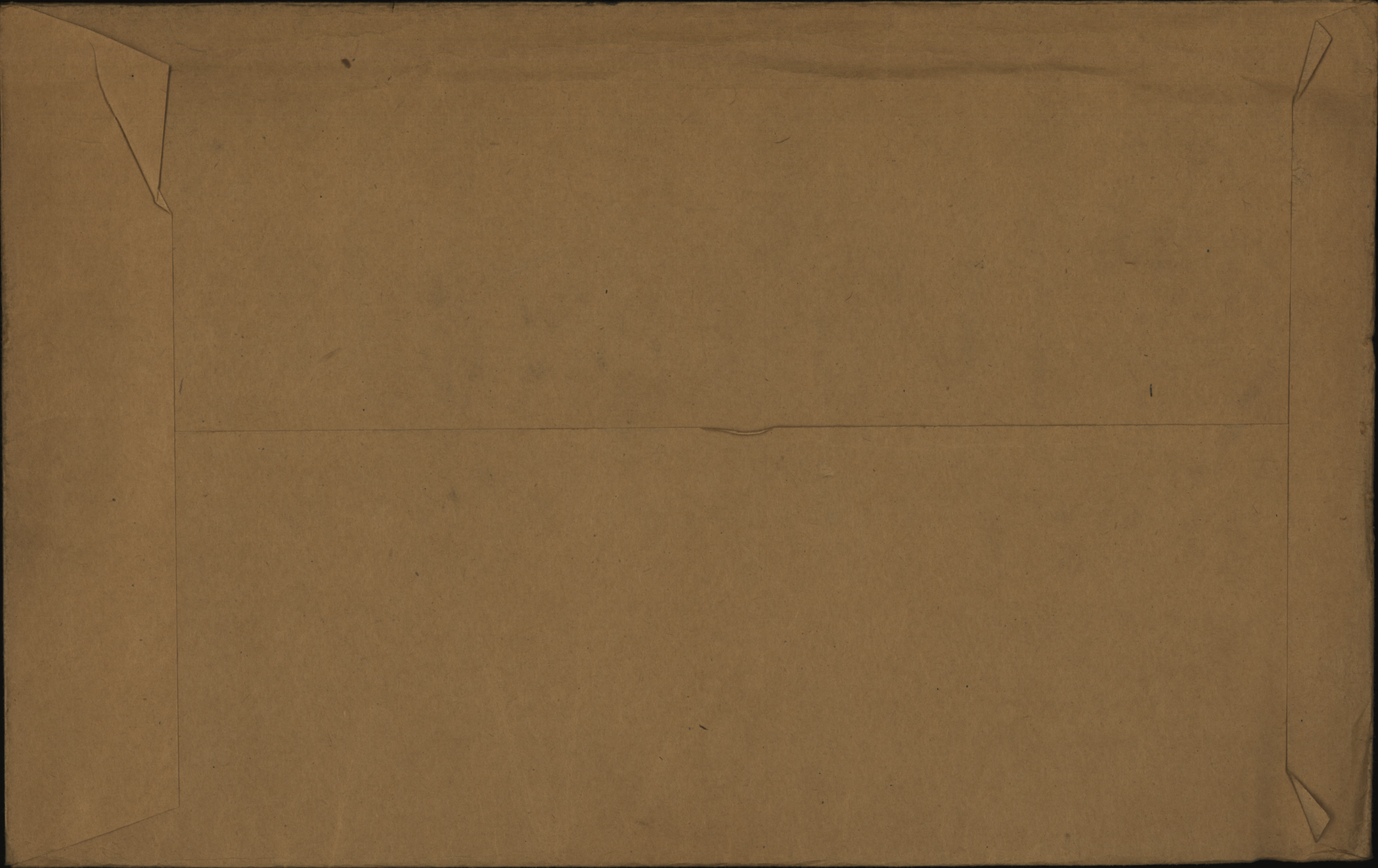
R. O. No. *17*
 H. Q. No.



43-11
14-11
1-11



al.



SURNAME.

Porter

CARD NO.

S. O. S. Disc

CHRISTIAN NAMES

George Frederick

25/7/17

FOLL.

B

REGL. No.

334518

RANK

Gr.

UNIT

63rd Bty. C. F. A.

FORMER CORPS

Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Porter Thomas H.

RELATIONSHIP TO SOLDIER

Father

ADDRESS

R. R. No 2. Aylmer Ont.

COUNTRY OF BIRTH

Canada Aylmer Ont.

DATE

Mar. 9th - 1892

PLACE OF ATTESTATION

London Ont.

DATE

May 25th - 1917

H.R.

MARRIED

SINGLE

WIDOWER

TRADE OR CALLING

Farmer *Yes*

RELIGION

Methodist

DESCRIPTION.

APPARENT AGE

25 YEARS

2 MONTHS

HEIGHT

5 FEET

4 $\frac{3}{4}$ INCHES

CHEST MEASUREMENT

32 INCHES

EXPANSION

2 $\frac{1}{2}$ INCHES

COMPLEXION

Fair

EYES

Blue

HAIR

Light brown

DISTINGUISHING MARKS

Nil.

MEDICAL EXAMINATION.

PLACE

London Ont.

DATE

May 25th 1919

Present Address R. R. No 2 Aylmer
Ont.

No. 334518 RANK

Gnr.

NAME

Porter, Geo H

T. O. S. 25-5-17
20117-12-6-17

UNIT

63rd Depot Battery

M. D. 1

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1917	1917.			
June 9	June 30	✓	Transf to Pelawawa	20124-28-6-17
July 1	July 27	✓		

100

100

100

THOMSON-BRAUER ENGINEERING CO.

100

100

100

100

100

100

100

63RD DEPOT BATTERY. C. F. A., C. E. F.

NAME Porter, George Frederick.

REGIMENTAL NO. 334518 RANK Gunner.

ENLISTED AT London, Ontario. PROMOTIONS, &c.
AND DATE

DATE 25/5/17. (Pay from June 9th 1917.)

IF SERVED PREVIOUSLY, STATE UNIT, &c.

MARRIED, WIDOWER, OR SINGLE Single.

NEXT OF KIN Thomas H. Porter. RELATIONSHIP Father.

ADDRESS OF R.R. # 2. Aylmer, Ontario.

ASSIGNMENT OF PAY \$ C. TO

ADDRESS

SEPARATION ALLOWANCE, ENTITLED OR NOT No.

DATE APPLICATION FORWARDED TO DIVISIONAL PAYMASTER

IN WHOSE FAVOUR

CASUALTIES, &C.

NATURE

E.G. ABSENCE, PROMOTION, &C.

PART II, D. O.

No.

DATE

REMARKS

IF IN HOSPITAL, NOTE NAME &C.

Trans to Ottawa

JUN 28 1917

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				

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 334518. Rank Gunner. Name George Frederick PORTER.

Corps 63rd Battery, C.F.A., C.E.F. who was* discharged.

On July 27th, 1917. 1917, to.....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from July 1st, 1917, to July 27th, 1917, the inclusive date of transfer or discharge.

Dr.	\$	c	Cr.	\$	c
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....	5	00
Advances } No. <u>July 16th, cash</u>	5	00	Reg'tl Pay <u>27</u> days at \$ <u>1.00</u> c.....	27	00
Cheques } No. <u>111</u>	10	00	Field Allow. <u>27</u> days at \$ <u>c.10</u>	2	70
Assigned Pay No. <u>Laundry 1.20</u>			Other Allowances*.....		
Other Charges* <u>Kit Short. 1.70</u>	2	90	Other Credits*.....		
Payment on transfer or discharge No. <u>123</u>	16	80	Bal. Dr. (to be deducted by new unit).....		
Balance Cr. (to be paid by the new unit).....					
Total	34	70	Total	34	70

*Give Particulars.

A monthly stoppage of \$..... (†) has (‡) been paid on account of Assigned Pay for the month of..... 1917 to (Assignee).....
 (Address).....

(†) Insert amount to be assigned, whether it has been paid or not.
 (‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer.

Outfit Allowance of \$..... has been paid by Paymaster, Military District No.....

REMARKS:—

State (1) date of enlistment May 25th, 1917.

(2) if married and if a Separation Allowance Card has been submitted No. Single.

(3) cause of discharge and authority medically unfit, C. of E. 27-7-17.

If discharged from the Contingent, state if Stop Payment advice for Assigned Pay has been forwarded, and date No A.P.

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date August 10th, 1917.

Place Petawawa, Ontario.

(Sgd.) L. T. Hayman, Lieut.
 Paymaster

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and; one for retention as a record.
 For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and; one for retention as a record.

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

This form to be used for all Rates (The Articles 122, 120 and 141, Personal Incentives, 1917, 1918)

Regimental No. _____ Name _____ Rank _____

On _____ 1917 to _____ 1918

*Insert "discharged" or "transferred"

The following is a statement of the account of the account of the above named from _____ 1917 to _____ 1918, the inclusive date of transfer or discharge

	Dr.	Cr.		
Balance Cr. (to be paid by the new unit)				
Payment on transfer or discharge				
Other Charges				
Assigned Pay No.				
Charges by Advances				
Bal. Dr. from prev. month				
Total	24 70	24 70		

*Give Particulars

A monthly statement of \$ _____ has _____

Pay for the month of _____ 1917 to (Assigned)

(Address)

(1) Insert amount to be assigned, whether it has been paid or not
(2) Insert "not" if amount has not been paid for period of account

On Transfer of an Officer

Outfit Allowance of \$ _____ has been paid by Paymaster, Military District No. _____

REMARKS

State (1) date of enlistment

(2) if married and if a Repatriation Allowance Card has been submitted

(3) cause of discharge and authority therefor

If transferred from the Contingent, state if Special Payment for Assigned Pay has been forwarded, and date

I have carefully examined this statement of account and find it to be a correct extract from the Pay-roll of the unit.

Date _____

Place _____

N.B.—For purposes of transfer this form is to be made out in quadruplicate. One copy to Paymaster of new unit; one to District Paymaster; one to accompany the pay-list at the end of the month, and one for retention as a record. For purposes of discharge it is to be made out in triplicate. One copy to accompany discharge papers; one copy to accompany pay-list at the end of the month, and one for retention as a record.

MEDICAL HISTORY SHEET

Surname Porter Christian Name George Frederick

Examined { on 25th day of May 1917
 at London Ont.
 Birthplace { City or Town Aylmer
 County Elgin Ont.

Approved by H. A. Kingsmill
 Rank Major C. A. M. C. M.O.

Apparent age 24 25/2
 Trade or occupation Farmer
 Height 5 feet 4 3/4 Inches
 Weight 115 lbs.
 Chest measurement { Minimum 32 inches
 Maximum expansion 34 1/2 inches
 Physical development Good
 Small-pox Marks nil

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
<u>26/6/17</u>	<u>Fit</u>	<u>A. J. J. McGarry Capt. M.C.</u> M.O.

Vaccination Marks { Arm Right Left 1
 Number 1
 When Vaccinated last Childhood

Date	Result	VACCINATIONS

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection
Varicella C
RIGHT EYE D 30/20 LEFT EYE D 30/20
HEARING R normal L normal

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>7/7/17</u>	<u>Fit</u>	<u>C. H. E.</u> M.O.
<u>15/7/17</u>		

Enlisted on 25th day of May 1917 at London, Ont.

CORPS	REG'TL NUMBER	HABITS	DATE
<u>63rd DEPOT BATTERY</u>	<u>334518</u>		<u>MAY 25 1917</u>
Transferred to <u>medically unfit</u>			
<u>Discharged (Disaster)</u>	<u>334518</u>		<u>July 25, 1917</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>London, Ont.</u>	<u>MAY 25 1917</u>	<u>On Attestation</u>	<u>considered... fit</u>
<u>London, Ont.</u>	<u>26/6/17</u>	<u>Nil.</u>	<u>fit.</u>
Examined by <u>S. M. Board.</u>			<u>Pres.</u>
<u>H. A. Kingsmill, Maj. A. M. C. (Pres.)</u>			<u>A. J. J. McGarry, Capt. M.C.</u>
<u>L. H. Douglas, Capt. A. M. C.</u>			<u>A. Mackay, Capt. A. M. C.</u>
<u>S. J. McGarry, Capt. M.C.</u>			

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.

MEDICAL HISTORY SHEET

Surname **PORTER** Christian Name *George Frederick*

Examined { on *25th* day of *May* 1917
at *London, Ont.*
Birthplace { City or Town *Aylmer*
County *Elgin Co., Ont.*

Approved by *A. Kingsmill*
Rank *Major L.A.M. C. M.O.*

Apparent age *25 1/2*
Trade or occupation *Farmer*
Height *5* feet *4 3/4* Inches
Weight *115* lbs.
Chest measurement { Minimum *32* inches
Maximum expansion *34 1/2* inches
Physical development *Good*
Small-pox Marks *nil*

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
<i>7/6/17</i>	<i>Fit</i>	<i>A. J. J. M. Kelly Capt. Aug. M.O.</i>
		M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Vaccination Marks { Arm Right Left
Number *1*
When Vaccinated last *childhood*
(a) Marks indicating congenital peculiarities or previous disease *Varicella L.*

Date	Result	VACCINATIONS
		M.O.
		M.O.
		M.O.

(b) Slight defects but not sufficient to cause rejection
RIGHT EYE D ³⁰/₂₀ LEFT EYE D ³⁰/₂₀
HEARING R Normal Normal.

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<i>7/7/17</i>	<i>Fit</i>	<i>NOTE.</i>
		M.O.
		M.O.
		M.O.

Enlisted on *25th* day of *May* 1917 at *London, Ont.*

CORPS	REG'TL NUMBER	HABITS	DATE
<i>63rd DEPOT BATTERY</i>	<i>334518</i>		<i>MAY 25 1917</i>
Joined on enlistment			
Transferred to			

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<i>London, Ont. ...</i>	<i>MAY 25 1917</i>	<i>On Attestation</i>	<i>considered... fit</i>
<i>London, Ont. ...</i>	<i>26/6/17</i>	<i>Nil.</i>	<i>Fit.</i>
<i>Examined by S.M. Board.</i>		<i>D. J. M. Kelly Capt. Aug. Pres.</i>	

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.

This space to be for numbers.

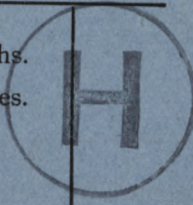
Proceedings on Discharge.

Military District No. 1
 AUG 18 1917
 I. D. 87-40-4

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No.	334518
Rank	Gunner
Name	PORTER, George Frederickk.
<small>NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	63rd Battery, C.F.A., C.E.F.,
Date of Discharge	July 25th, 1917.
Place of Discharge	Petawawa Camp, Ontario.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age.....	25	years.....	4	months.		Descriptive Marks
Height.....	5	feet.....	4 1/2	inches.		
Complexion	Fair					N I L
Eyes	Blue					
Hair	Light Brown					
Trade	Crane Operator					
Intended place of residence	17 Horton Street, St. Thomas, Ontario.					
<small>(To be given as fully as practicable.)</small>						

2. The above-named man is discharged in consequence of

- medically unfit -

(Authority H. Q. Letter, Pwa. 11-1-2-P, d/11-7-17.)

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

3. Conduct and character while in the service have been, according to the records, etc.

Good.
A. J. H.

N. B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company:

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

Crane operator.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

M. F. B. 218.

50m.—3-16.

H. Q. 1772-39-113.

(OVER)

Am
Dis. Dec.
20.8.17
[Signature]

5. He is in possession of the following number of G. C. Badges:

N I L

No reference to G. C. Badges is to be made on either the discharge or transfer certificate.

6. Medals and Decorations.....

N I L

to be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company. (Squadron or Battery), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place) Petawawa Camp, Ontario,

R. V. Bayman
Lieut.,

(Date) July 25th, 1917.

Commanding 63rd Battery, CFA., CEF.,

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page.

(Place) Petawawa Camp, Ontario. *George F. Porter* (Signature of Soldier.)

(Date) July 25th, 1917. *Russell G. Shipway* (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

George F. Porter (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.....(the date to which the Record of Service is completed).....years 61 days.

Total.....years 61 days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place) Petawawa Camp, Ontario,

(Signature) *D. Walker* Major,
O.C. 6th Cdn. Brigade, CFA., CEF.

(Date) July 25th, 1917.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

No exceptions taken to paragraph 8, previous page.

George H Porter
Signature.

List of Discharge Documents.

<p>Reg. Conduct Sheet, Militia form B. 263.</p> <p>Squadron } Battery } Conduct Sheet, " B. 263a. Company }</p> <p>Copies of Convictions, by C. P. in MS.</p> <p>Med. Hist. Sheet, Militia Form B. 313</p> <p>Medical Report for Invalid* " B. 227.</p> <p>Statement of Man's Account on Transfer and Last Pay Cer- tificate, " D. 877.</p> <p>*Only if discharged "Medically unfit."</p>	<p>Attestation Paper, Militia Form B. 235.</p> <p>Proceedings on Discharge " B. 218.</p> <hr/> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p style="padding-left: 40px;">(a) Proceedings on Discharge.</p> <p style="padding-left: 40px;">(b) Attestation.</p> <p style="padding-left: 40px;">(c) Medical History Sheet (in the event of such having been prepared.)</p>
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N. B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

MEDICAL HISTORY OF AN INVALID

649 P-11489

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

1. In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
2. The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the soldier to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
3. In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
4. Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
5. If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialled by the Medical Board.
6. A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
7. Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
8. The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison & Sons.

STATION London DATE 12-4-18.

1. 1 (a) Unit Casualty #1. (b) Regimental No. 675071. (c) Rank Pte.

(d) Surname P R T E R (e) Christian name George Frederick. District No. 1

2. Age last birthday 21. Date of birth 9-2-98

3. Enlisted at Woodstock. on 7-1-16.

APR 14 1918
CANADA
I. D. 30 P-340

4. Personal description:—

(a) Height 5' 6 1/2" (b) Weight 140 (c) Complexion Fair.
(stripped)

(d) Colour of hair Brown. (e) Colour of eyes Brown. (f) Identification marks Small

scar, 2nd finger left hand.

5. Address after discharge (for the use of the Board of Pension Commissioners)

Vansittart Ave., Woodstock, Ont.

6. Former trade or occupation Florist.

7. (a) Service

Years	PERIODS	
	From	To
<u>168</u>	<u>7-1-16.</u>	<u>10-4-18.</u>
<u>Casualty #1.</u>		

(b) Has he been overseas? Yes. 8. Original disease or disability

(1) V.D.H. (2) Chronic catarrhal otitis media.

(a) Date of origin (1&2) Since enlistment (b) Place of origin France.

(c) Cause (1) Active service conditions. (2) Shell concussion.

(d) Present disease or disability (1) Shortness of breath. (2) Deafness.

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (a) weakness, (b) loss (complete or partial) of any organ or member of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

(1) Soldier complains of deafness, and shortness of breath on any over-exertion, or excitement. There is a systolic murmur at the apex.

Pulse standing, 80; on toughing floor 10 times 112, with considerable

M. F. B. 227. dyspnoea; pulse returns to 80 in 3 minutes.

9. Present condition.—(Continued.)

(2) Specialists report. "Chronic catarrhal otitis media and slight nerve deafness.

L. EAR. R. Ear. Condition was not present prior to enlistment, and has been caused by active service; no improvement is to be expected. (Signed) Major Brown.

15 ft. Voice. 18 ft. General condition good. Will be able to carry on at previous occupation.

(b) Are the following systems normal? If not, briefly state abnormality.

Nervous O.K. Digestive O.K. Respiratory O.K. Cardiac Described. Genito-Urinary O.K. Skin, Middle Ear, Eye or any other part Ear Described.

10. History: (a) of Condition referred to in "a" section 9.

Soldier blown up by shell following which he became short of breath, and noticed some deafness.

(b) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

Nil

11. If the disabling condition had its origin before enlistment, has it been aggravated on service?

1 & 2 N.A.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment?

No.

The regimental documents will be referred to. (If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one?

(1 & 2) Permanent.

14. Treatment (Case reports, general or special, should be secured and attached where possible).

Hospitals; France and England.

OPINION OF THE MEDICAL BOARD

14. (Continued).

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
(If the answer is "yes" state nature of treatment required and probable duration.)

No.

16. Can the former trade or occupation be resumed? Yes.
(If not, briefly state why.)

17. Recommendations Category 0 11.

A. A. Humphreys Capt.
Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier and either "satisfied" or "not satisfied" struck out.)

I, the undersigned *G. J. Porter* have heard the description of my disability and present condition read, and am satisfied (~~not satisfied~~) with it. (If dissatisfied, statement should follow.) I complain in addition of

G. J. Porter
Signature of soldier examinee.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

Agree.

19. Is the soldier fit for

- (a) General service, (Category A) (Yes or No) **No.**
- (b) Service abroad, not general service, (" B) (Yes or No) **No.**
- (c) Home service, (Canada only), (" C) (Yes or No) **Yes.**
- (d) Temporarily unfit. (" D) (Yes or No) **No.**
- (e) Unfit for service in Categories A, B and C, (" E) (Yes or No) **No.**

20. It is certified that the soldier

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration).

- (b) Does not require treatment.
- (c) Should pass under his own control.
- (d) Should not pass under his own control.
(Strike out condition not applicable).

OPINION OF THE MEDICAL BOARD—(Continued).

21. It is recommended that the soldier be discharged. (When not for discharge add special recommendation).

Category C 11.

Before signing the President of the Medical Board will read the certificate signed by the soldier, to the soldier, and if no change is indicated will initial the certificate.

John A. Miller Capt President.
H. S. ... Capt Members.
W. M. ... Capt Members.

PLACE Armouries, London.

DATE 12-4-18.

APPROVED BY

J. M. ...
Assistant Director of Medical Services.

APPROVED BY

J. Y. Stauffer Capt
for Director-General of Medical Services.

DATE 12-4-18

DATE 14.4.18

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned, understand the nature of the treatment which it is recommended that I should undergo and refuse to accept it.

Witness Signed
Should the refusal of the soldier to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

PLACE _____ } President.
DATE _____ } Members.

Specialist's ear report ----- 1.

M.F.B. 465 ----- 1.

A.F.B. 179 ----- 1.

>The above documents taken from file and attached to board.