Ctc M-6-6-18

S

Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers.....3-4

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....1

Compulsory Stoppages.....

Casualty Forms.....1

Proceedings on discharge.....1

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....1

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

M.F.W. 399 — 1

Name BROWN JOHN.

Regt. No 3307577 Rank Pte

Corps #10 Special S. Coy.

R. O. No. 649-B-26985

H. Q. No.

44560

Med Unfit.

~~1 Index~~ Removed 14/1/18.

Card. ~~1 Change of Address~~

~~1 Part II~~

~~1 Casualty.~~

H

~~SCA 11/2/19~~ ~~ATU~~

Documents sent to MD 10 on Rtd 2-1-19 649-B-26985 29/11/18

M. F. W. 62.
100m —6-17.
H. Q. 1772—39—935.

SPECIAL

ORIGINAL

ATTESTATION PAPER.

No. 3307577

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

Enlisted for Special Duty in Canada Only

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

1. What is your surname? ..... Brown
1a. What are your Christian names? ..... John
1b. What is your present address? ..... 224 Garry Street Winnipeg Manitoba Canada
2. In what Town, Township or Parish, and in what Country were you born? ..... Fort Frances Ontario Canada
3. What is the name of your next-of kin? ..... Albert Woomet
4. What is the address of your next-of-kin? ..... 224 Garry Street Winnipeg Manitoba Canada
4a. What is the relationship of your next-of-kin? ..... Uncle
5. What is the date of your birth? ..... May 3rd 1899
6. What is your Trade or Calling? ..... Teamster
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 J. B.
If so, state particulars of former Service. naval
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? .....

Discharged 23/3/18 120-285 No 277 W.S.

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, John Brown, 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.

J. Brown (Signature of Recruit)

Date March 7th 1918. P. W. Burton (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, John Brown, 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.

J. Brown (Signature of Recruit)

Date March 7th 1918. P. W. Burton (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 Winnipeg this 7th day of March 1918

F. Whitson (Signature of Justice)

M. F. W. 23.
750 M.—1-17.
H. Q. 1772-39-841.

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT.

Description of John Brown on Enlistment.

Apparent Age 18 years 9 months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft 5 ins.

Chest measurement: Girth when fully expanded 32 ins.
Range of expansion 4 ins.

Complexion Fair

Eyes Brown

Hair Brown

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

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).

VISION R. EYE 20/20
" L. " 20/20
HEARING R. EAR N
" L. " N

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* C. I FIT FOR SPECIAL DUTY IN CANADA ~~for the Canadian Over-Seas Expeditionary Force.~~

Date March 7 1918. C. Wersho Lieut.

Place Winnipeg 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:—

ENLISTED IN ACCORDANCE WITH C.O. 1 PARA 1 1918.

CERTIFICATE OF OFFICER COMMANDING UNIT.

John Brown 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.

F R Pitson Major (Signature of Officer)
O. C. No. 10 S. S. Coy. C.E.F.

Date March 7 1918.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3307577 (Rank) Private

Name (in full) John Brown enlisted in

the #10 Special Service Coy

CANADIAN EXPEDITIONARY FORCE at Winnipeg on the 7th

day of March 1918

HE served in Canada

and is now discharged from the service by reason of being medically unfit for war service

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows :—

Age	18 yrs	Marks or Scars	nil
Height	5' 5"		
Complexion	fair		
Eyes	Brown		
Hair	Brown		

J. Brown
Signature of Soldier

Thomas Cook
Issuing Officer

Lieut.
Rank

O. C. Discharge Section
No. 10 DISTRICT DEPOT
Appointment

Date of Discharge ~~25/5/18~~ 31/7/18 Tsc.

Signed at Winnipeg this 25th day of May 1918

in Military District No. 10

File Reference No. —

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

M. F. W. 39a
200m.—2-18.
H.Q. 1772-39-882

DISTRICT CASUALTY OFFICE
MAY 30 1918
M. D. 10

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. 3307577 (Rank) Pte Name John Brown

Unit #10 Special Service Coy

Address on Discharge 191 Osborne St Winnipeg

Character and Conduct Good

Former Occupation Teamster

Special Qualifications of Value in Civil Life —

Medals and Decorations nil

Remarks nil

No. 10 DISTRICT DEPOT DISCHARGE SECTION

Signed at Winnipeg this 25th day of May 1918.

Name of Officer

Lt. Col.
Rank

Officer Commanding No. 10 District Depot

Appointment

Capt.
District Casualty Officer
Military District No. 10

94-B-1503 Clerks C I

MEDICAL HISTORY SHEET

Surname BBrown *Christian Name* John

Examined { on 7 day of March 1918 / at Winnipeg

Approved by E Wershof Lieut

Birthplace { City or Town Fort Francis / County Ontario

Rank M.O.

Apparent age 18 Years 9m

Trade or occupation Teamster

Height 5 feet 5 Inches

Weight 105 lbs.

Chest measurement { Minimum 28 inches / Maximum expansion 32 inches

Physical development Normal

Small-pox Marks Nil

Vaccination Marks { Arm Right Left I / Number One

When Vaccinated last 1914

(*a*) Marks indicating congential peculiarities or previous disease

(*b*) Slight defects but not sufficient to cause rejection

Date	Fit or Unfit	Examined for Re-Engagement	
7/3/18	Fit	E Wershof Lt	M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.
			M.O.

VISION R. EYE 20/20
" L. " 20/20
HEARING R. EAR 2
" L. " 2

Date	Result	Vaccinations	
			M.O.
			M.O.
			M.O.

Date	Result	Anti-Typhoid Inoculations, Etc.	
			M.O.
			M.O.
			M.O.

Enlisted on 7 *day of* March 1918 *at* Winnipeg

	Corps	Regt'l Number	Habits	Date
Joined on enlistment	AW 10 SPECIAL SERVICE CO'Y	330/5/44		7 I 18
Transferred to	~~Discharged~~			22-4-18
	Transferred to #10 Distrct		Depot	22 4 18.

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.

M. F. B. 313.
300M.—1-17.
H. Q. 1772-39-430.

Surname ..... Christian Name .....

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				

SPECIAL

Fill in Only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 103.)
250M.—1-16.
H. Q. 1772-39-920.

Casualty Form—Active Service.

Unit, Regiment or Corps No. 10 SPECIAL SERVICE CO'Y

Regimental No. 3307577 Rank Pte Name Brown John
C. E. F.

Enlisted (a) 7-3-18 Terms of Service (a) Duration of War Service reckons from (a) 7-3-18

Date of promotion to present rank. } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended Re-engaged Qualification (b)

Report: Date	Report: From whom received	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.
April 19. 1918	A. A. G.	Transferred to #10 District Depot	Winnipeg	22-4-18	C.O. 92. 19-4-18 P. 210
22-4-18	D.O. 3-9	T. O. D. District Depot #10. W/pg.			A R Skinner Sr Nor S S Cy
31-7-18 ~~25-5-18~~	T.S.C.	Discharged CO 120 - 2485. DO ~~36~~ 222			T.S.C.

Thomas Cook Lt for Lt. Col.
Officer Commanding No. 10 District Depot

(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				

Name Brown 7-3-18

Date of Embarkation for England

Proceeded to France.

Returned to England.

Date returned to Canada.

Canada Only

P.R.2855.

Checked 13-2-22.

MARRIED SINGLE WIDOWER

TRADE OR CALLING RELIGION

DESCRIPTION.

APPARENT AGE YEARS MONTHS

HEIGHT FEET INCHES

CHEST MEASUREMENT INCHES EXPANSION INCHES

COMPLEXION EYES HAIR

DISTINGUISHING MARKS

MEDICAL EXAMINATION. PLACE DATE

SURNAME. Brown

CHRISTIAN NAMES John.

REGL. No. 3307577 RANK Pte.

UNIT ~~Spec Serv. Co.~~ D.D. #10.

FORMER CORPS Nil.

CARD No. 10 (DO 2228 24/11/18) 31-7-18 10 00

S.O.S. D.O. ~~25-5-18~~ 10 auth Pt. II 368 of 23-5-18 - 10 D

T. O. S. Mar. 8th 1918

D.O. Part II 67

NEXT OF KIN.

NAMES IN FULL Woomer, Albert.

RELATIONSHIP TO SOLDIER Uncle.

ADDRESS 224 Garry St., Winnipeg, Man.

CHANGE OF ADDRESS

SOS.

COUNTRY OF BIRTH Canada, Fort Francis, Ont. DATE May 3rd, 1899

PLACE OF ATTESTATION Winnipeg, Man. DATE Mar. 7th, 1918

L. L. 26989. M. & D. 8191. M. F. W. 22. 100M.—8-17. H. Q. 1772-39-339.

List of Discharge Documents.

397-30-12-18

Reg. Conduct Sheet,	Militia form B. 263.	Attestation Paper,	Militia Form B. 235.
Squadron / Battery / Company } Conduct Sheet,	" B. 263a.	Proceedings on Discharge	" B. 218.
Copies of Convictions, by C. P.	in MS.		
Med. Hist. Sheet,	Militia Form B. 313		
Medical Report for Invalid*	" B. 227.		
Statement of Man's Account on Transfer and Last Pay Certificate,	" D. 877.		

*Only if discharged "Medically unfit."

In the case of recruits who are rejected on final approval, the discharge documents will consist of

(a) Proceedings on Discharge.

(b) Attestation.

(c) Medical History Sheet (in the event of such having been prepared.)

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.

44-B-975

22/10/38

This space to be for numbers

DEPT. MILITIA & DEFENCE JUN -4 1918 H.Q. CANADA

Proceedings on Discharge.

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

DEPT. MILITIA & DEFENCE DEC 30 1918 H.Q. CANADA

No.	3307577
Rank	Private John
Surname	Brown, John
Christian Name	2

NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Corps (Squadron, Battery or Company)	No.10 Special Service Coy
Date of Discharge	Tsc. 31st ~~25~~ 7-18 ✓ D.O.36. Date ammended D.O 222 Para 1662
Place of Discharge	Winnipeg

1. DESCRIPTION AT THE TIME OF DISCHARGE.

		Descriptive Marks
Age	18 years 9 months.	
Height	5 feet 5 inches.	
Complexion	Fair	
Eyes	Brown	
Hair	Brown	NIL
Trade	Teamster	
Intended place of residence (To be given as fully as practicable.)	191½ Osborne St Winnipeg	

2. The above-named man is discharged in consequence of Being Medically Unfit For War Service.

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.

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

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

Good [signature]

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

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

Teamster [signature]

M. F. B. 218.

100M.—1-17.
H. Q. 1772-39-113.

(OVER)

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

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

6. Medals and Decorations..... Nil

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) Winnipeg ..... Thomas Cook Lieut

(Date) 31st ~~25~~ - 7 - 18 TSC ..... *Commanding* Dis.Sec.District Depot M. D. 10

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) Winnipeg ..... J. Brown ..... (*Signature of Soldier.*)

(Date) 31st ~~25~~ - 7 - 18 TSC ..... S Steed ..... (*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.

..... (*Signature of Soldier.*)

10. **Statement of Service.**

Service toward Engagement to.....(the date to which the Record of Service is completed)..... years 144 days ~~85 days~~ TSC ~~79~~ days.

TSC 31st ~~23~~ - 7 - 18 Total..... years ~~79~~ days.

11. **Confirmation of Discharge.**

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

(Place) Winnipeg ..... (*Signature*) D. Gillespie Lt.Col.

(Date) TSC 31st ~~25~~ - 7 - 18 ..... O/C District Depot M.D.10

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.)

None

J. Brown

(OVER)

OPINION OF THE MEDICAL BOARD—(*Continued*).

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

As medically unfit.

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.

President.

Members.

PLACE Winnipeg, Man.

DATE April 26th 1918

APPROVED

APPROVED BY APR 30 1918

Assistant Director of Medical Services.

Major, A.M.C.
A.D.M.S., M.D.No. 10
WINNIPEG, MAN.

DATE

APPROVED BY

Director-General of Medical Services.

DATE

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.

President.

Members.

PLACE

DATE

B.P.C. ORIGINAL

44-B-975

MEDICAL HISTORY OF AN INVALID

LOCAL

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 Winnipeg, Man. DATE April 26th 1918

1. 1 (a) Unit 10 S.S. Co. #10 DD (b) Regimental No. 3307577 (c) Rank Pte.

(d) Surname Brown (e) Christian name John

2. Age last birthday 17 Date of birth 3rd May 1900

3. Enlisted at Winnipeg, Man. on March 7th 1918

RECEIVED
APR 29 1918
A.D.M.S. M.D.-10

4. Personal description:—

(a) Height 5ft 4½ inches (b) Weight 118 lbs (stripped) (c) Complexion Fair.

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

1 Vaccination mark on left arm.

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

474 McMillan Ave., Fort Rouge City.

6. Former trade or occupation Driver.

7. (a) Service

	Years	Days	Periods From	Periods To
C.E.F.			March 7th 1918	April 26th 1918

(b) Has he been overseas? No 8. Original disease or disability

1. Hydrocele of right scrotum. 2. Underage.

(a) Date of origin 1. 1916 2. Not applicable (b) Place of origin 1. U?S.A. 2. Notapplicable

(c) Cause* 1. Contusion of right testicle. 2. Not applicable.

(d) Present disease or disability 1. Impaired function of right testicle. 2. Underage

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. Has large cystic swelling involving right side of scrotum and extending along cord to external ring; condition in one of hydrocele of right tunica vaginalis and also hydrocele of cord; condition cuases some

ES

M. F. B. 227.

300M.—2-18.
1772—39—117.

9. Present condition.—(*Continued.*)

pain and dragging when walking, and standing any length of time.

2. This man states his present age is 17 years;. His physical developement would indicate that he was not more than 15 years or just passing through the stage of puberty.

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

Nervous Yes Digestive Yes Respiratory Yes Cardiac Yes

Genito-Urinary Yes Skin, Middle Ear, Eye or any other part Hydrocele of scrotum as described above.

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

Nil

(*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.

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

1. 2. Prior to enlistment, not aggravated by service.

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment? 1. 2. No, No, No, 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. Permanent 2. 3 years

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

None

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 As medically unfit.

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 John BROWN, have heard the description of my disability and present condition read, and am satisfied (~~or not satisfied~~) with it. (If dissatisfied, statement should follow.) I complain in addition of

Signature of soldier examined.

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.

Yes

19. Is the soldier fit for

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