

Description of

EDWARDS Stanley

on Enlistment.

Apparent Age 25 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 ins.

Chest measurement: Girth when fully expanded 34 ins. Range of expansion 3 ins.

Complexion Medium

Eyes Brown

Hair Brown

Religious denominations: Church of England, Presbyterian (marked with X), Methodist, Baptist or Congregationalist, Roman Catholic, Jewish, Other denominations.

Handwritten notes: Vision R. 20/60. L. 20/60. 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* for the Canadian Over-Seas Expeditionary Force.

Date 1918

Place

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.

Stanley Edwards 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.

J. E. Jamieson (Signature of Officer)

Date Sept 25 1918

REGIMENTAL DOCUMENTS

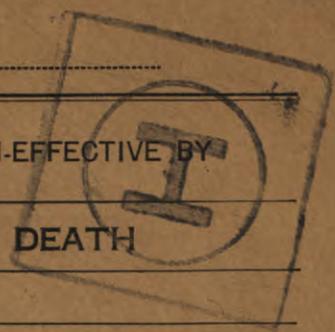
74 C.
19-9-19



NAME *Edwards Stanley*

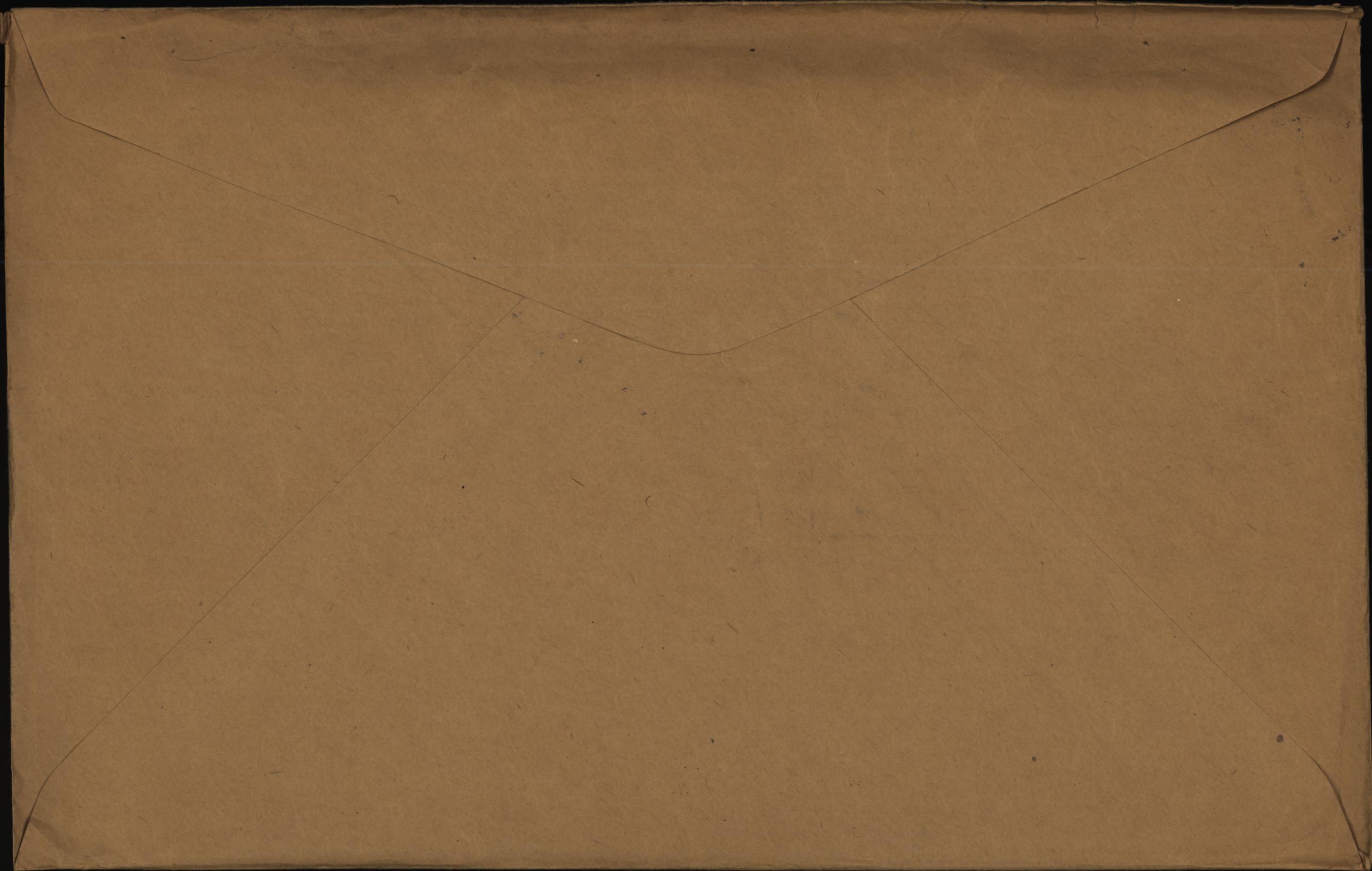
REGT. NO. *977113*

UNIT *C.S.E.F.* H. Q. FILE NO.



CONTENTS	DATE RECEIVED	TO WHOM FORWARDED	DATE FORWARDED	M. F. W. 2505 REFERENCE	NON-EFFECTIVE BY
1 ATTESTATION PAPER (M.F.W. 23, 133, or 51)				02823	DEATH
1 CASUALTY FORM (M.F.W. 54 or A.F.B. 103)					Category
TRAINING HISTORY SHEET (M.F.W. 113)					
1 FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)					
REGT. CONDUCT SHEET (M.F.B. 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)					
1 MEDICAL EXAMINATION (M.F.W. 129)					
TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)					
1 PROCEEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)					
1 DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)					
LAST PAY CERTIFICATE (M.F.W. 44)					DESERTION
PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)					<i>Deserter</i>
PARTICULARS OF CHARACTER (A.F.W. 3226)					
COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)					
1 <i>M. H. W. 192</i>					
1 <i>Report of M. B.</i>					
1 <i>Misc.</i>					
					1 1-20 1-20





*Name Edwards, Stanley Rank P/10 Regtl. No. 277113
 Original unit 658 Present unit 2 Fyle Depot 9755
 M. or S. Age Religion Ref. H.Q.

Port, ship, and date of arrival.....

Next of kin.....

Address on leave.....

Address on discharge.....

Transportation issued Yes No Date..... Character on discharge.....

Previous occupation..... Date and place of enlistment.....

Diagnosis..... Date of Medical Boards.....

over

Date.	Remarks	Pt. 2 Order No.
JAN 30 1919	Trans. from <u>from N.I. C.G.P.</u> <u>22/1/19</u> <u>Sub. Dep. Victoria</u>	30/1419
JAN 30 1919	<u>TO HOSP SECTION 24-1-19</u> <u>Referred to Gas Coy.</u> <u>Leave</u>	30/1426
24-1-19	<u>Referred to "Work Point"</u> <u>HSDO</u>	22/146
22-1-19	<u>P+D.</u> <u>HSDO</u>	23/152

*—Name will be given in full; surname first.

Date.

Remarks.

Pt. 2 Order No.

1-2-19

To. (Sub Depot)

5510

36/183

27/3/19.

S.S. as deserter. 1800. 60/251

FORM OF WILL

I, Stanley Edwards (Name in full)

Regimental Number 577 1113 serving in C. E. F. (Gibraltar)

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto

Name and Address of person or persons to whom it is to go.

absolutely, and my personal estate I bequeath to

Name and Address of person or persons to receive personal estate* (See note).
Miss Gladys Edwards
Box 2111 Valley
Langford B.C.

NOTE

This space for the appointment of Executor if necessary.

IMPORTANT NOTE

This must be signed and Dated by THE SOLDIER HIMSELF.

this 30th day of September A.D. 191

Stanley Edwards Signature of Soldier.

*N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness J. C. Chraham

Address of Witness Willows Camp B.C.

THE TWO WITNESSES

Occupation of Witness Soldier

MUST SIGN HERE

Signature of Second Witness J. L. Meredith

Address of Witness Willows Camp B.C.

Occupation of Witness Soldier

Siberia 277113

MILITARY SERVICE ACT, 1917.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar

- 1. Surname Edwards Christian name Stanley
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule
3. Consecutive number on schedule of men reporting for service (if he appears on it)
4. Address (including street and number, if any) Prince Rupert, B.C.

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 25 day of Sept. 1918 1917, by the undersigned medical board sitting at Prince Rupert, B.C.

- 5. Age as stated 24 Years 9 Months
6. Apparent age 25 Years Months
7. Height 5 Feet 7 Inches
8. Weight 120 Pounds
9. Chest measurement { Minimum 31 Ins. Maximum 34 Ins.
10. Complexion Medium { Eyes Brown Hair Brown
11. Physical development Good { Good Fair Poor
12. Smallpox marks Nil
13. Number of vaccination marks { Right arm 0 Left arm 2
14. When vaccinated last Childhood
15. Distinctive marks and marks indicating congenital peculiarities or previous disease Nil.

16. Slight defects but not sufficient to cause rejection. The man denies having had Rheumatism Tuberculosis Syphilis We find no evidence of past Rheumatism Tuberculosis Syphilis (Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category

A

- 17. (a) Vision R. 20/60 L. 20/60 (b) Hearing. R. Normal L. Normal

W. H. ... President. Capt. ... Lt. ...

Table with columns: Date, Result, VACCINATIONS, Date, Result, ANTI-TYPHOID INOCULATIONS, ETC. Rows show M.O. results.

Joined ... day of ... 191 at ...

Table with columns: CORPS, REG'TL NUMBER, HABITS, DATE. Rows for 'Joined on enlistment' and 'Transferred to'.

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

Table with columns: STATION, DATE, DISEASE, RESULT.

N. B.—This sheet is 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.

(Siberia)

Stanley Edwards Signature of Man

Temporary Original not available

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

M. F. W. 54. (A. F. B. 103.
500M.—9-16
H. Q. 1772-39-9-0.

Casualty Form—Active Service.

Unit, Regiment or Corps..... *260 Bn*

Regimental No. *2771113* Rank *Pte* Name *Edwards Stanley*

Enlisted (a) *25.9.18* Terms of Service (a) *D of W.* Service reckons from (a) *25.9.18.*

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).....

11

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				
<i>30-1-19</i>	<i>11 C.C. 9.</i>	<p><i>T.O.S. DISTRICT DEPOT XI</i></p> <p><i>S.O.S. D.D. XI on being</i></p> <p><i>D.O.S. b.E. 3 on being</i></p> <p><i>declared a deserter</i></p> <p><i>Auth: - Court of Enquiry Vancouver</i></p> <p><i>held at Willows Camp</i></p> <p><i>Victoria, B.C. at date</i></p> <p><i>17-3-19</i></p> <p><i>A.M.S. since 18²/₁₉</i></p>	<i>VANCOUVER, B.C.</i>	<i>22-1-19</i>	<p><i>D.O. Pr. II 30/141.</i></p> <p><i>1919.</i></p> <p><i>D.O. pt. II #106 4/99 16/4/19</i></p> <p><i>Amended by order 11</i></p> <p><i>0/26-5.23.</i></p> <p><i>J. Maclean</i></p> <p><i>Capt.</i></p> <p><i>For O. C. District Depot XI.</i></p>

(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.]

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used; but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 2771113 Rank Pte Surname Edwards
(Given name in full) Stanley
Unit or Corps 260th Bn. C.E.F.S. Birthplace Pittsburg, P.A.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer).

1. GENERAL DESCRIPTION:

Physique Fairly Good Weight 125 lbs. Height 5 ft. 7 in. Colour of Eyes Brown
Nutrition Good
Pulse 72
Condition of arteries Good
Vision Rt. 6/100 Left 6/100
Hearing (conversational voice) Rt. 15 ft.
Left 15 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin).
Nil

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No") (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary System No Cardio-Vascular System No
Special Senses Yes Integumentary System No Respiratory System No
Disturbance of mentality No Muscular System No Digestive System No
Osseous and Joint System No Any other general condition No

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Vision as above. Has extreme myopia of some years duration. (Prior to enlistment)

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at(Overseas)

Date SignedM.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at **VICTORIA, B. C.**(Canada)

Date **Jul 3 1919** Signed **J.R. Davies Capt.**M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to, or during service.

Signature **Stanley Edwards**

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

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

THIS HAS BEEN CHECKED
WITH ATTESTATION PAPER
M. S. T. 54 G. P. B. 103.
350M.—5-16
H. Q. 1772-30-920.

Casualty Form—Active Service.

H. M. Adams

Unit, Regiment or Corps *260th Batt. C.R. C.E.F. (S)*
 Regimental No. *2771113* Rank *Rifman* Name *Edwards Stanley*
C. E. F.
 Enlisted (a) *25/9/18* Terms of Service (a) *C.E.F.* Service reckons from (a) *25-9-18*
 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) *British Military*

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				
<i>BY 26/9/18</i>	<i>2nd X. B.C.</i>	<i>T.O.S. 260th Bn. C.R., C.E.F. (S.)</i>	<i>Victoria</i>	<i>25/9/18⁸⁴</i>	<i>260th D.O. Pt. II. No. 14. DI. 5/10/18.</i>
		<i>Transferred to 11th C.E.R.</i>	<i>Victoria</i>	<i>28/11/18</i>	<i>260th D.O. Pt II No. 68 8/28/11/18. reviser Capt Adj. 260th Bn. Can. Rifles, C.E.F. (S.)</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				

X

Y

Z

X

X

Y

CASE HISTORY SHEET.

Esquimalt Military Hospital. Work Point Station.
No. 2771113 Rank Private Name Edwards S Age 24
Unit 260th Completed years of service 4 } Canada } 4/12
Date of admission 24.1.1919 Date of discharge 1.2.1919
Diagnosis Scabies Place of origin Vancouver B C

CONDITION ON ADMISSION AND PROGRESS OF CASE

Complaints.

Itchy rash upper part back chest fleshy surface arms and upper part ant. surface thighs.

History of case.

Has been present for three weeks.

Present condition.

Respiratory system complains of slight cough with slight expectoration very slight rales.

Circulatory system slight systolic murmur at apex.

Digestive system normal

Symptomatic " "

Urinary " "

Special senses "

31.1.1919. Has recovered from scabies.

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

Personal History no History of infectious disease.

No History of T B in family.

TREATMENT

(Especially any specific or special form)

Sulphur ointment and later zinc ointment.

CONDITION ON DISCHARGE

(and disposal made of case.)

Fit for light duty.

Date 1.2.1919

H A Whillans. Capt. CAMC.

Medical Officer i/c case.

CLINICAL CHART

Name: _____
 Date of Admission: _____
 Room and No.: _____
 Date of Discharge: _____
 Initials: _____

Case

History

Examination

Diagnosis

Prognosis

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103

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111

112

113

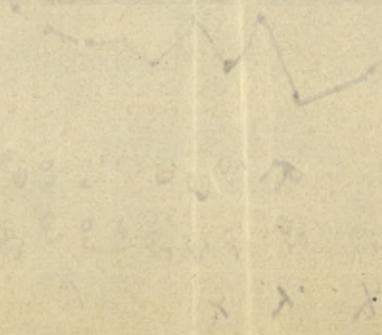
114

115

116

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R. X. X
 R. X. X
 R. X. X

Paymaster

Auditor

LECTING PAY AND ALLOWANCES

Regimental No. 2971113 Rank Pvt.

Name EDWARDS, STANLEY

If in P.F. What Unit _____ P.F. Allowances _____

Original Unit C.E.F. 260 Bn.

Place of Attestation Victoria B.C. Transferred to 2. 10. 11 Date 27-11-18 Authority DO #68

Date of Attestation 25-9-18 Transferred to _____ Date _____ Authority _____

Assigned Pay \$ NIL Date Effective _____ Authority _____

Payable to _____ Relationship _____

Address _____

Stop-Payment Form (Assigned Pay) Rendered (Date) _____ Effective _____

Discharged. Date and Place _____ Authority _____

CASH PAYMENTS				ASSIGNED PAY CANADA	ASSIGNED PAY OTHER COUNTRIES	OTHER CHARGES		REGIMENTAL CHARGES		TOTAL DEBITS		BALANCE		DEFERRED PAY		PAY AVAILABLE FOR ISSUE		SEP. ALL'CE	REMARKS		
No. 1	COL. No. 2	COL. No. 3	COL. No. 4			\$	C	\$	C	\$	C	\$	C	\$	C	\$	C			\$	C
7	✓ 20 ✓																				
3	✓					24.40 ✓	2.20 ✓			69.60 ✓			4.10 ✓								P.O.S 25-9-18 J.O.#14 5-10-18 <u>W</u> *4 days 3d. Punishment. D.O. 66-11 ✓ @ A.W.L. 2 days. D.O. 66-11. ✓

PROCEEDINGS ON A SOLDIER BEING STRUCK OFF AS A DESERTER OR ABSENTEE.

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

No. 2771113

Rank Private

Surname Edwards

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

Corps (Squadron, Battery or Company) 260th Battn

Date Struck Off March 22nd 1919

Place Struck Off Vancouver, B.C.

1. DESCRIPTION AT THE TIME STRUCK OFF.
 TO BE TAKEN FROM M.F.W. 23 AND M.F.B. 313.

Age <u>34</u> years..... months.	Descriptive Marks..... <u>Nil</u>
Height <u>5</u> feet..... <u>7</u> inches.....	
Complexion <u>Medium</u>	
Eyes <u>Brown</u>	
Hair <u>Brown</u>	
Trade <u>Miner</u>	

2. The above man is struck off in consequence of being declared a Deserter
Auth: - Court of Inquiry held at Willows
camp, Victoria, B.C. at date.

(a) Date to be struck off March 22nd 1919

N.B.—Date soldier is to be struck off must be clearly stated by Court of Inquiry M.F.B. 313.

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

M. F. B. 479.

.OM.—9-17.
1772-39-1160.

LIST OF DOCUMENTS REQUIRED FOR A SOLDIER WHO HAS BEEN
STRUCK OFF AS A DESERTER.

M.F.W. 303 (two copies)	(a) Proceedings Court of Inquiry.
A.F.B. or M.F.B. 218	(b) Proceedings of soldier struck off.
M.F.W. 23 or M.F.B. 232	(c) Attestation Paper (duplicate)
A.F.B. 121 or M.F.B. 203a	(d) Squadron, Battery or Company Conduct Sheet.
A.F.B. 120 or M.F.D. 203	(e) Regimental Conduct Sheet.
A.F.B. 122 (if Overseas casualty)	(f) Field Conduct Sheet.
A.F.B. 103 or M.F.W. 24	(g) Casualty Form. (L.E. B.F.M. or L.W.M.A.F.B.)
A.F.B. 178 or M.F.B. 313	(h) Medical History Sheet (duplicate).
M.F.W. 405	(i) Dental History Sheet.
A.F.W. 3068 or M.F.C. 303	(j) Transfer of Clothing Statement.
M.F.W. 44	(k) Last Pay Certificate.
M.F.D. 250 (two copies)	(aa) Declaration of Court of Inquiry.

*being declared a deserter
of Inquiry held at [illegible]
at date.*

[illegible signature]

according to the records, etc.

He is in possession of the following number of U. S. Dollars.

LIST OF DOCUMENTS REQUIRED FOR A SOLDIER WHO HAS BEEN STRUCK OFF AS A DESERTER.

(a) Proceedings Court of Inquiry.	M.F.W. 303 (two copies).
(b) Proceedings of Soldier struck off.	A.F.B. or M.F.B. 218.
(c) Attestation Paper (duplicate).	M.F.W. 23 or M.F.B. 235.
(d) Squadron, Battery or Company Conduct Sheet.	A.F.B. 121 or M.F.B. 263a.
(e) Regimental Conduct Sheet.	A.F.B. 120 or M.F.D. 263.
(f) Field Conduct Sheet.	A.F.B. 122 (if Overseas casualty).
(g) Casualty Form.	A.F.B. 103 or M.F.W. 54.
(h) Medical History Sheet (duplicate).	A.F.B. 178 or M.F.B. 313.
(i) Dental History Sheet.	M.F.W. 465.
(j) Transfer of Clothing Statement.	A.F.W. 3068 or M.F.C. 565.
(k) Last Pay Certificate	M.F.W. 44.
(aa) Declaration of Court of Inquiry.	M.F.D. 259 (two copies).

Total _____ days.

Confirmation.

The above named man is struck off as a deserter which is hereby confirmed.

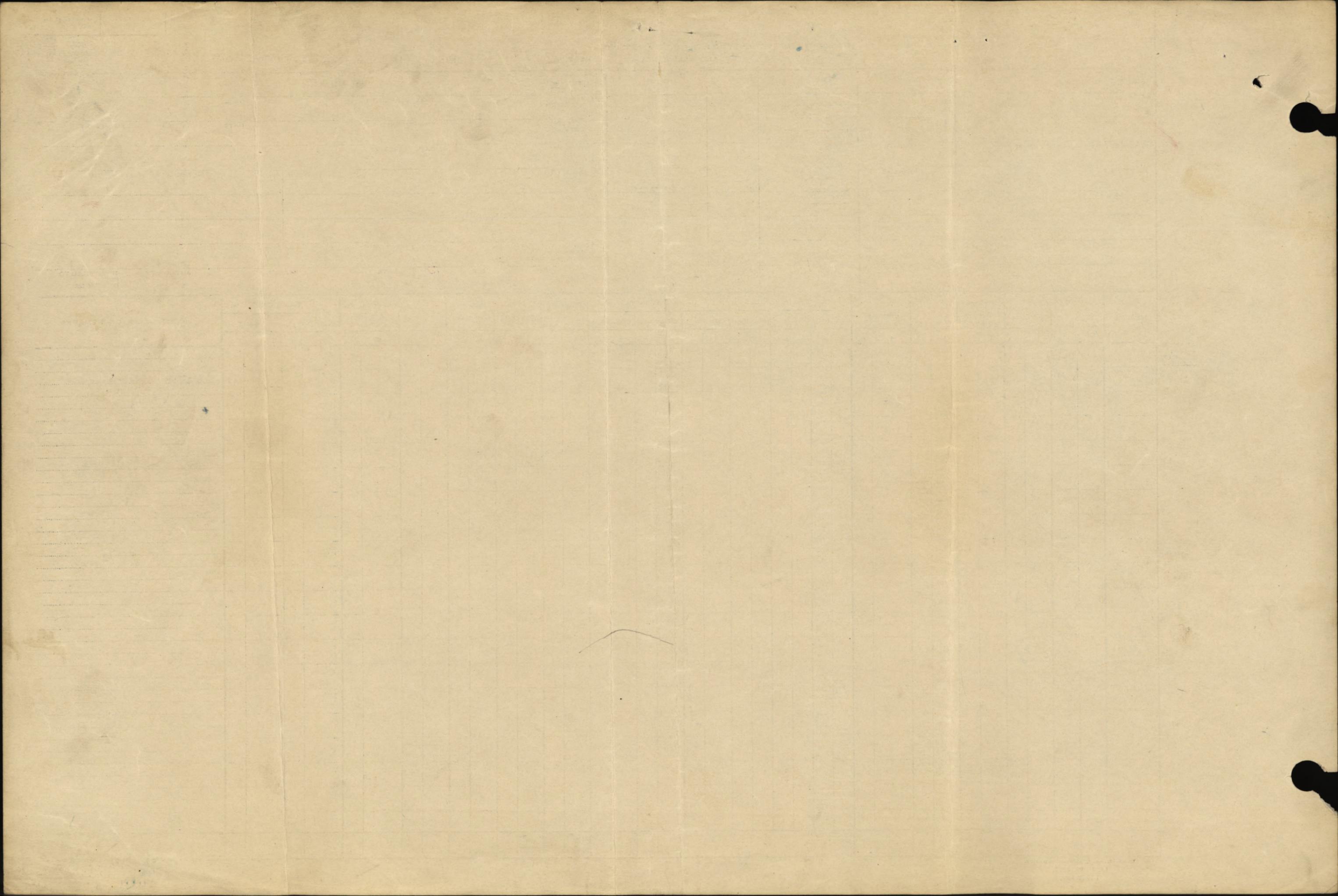
(Place)

(Signature)

(Date)

Commanding No. Military District

Remarks.



17

Report of Medical Board.

Classification by Categories.

- 1. Station *Victoria BC*
- 2. Unit or Corps *260th Coy (S)*
- 3. Regimental No. *2771113*
- 4. Rank
- 5. Surname *Edwards* Christian Name
- 6. Age *24*
- 7. Enlisted on *Sept 24 1918* at *Prince Rupert*
- 8. Has he been Overseas? *no* *Stanley*
- 9. Former Category *Aii*
- 10. Nutrition *Good*
- 11. Physique any deformity or lameness? If so describe *Good*
- 12. Nervous System: *normal*
- 13. Respiratory System: *normal*
- 14. Cardio Vascular System *normal*
- 15. Digestive System: *normal*
- 16. Genito-Urinary System: *normal*
- 17. Skin, Ear, Eye, Nose and Throat: *See later 918*
- 18. Conditions present, necessitating change of Category:
General Condition Good
Extreme myopia
RV 2/60 corrected to 6/6
LV do do do

19. Category to which recommended

Station *Victoria BC CT*
 Date *19-10-18*
W. M. Carrick Major
W. M. Carrick President
 Members

This form is to be used in all cases for categorization when the individual is being placed in a higher or lower Category.

MOBILIZATION CENTRE VICTORIA

98
 C1
 Pres. _____
 Member _____
 Member _____

~~JAN 28 1919~~ FEB 3 1919

Report of Medical Board

Classification by Organization

1. Station *Station 136*

2. Unit or Corps *200th Air Corps (2)*

3. Regimental No. *277113*

4. Division *277113*

5. Christian Name *John*

6. Has he been Overseas? *Yes*

7. Former Category *1*

8. Position *Private*

9. Any deformity or lameness? If so describe *None*

10. Nervous System: *Normal*

11. Respiratory System: *Normal*

12. Cardio-Vascular System: *Normal*

13. Digestive System: *Normal*

14. Genito-Urinary System: *Normal*

15. Skin, Ears, Nose and Throat: *Normal*

16. Conditions present, necessitating change of Category: *None*

17. *2 1/2*

18. *2 1/2*

19. Category to which recommended *1*

Station *Station 136*

Date *12-10-18*

John

Members

* This form is to be used in all cases for categorization when the individual is being placed in a higher or lower category.

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