

2. *W. J. M. 2/3/18*

ATTESTATION PAPER.

No. 3032998.

1st Depot Bn 1st C. O. R.

Folio.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname?..... **F O S T E R**
- 1a. What are your Christian names?..... **Earl Atwood**
- 1b. What is your present address?..... **1349 Sedgwick St., Chicago, Ill., U.S.**
- 2. In what Town, Township or Parish, and in what Country were you born?..... **Toronto, Canada**
- 3. What is the name of your next-of-kin?..... **May Foster**
- 4. What is the address of your next-of-kin?..... **80 Tracey St., Buffalo, N.Y., U.S.**
- 4a. What is the relationship of your next-of-kin?..... **Mother**
- 5. What is the date of your birth?..... **November, 4th, 1892**
- 6. What is your Trade or Calling?..... **Laborer**
- 7. Are you married?..... **Single**
- 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 ^{Naval or Air} 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 } **Yes**
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }
- 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, **Earl Atwood Foster**, 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.

Date **January, 17th** 1918. *Earl Atwood Foster* (Signature of Recruit)
J. W. [illegible] (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, **Earl Atwood Foster**, 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.

Date **January, 17th** 1918. *Earl Atwood Foster* (Signature of Recruit)
J. W. [illegible] (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 **Toronto, Canada** this **17th** day of **January, 1918** 1918
[Signature] (Signature of Justice)

Description of Earl Atwood Foster on Enlistment.

Apparent Age 25~~12~~¹² years 2 months.
 (To be determined according to the instructions given in the Regulations for Army Medical Services.)

Height 5 ft. 3¹ ins.

Chest measurement { Girth when fully expanded..... 33 ins.
 Range of expansion..... 3 ins.

Complexion Medium

Eyes Blue

Hair Brown

Religious denominations. { Church of England.....
 Presbyterian.....
 Methodist.....
 Baptist or Congregationalist..... Baptist
 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).

Scar over. l. eye.

Hearing O.K. R.D. 20/70 L.D20/100

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..... January, 17th 1918

Place..... Chicago, Ill., U.S.

Passed by M.B., Chicago

A. Stewart M.O.

J. C. Ghose M.O.

J. B. Willoughby, M.O.

*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:—

CHICAGO

CERTIFICATE OF OFFICER COMMANDING UNIT.

Earl Atwood Foster

.....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.

John M. [Signature]

..... Lt. Col. (Signature of Officer)

O. C. 1st Depot Bn., 1st C. C.

Date..... JAN 18 1918 1918

John

30/5/18.

- 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..... *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..... *1*

such certificate.

Name FOSTER, EARL Atwood
 Regt. No. 3032998 Rank Pte
 Corps 1st Dep't Bn
Disability pre-existed.

14905

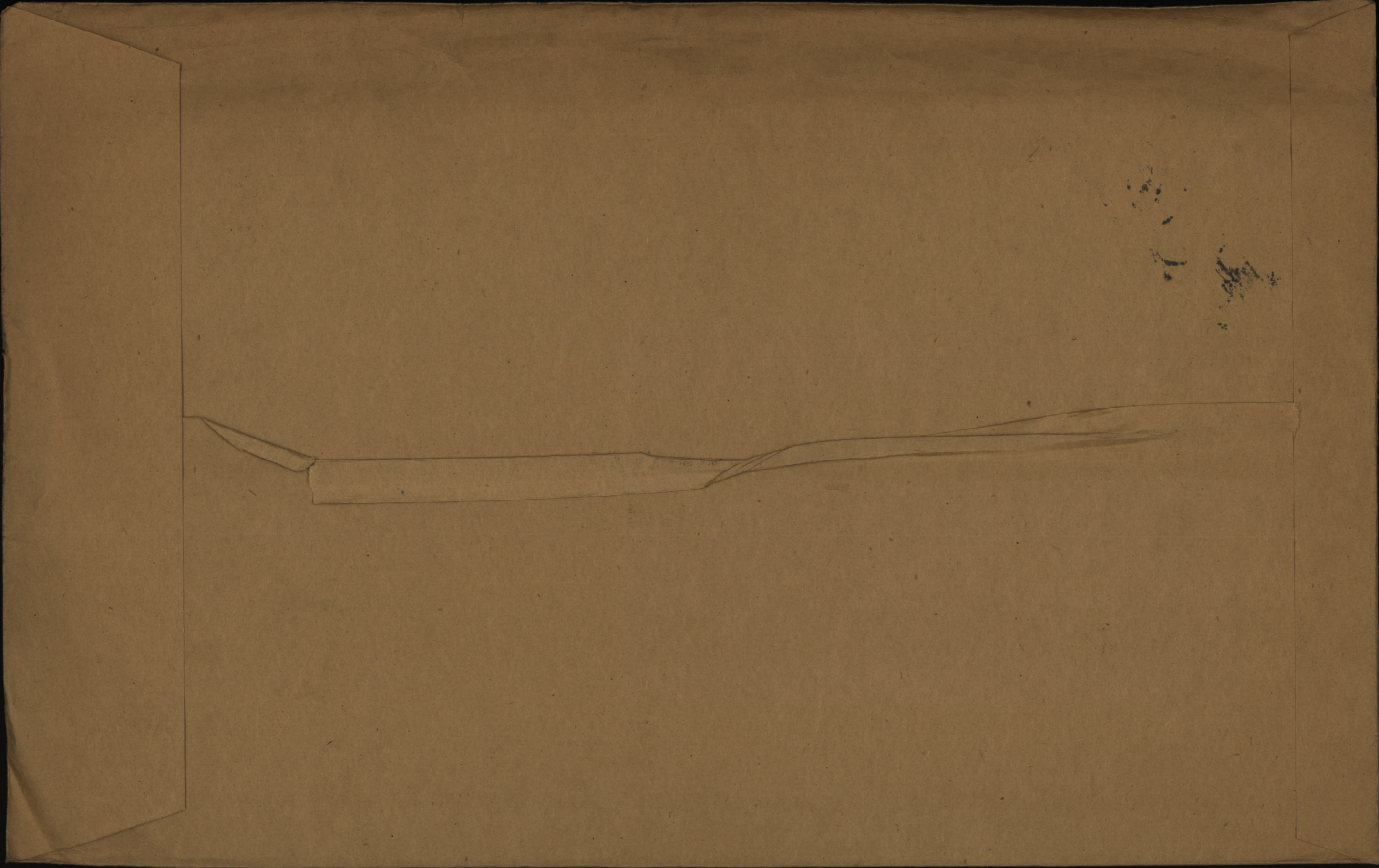
1 Index, Removed 15/1/18
1 Pt II Orders.
1 Casualty.



R. O. No.....
 H. Q. No.....



1
2 - 26
1 - 27



Camp 3032998 **DUPLICATE** 2080

1. S-D

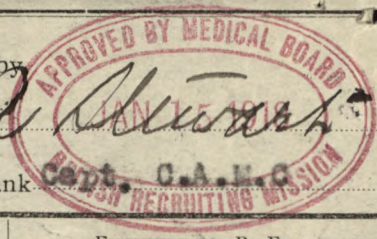
MEDICAL HISTORY SHEET

B-2

Surname **Poster.n** Christian Name **Earl.A.**

Examined on **16th** day of **Jan'y** 191**8**
 at **Chicago, Ill.**

Approved by *[Signature]*
 Rank **Capt. C.A.M.C.** M.O.



Birthplace { City or Town **Toronto.**
 County **Ont.**

Apparent age **26. th.**

Trade or occupation **Labourer.**

Height **5** feet **3 1/2** inches

Weight **110** lbs.

Chest measurement { Minimum **30** inches
 Maximum expansion **33** inches

Physical development **Good**

Small-pox Marks **nil**

Vaccination Marks { Arm Right Left
 Number **0** **2**

When Vaccinated last **Childhood**

(a) Marks indicating congenital peculiarities or previous disease **nil**

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

~~R.V.D. 20-70 L.V.D. 20-100~~
 Hearing Normal.

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT

Date	Result	VACCINATIONS

Enlisted on **17th** day of **January** 191**8** at **Toronto, Chicago, Ill.**

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	1st. Depot B'M			
	1st. C.O.R.			
Transferred to		3032998.		

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.

029

Surname Foster Christian Name Earl A.

STATION	Date of Arrival at the Station	DATES OF						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
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
EXHIBITION CAMP HOSPITAL		21	1	18	28	1	18	Tooth Extraction	8	Improved.	
EXHIBITION CAMP HOSPITAL		16	2	18	26	2	18	Syphillis	11	Transferred to Base Hospital for treatment.	<i>J. J. [Signature]</i> Captain, A.M.C.
Base Hospital, Toronto		26	2	18	14 3	1918	Syphillis	11 17	Refused treatment. Boarded for discharge Nov. 4-3-0.	<i>G. [Signature]</i>	

BASE HOSPITAL, TORONTO

MEDICAL CASE SHEET

VENEREAL

Reg. No. 3032998 Rank Pte Name Foster E.A. Unit 1/C.O.R
 Age 25 ~~Married~~ Single
 Diagnosis Syphilis Admitted March 11/18 Discharged Result

Case Number
10213
Name

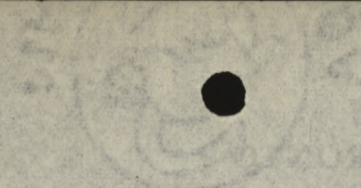
HISTORY

When and where contracted Denies all History.
 Date and character of first symptoms None.
 Subsequent symptoms None
 Present symptoms Wassermann Test at Base Hospital March 2/18.4.3.0.
 Family History of Syphilis Negative.

DATE	Dark Field	Wass.	C. S. F.	Treatment	Dose	Reaction	REMARKS
Feb. 28/18		4.3.0.					
March 13/18.				Recommended out, refused Treatment. <i>Has been treated for discharge of Syphilis</i> <i>Capt</i>			

Rank
Reg. No.

cc
33971



BASE HOSPITAL
MEDICAL DEPARTMENT

03091 12345

UNITED STATES ARMY
MEDICAL DEPARTMENT

REPORT OF PHYSICIAN

NAME OF PATIENT

REGIMENT

DATE OF EXAMINATION

PHYSICIAN'S SIGNATURE

REPORT MADE AT

DATE

REMARKS



03091 12345

CASE HISTORY SHEET.

Ex Camp/Hosp Toronto

No. 3032998 Rank Pte. Name Foster, E.H. Age 25

Unit 1st Depot Bn.
1st C.O.R. Completed years of service Where and how long }

Date of admission January, 21st/18. Date of discharge Jun, 28/18

Diagnosis Post-Dental Extraction. Place of origin Exhibition Camp, Toronto, Ont.

CONDITION ON ADMISSION AND PROGRESS OF CASE

*Jan 25th - gums healing nicely - bleeding stopped yesterday.
Jan 26th - D lister on heel.
Jan 27th - gums healing nicely. D lister improved.*

FAMILY HISTORY

(Tuberculosis, mental or nervous diseases.)

TREATMENT

(Especially any specific or special form.)

Saline mouth wash

CONDITION ON DISCHARGE

(and disposal made of case.)

Recovered

Date Jan 28/18

C.S.B. Ailey

Medical Officer i/c case.

CASE HISTORY SHEET

1001

CANADIAN CONTINGENT EXPEDITIONARY FORCE

M. D. 2

LAST PAY CERTIFICATE

No. 15

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

Regimental No. **3032998** Rank **Private** Name **FOSTER, N. A.**

Corps **"BASE" 1st. D. Bn., 1st. C. O. R.** who was* **Discharged**

On **May 10th.** 191^{**8**}, to.....
 *Insert "discharged" or "transferred."

The following is a statement of the account of the above named from **May 1st.** 191^{**8**},
 to **May 10th.** 191^{**8**}, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....	10	00
Advances } No.....			Reg't Pay 10 days at \$ 1 00	10	00
by } No.....			Field Allow. 10 days at \$.....	10	00
Assigned Pay and Sep'n Allice. No.....			Separation Allowances* (Monthly).....		
Other charges Laundry Kit Stoppage		50	Other Allowances*.....		
Payment on transfer or discharge No. 4450		19 95	Other Credits*.....		
Balance Cr. (to be paid by the new unit).....			Bal. Dr. (to be deducted by new unit).....		
Total.....		21 00	Total.....	21	00

* Give particulars.

A monthly stoppage of \$ **NIL.** (†) has..... (‡) been paid on account of Assigned
 { Pay for the month of..... 191... }
 { and Sep'n Allice. for month of..... 191... } (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:—

- 17-1-1918
- State (1) date of enlistment.....
- (2) if married and if a Separation Allowance Card has been submitted..... **NO. NO.**
- (3) cause of discharge..... **"DISABILITY PRE-EXISTED ENLISTMENT" AAG. 34-FO-213.** authority.....
- (4) authority for transfer..... **DO. 130**

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

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

Date **May 11th-1918**
 Place **Toronto, Ontario**

[Signature]
 Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.
 For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.
 If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

This is to Certify that No. 3032998 (Rank) Private.

Name (in full) Earl Atwood POSTER enlisted in
the 1st. Depot Bn. 1st. Central Ontario Regiment.

CANADIAN EXPEDITIONARY FORCE at Toronto Ont. on the 17th.
day of January. 19 18.

HE served in Canada.

and is now discharged from the service by reason of "Disability pre-existing enlist-
ment, not due to, or aggravated by service." (A.A.G.M.D. #2.54-vo.213) ^{May 7th, 1918.}

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

Age 25 Yrs. 6 Mos.
Height 5ft. 3ins.
Complexion Medium.
Eyes Blue.
Hair Brown.

Marks or Scars

Scar over 1 Eye.

Earl A. Foster

Signature of Soldier

[Signature]

Issuing Officer

Major

Rank

1st. Depot Bn. 1st. C.O.R.

Appointment

Date of Discharge May 10th. 1918.

Signed at Toronto Ont. this 10th. day of May. 19 18.

in Military District No. 2

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.

CANADIAN EXPEDITIONARY FORCE
Discharge Certificate

No. 3032998 (Rank) Private. Name Earl Atwood FOSTER

Unit 1st. Depot Bn. 1st. Central Ontario Regiment

Address on Discharge 1349 Sedgewick St. Chicago Ill. U.S.A.

Character and Conduct

Good.

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations Nil.

Remarks

Signed at Toronto Ont. this 10th. day of May. 1918.

James King

Name of Officer

Major

Rank

1st. Depot Bn. 1st. C.O.R.

Appointment

SURNAME.

Laster

CARD NO.

M. D. 2. 4

CHRISTIAN NAMES

Earl Atwood

SOS Div 10-3-182

p+II 130 of 10/5/18

REGL. No.

3032998

RANK

Pte

UNIT

1st Cen. Ont. Regt. 1st Depo. Bn.

FORMER CORPS

Nil.

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL

Laster, Mrs. May

RELATIONSHIP TO SOLDIER

Mother

ADDRESS

80 Tracey St., Buffalo, N.Y., U.S.A.

COUNTRY OF BIRTH

Canada Toronto, Ont-

DATE

Nov. 4th 1892

PLACE OF ATTESTATION

Toronto, Ont-

DATE

Jan. 17th 1918

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

No. 3032998 RANK

NAME Foster Earl Alwood

T. O. S. *Inv. fr. 1 M.C.*

UNIT

1st Depot Battalion 1st SOR

18. 1. 18 D. O. 20 of 20 1. 18.

M. D. 2

PROMOTIONS, TRANSFERS, DISCHARGES, ETC.

PAID
FROM

PAID
TO

SIG.
OR
REC'T

PARTICULARS

AUTHORITY

1918
Jan. 19

1918
Jan. 31

25



Reg. No. 3032998 Name Foster E A
 Rank Pte Corps 1st 8 OR Age 25 Service 9/52
 Ledger No. ~~526~~¹ ~~527~~² ~~728~~¹ ~~729~~² Serial No. 33971 42072

HOSPITALS	DATE	DIAGNOSIS
Base Toronto	26-2-18	V 2 S
Dis to Unit	2-3-18	
	11 3 18	² V 2 S
New Unit	13 3 18	

HOSPITALS**DATE****DIAGNOSIS**

M. F. W. 2553.

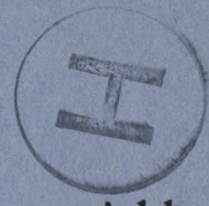
50M-6-19.

1772-39-1332.

Buor

This space to be for numbers.

Proceedings on Discharge.



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

No.	#3032998
Rank	Private.
Name	FOSTER Earl Atwood
<small>Note—The name must agree strictly with that on enlistment unless changed subsequently by authority.</small>	
Corps (Squadron, Battery or Company)	1st. Depot Bn. 1st. C.O.R.
Date of Discharge	May 10th. 1918.
Place of Discharge	Toronto Ont.

1. DESCRIPTION AT THE TIME OF DISCHARGE.

Age 25 years..... 6 months.
 Height 5 feet..... 3 1/2 inches.
 Complexion Medium.
 Eyes Blue.
 Hair Brown.
 Trade Labourer.

Descriptive Marks

Scar over l. eye.

Intended place of residence } 1349 Sedgewick St.
 (To be given as fully as } Chicago Ill U.S.A.
 practicable.)

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

"Disability pre-existing enlistment not due to
 or aggravated by service. (A.A.G.M.D. #2.34-Fo-213)

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. *J. Newton Lewis*

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.)

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

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

Nil.

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) Toronto Ont.

J. North

(Date) May 10th. 1918.

Commanding *Base Coy*

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) Toronto Ont. *Carl A. Foster* (Signature of Soldier.)

(Date) May 10th. 1918. *J. North* (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...117...days.

Total.....years...113...days.

11. Confirmation of Discharge.

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

(Place) Toronto Ont.

[Signature]

(Signature) Major for

(Date) May 10th. 1918.

O.C. 1st. Depot Bn. 1st. C.O.R.

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.)

Nil.

Signature of Soldier.....*Carl A Foster*

Signature of Witness.....*F. W. Smith*

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> <p style="text-align: center;">In the case of recruits who are rejected on final approval, the discharge documents will consist of</p> <p>(a) Proceedings on Discharge.</p> <p>(b) Attestation.</p> <p>(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

80 Tracy St., Buffalo, N.Y.

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- 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.
- 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."
- 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.
- Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
- 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.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
- 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.

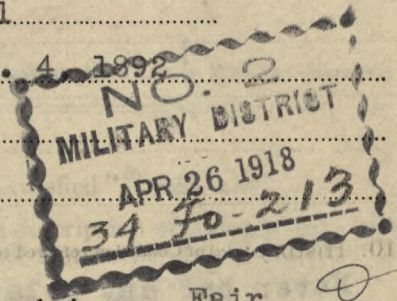
STATION Ravina Bks, Toronto DATE Apr. 23/18

1. 1 a) Unit 1st D. Bn. 1st COR (b) Regimental No. 3032998 (c) Rank Pte.

(d) Surname FOSTER (e) Christian name Earl

2. Age last birthday 25 Date of birth Nov. 4 1892

3. Enlisted at Chicago on Jan. 16/18



4. Personal description:—

(a) Height 5' 3 1/4" (b) Weight 110 (c) Complexion Fair

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

Vacc 1 on left arm.

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

80 Tracy St., Buffalo, N.Y. USA.

6. Former trade or occupation Laborer.

7. (a) Service	Years	Days

	PERIODS	
	From	To
<u>1st D. Bn. 1st COR</u>	<u>Jan. 16/18</u>	<u>To Date.</u>

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

(a) Date of origin Birth (b) Place of origin Canada.

(c) Cause* Hereditary.

(d) Present disease or disability Syphilis.

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.]

SUBJECTIVE- Some days feels fine other days feels very fatigued. Re-
current attacks of deafness. Sharp shooting pains in back. Eyesight
poor. Memory poor.

9. Present condition.—(Continued.)

OBJECTIVE- No Rhomberg. Hutchinson's teeth. Hazeness of cornea. No knee reflexes. Tibial thickened and nodular. Pupils sluggish in reaction to light and left pupil does not dilate when covered to the extent that the right does. Plantar reflexes normal. Right ptosis, fair general physical condition. Mental condition fair only.

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

Nervous..... normal Digestive..... normal Respiratory..... normal Cardiac..... normal. Genito-Urinary..... normal Skin, Middle Ear, Eye or any other part..... as stated. Some neurasthenia.

Incapacity due to syphilis.

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

Never had any relations with female. One brother and one sister well.

(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.

Vaccination scars nil. Scar lineal transverse 1 1/2 long over left eye-brow.

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

No.

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

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?

Permanent.

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

Base Hospital 28 days. Sharp shooting being in back.

OPINION OF THE MEDICAL BOARD

4. (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

Discharge.

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 Carl A. Foster, 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

Carl A Foster
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.

We concur.

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).

OPINION OF THE MEDICAL BOARD—(Continued).

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

That he be placed in Category E and be discharged for a disability pre-existing enlistment and not due to nor aggravated by Service.

K.R. & O. Canadian Par. 322. Sect. #9.

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.

PLACE Ravina Bks, Toronto

DATE Apr. 23/18

W.F. McLean Major President.
Hon. Capt. Capt.
M.D. M.D. Members.

APPROVED BY [Signature] Assistant Director of Medical Services.

APPROVED BY [Signature] Director-General of Medical Services.

DATE 24/4/18

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.

PLACE DATE
President.
Members.

10. Is the soldier fit for...
(a) General service...
(b) Service abroad...
(c) Home service...
(d) Temporarily unfit...
(e) Unfit for service...
(f) Does require treatment...
(g) Does not require treatment...
(h) Should pass under his own control...
(i) Should not pass...
(j) State one condition not applicable.