AUSTRALIAN MILITARY FORCES:

AUSTRALIAN IMPERIAL FORCE.

Attestation Paper of Persons Enlisted for Service Abroad.

No.

Name Surname GRIFFITHS

in full Christian Name HENRY WILLIAM

Unit

Joined on 14-6-18

Questions to be put to the Person Enlisting before Attestation.

You are hereby warned that if after enlistment it is found that you have given a wilfully false answer to any question set forth in this Attestation Paper, you will be liable to be tried for the offence.

1. What is your Name?

2. In or near what Town were you born?

3. Are you a natural born British Subject or a Naturalized British Subject? (N.B.—If the latter, to be shown.)

4. What is your Age? (Date of birth to be stated)

5. What is your Trade or Calling?

6. Are you, or have you been, an Apprentice? If so, where, to whom, and for what period?

7. Are you married, single, or widower?

8. Who is your next of kin? (Address and relationship to be stated)

The answer to this question shall not be construed as in the nature of a Will.

9. What is your permanent address in Australia?

10. Do you now belong to, or have you ever served in, His Majesty's Army, the Marines, the Militia, the Militia Reserve, the Territorial Force, Royal Navy, or Colonial Forces? If so, state which, and if not now serving, state cause of discharge.

11. Have you stated the whole, or any, of your previous service?

12. Have you ever been rejected as unfit for His Majesty's Service? If so, on what grounds?

13. (For married men, widowers with children, and soldiers who are the sole support of widowed mothers.) Do you understand that no separation allowance will be issued in respect of your service beyond an amount which together with pay would reach ten shillings per day?

14. Are you prepared to undergo inoculation against small pox and enteric fever?

I, Henry William Griffiths, do solemnly declare that the above answers made by me to the above questions are true, and I am willing and hereby voluntarily agree to serve in the Military Forces of the Commonwealth of Australia within or beyond the limits of the Commonwealth.

And I further agree to allot not less than three-fifths of the pay payable to me from time to time during my service for the support of my wife* and children.

Date 14/6/18

Signature of Person Enlisted.

* This clause should be struck out in the case of unmarried men or widowers without children under 15 years of age.
† Two-fifths must be allotted to the wife, and if there are children three-fifths must be allotted.

D.89/A.UL—C.391A.—SWM.
CERTIFICATE OF ATTESTING OFFICER.

The foregoing questions were read to the person enlisted 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 by him.

I have examined his naturalization papers and am of opinion that they are correct.

(This to be struck out except in the case of persons who are naturalised British Subjects.)

Date

Signature of Attesting Officer.

OATH TO BE TAKEN BY PERSON BEING ENLISTED.*

I, swear that I will well and truly serve our Sovereign Lord the King in the Australian Imperial Force from until the end of the War, and a further period of four months thereafter unless sooner lawfully discharged, dismissed, or removed therefrom; and that I will resist His Majesty's enemies and cause His Majesty's peace to be kept and maintained; and that I will in all matters appertaining to my service, faithfully discharge my duty according to law.

So Help Me, God.

Signature of Person Enlisted.

Taken and subscribed at in the State of this day of 19 , before me—

Signature of Attesting Officer.

*A person enlisting who objects to taking an oath may make an affirmation in accordance with the Third Schedule of the Act, and the above form must be amended accordingly. All amendments must be initialed by the Attesting Officer.
Description of on Enlistment.

Age 19 years 11 months.
Height 5 feet 5 1/2 inches.
Weight 128 lbs.
Chest Measurement inches.
Complexion Redhead
Eyes Blue
Hair Dark Brown
Religious Denomination Brethren

DISTINCTIVE MARKS.

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named person, and find that he does not present any of the following conditions, viz.:

Scrofula; phthisis; syphilis; impaired constitution; defective intelligence; defects of vision, voice, or hearing; hernia; haemorrhoids; varicose veins, beyond a limited extent; marked varicocele with unusually pendent testicle; inveterate cutaneous disease; chronic ulcers; traces of corporal punishment; contracted or deformed chest; abnormal curvature of spine; or any other disease or physical defect calculated to unfit him for the duties of a soldier.

He can see 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 he is not subject to fits of any description.

I consider him fit for active service.

Date
Place

SIG.

CERTIFICATE OF COMMANDING OFFICER.

I certify that this Attestation of the above-named person is correct, and that the required forms have been complied with. I accordingly approve, and appoint him to

Date
Place

Commanding
<table>
<thead>
<tr>
<th>Unit in which served</th>
<th>Promotions, Reductions, Casualties, etc.</th>
<th>Period of service in each rank</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGF</td>
<td>Discharged</td>
<td>14/6/18 - 18/6/18</td>
<td>Medically unfit and due to misconduct</td>
</tr>
</tbody>
</table>

I have examined the above details, and find them correct in every respect.

Signature: [Signature]

[Handwritten note: Commanding Officer]
**AUSTRALIAN IMPERIAL FORCE.**

**Attestation Paper of Persons Enlisted for Service Abroad.**

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Surname</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HENRY</td>
<td>GRIFFITHS</td>
</tr>
</tbody>
</table>

**Unit**

**Joined on**

<table>
<thead>
<tr>
<th>Questions to be put to the Person Enlisting before Attestation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>You are hereby warned that if after enlistment it is found that you have given a wilfully false answer to any question set forth in this Attestation Paper, you will be liable to be tried for the offence.</td>
</tr>
</tbody>
</table>

1. **What is your Name?**
2. **In or near what Town were you born?**
3. **Are you a natural-born British Subject or a Naturalized British Subject?**
   - (N.B.—If the latter, papers to be shown.)
4. **What is your Age? (Date of birth to be stated)**
5. **What is your Trade or Calling?**
6. **Are you, or have you been, an Apprentice? If so, where, to whom, and for what period?**
7. **Are you married, single, or widower?**
8. **Who is your next of kin? (Address and relationship to be stated).**
   - The answer to this question shall not be construed as in the nature of a Will.
9. **What is your permanent address in Australia?**
10. **Do you now belong to, or have you ever served in, His Majesty's Army, the Marines, the Militia, the Militia Reserve, the Territorial Force, Royal Navy, or Colonial Forces? If so, state which, and if not now serving, state cause of discharge.**
11. **Have you stated the whole, if any, of your previous service?**
12. **Have you ever been rejected as unfit for His Majesty's Service? If so, on what grounds?**
13. **Have you ever suffered from:**
   - Consumption, tubercular disease, or chronic cough
   - Fits of any kind
   - Rheumatism or asthma
   - Mental or nervous disease
   - Has any member of your family suffered from any of the above diseases? If so, state particulars.
14. **(For married men, widowers with children, and soldiers who are the sole support of a widowed mother)—**
   - Do you understand that no separation allowance will be issued in respect of your service beyond an amount which together with pay would reach ten shillings per day?
15. **Are you prepared to undergo inoculation against small pox and enteric fever?**

**Henry Griffiths** do solemnly declare that the above answers made by me to the above questions are true, and I am willing and hereby voluntarily agree to serve in the Military Forces of the Commonwealth of Australia within or beyond the limits of the Commonwealth.

And I further agree to allow not less than two-fifths of the pay payable to me from time to time during my service for the support of my wife, Remarks:  

Wife and children.

Date 20 February 1918

*This clause should be struck out in the case of unmarried men or widowers without children under 16 years of age.

† Two-fifths must be allotted to the wife, and if there are children three-fifths must be allotted.

Signature of Person Enlisted.
CERTIFICATE OF ATTESTING OFFICER.

The foregoing questions were read to the person enlisted 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 by him.

I have examined his naturalization papers and am of opinion that they are correct.

(This is to be struck out except in the case of persons who are naturalized British Subjects.)

Date 10 June 1918

Signature of Attesting Officer.

OATH TO BE TAKEN BY PERSON BEING ENLISTED.*

3, Henry Griffiths

swear that I will well and truly serve our Sovereign Lord the King in the Australian Imperial Force from 11th June 1918 until the end of the War, and a further period of four months thereafter unless sooner lawfully discharged, dismissed, or removed therefrom; and that I will resist His Majesty's enemies and cause His Majesty's peace to be kept and maintained; and that I will in all matters appertaining to my service, faithfully discharge my duty according to law.

So Help Me, God.

Signature of Person Enlisted.

Taken and subscribed at Smithton in the State of Tasmania

this 11th day of June 1918,

before me—

Signature of Attesting Officer.

*A person enlisting who objects to taking an oath may make an affirmation in accordance with the Third Schedule of the Act, and the above form must be amended accordingly. All amendments must be initialed by the Attesting Officer.
I have been informed that if I make any false statement I commit an offence against the Defence Act 1903-1917 and War Precautions Act 1914-1916.

Recruit.

Description of Henry Griffitts on Enlistment.

Age 19 years 6 months.
Height 5 feet 6 inches.
Weight 140 lbs.
Complexion Medium
Eyes Blue
Hair Dark Brown
Religious Denomination.

DISTINCTIVE MARKS.

Second third and fourth fingers of right hand amputated at second joint.

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named person, and find that he does not present any of the following conditions, viz.:—

Sorefula; phthisis; syphilis; impaired constitution; defective intelligence; defects of vision, voice, or hearing; hernia; haemorrhoids; varicose veins, beyond a limited extent; marked varicocele with unusually pendent testicle; inveterate cutaneous disease; chronic ulcers; traces of corporal punishment; contracted or deformed chest; abnormal curvature of spine; or any other disease or physical defect calculated to unfit him for the duties of a soldier.

He can see 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 he is not subject to fits of any description.

I consider him fit for active service.

Date 9/2/18
Place Stanley

Signature of Examining Medical Officer.

CERTIFICATE OF COMMANDING OFFICER.

I certify that this Attestation of the above-named person is correct, and that the required forms have been complied with. I accordingly approve, and appoint him to

Date

Place

Commanding
<table>
<thead>
<tr>
<th>Unit in which served</th>
<th>Promotions, Reductions, Casualties, &amp;c.</th>
<th>Period of service in each rank</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>From—</td>
<td>To—</td>
</tr>
</tbody>
</table>

I have examined the above details, and find them correct in every respect.
AUSTRALIAN IMPERIAL FORCE.

Attestation Paper of Persons Enlisted for Service Abroad.

No. ____________________________
Name (Surname) GRIFFITHS
in full) Christian Name HENRY
Unit ____________________________
Joined on ________________________

Questions to be put to the Person Enlisting before Attestation.

You are hereby warned that if after enlistment it is found that you have given a wilfully false answer to any question set forth in this Attestation Paper, you will be liable to be tried for the offence.

1. What is your Name? ____________________________
2. In or near what Town were you born? ____________________________
3. Are you a natural-born British Subject or a Naturalized British Subject? (N.B.—If the latter, papers to be shown.) ____________________________
4. What is your Age? (Date of birth to be stated) ____________________________
5. What is your Trade or Calling? ____________________________
6. Are you, or have you been, an Apprentice? If so, where, to whom, and for what period? ____________________________
7. Are you married, single, or widower? ____________________________
8. Who is your next of kin? (Address and relationship to be stated) ____________________________
   The answer to this question shall not be construed as in the nature of a Will.
9. What is your permanent address in Australia? ____________________________
10. Do you now belong to, or have you ever served in, His Majesty's Army, the Marines, the Militia, the Militia Reserve, the Territorial Force, Royal Navy, or Colonial Forces? If so, state which, and if not now serving, state cause of discharge ____________________________
11. Have you stated the whole, if any, of your previous service? ____________________________
12. Have you ever been rejected as unfit for His Majesty's Service? If so, on what grounds? ____________________________
13. Have you ever suffered from—
   1. Consumption, tubercular disease, or chronic cough? ____________________________
   2. Fits of any kind? ____________________________
   3. Rheumatism or asthmas? ____________________________
   4. Mental or nervous disease? ____________________________
   5. Has any member of your family suffered from any of the above diseases? If so, state particulars. ____________________________
14. (For married men, widowers with children, and soldiers who are the sole support of widowed mother)—
   Do you understand that no separation allowance will be issued in respect of your service beyond an amount which together with pay would reach ten shillings per day? ____________________________
15. Are you prepared to undergo inoculation against smallpox and enteric fever? ____________________________

______________________________
Henry Griffiths

______________________________
FATHER OF ABOVE

______________________________
Mother of Above

______________________________
Signature of Person Enlisted.

3. I, Henry Griffiths, do solemnly declare that the above answers made by me to the above questions are true, and I am willing and hereby voluntarily agree to serve in the Military Forces of the Commonwealth of Australia within or beyond the limits of the Commonwealth.

And I further agree to allow not less than two-fifths of the pay payable to me from time to time during my service for the support of my wife.* and children.

Date ____________________________

* This clause should be struck out in the case of unmarried men or widowers without children under 16 years of age.
† Two-fifths must be allotted to the wife, and if there are children three-fifths must be allotted.

D.1895.3/18—G.1792—709

Henry Griffiths
CERTIFICATE OF ATTESTING OFFICER.

The foregoing questions were read to the person enlisted 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 by him.

I have examined his naturalization papers and am of opinion that they are correct.

(This is to be struck out except in the case of persons who are naturalized British Subjects.)

Date 10 June 1918

Signature of Attesting Officer.

OATH TO BE TAKEN BY PERSON BEING ENLISTED.*

3, Henry Griffiths

swear that I will well and truly serve our Sovereign Lord the King in the Australian Imperial Force from 11th June 1918 until the end of the War, and a further period of four months thereafter unless sooner lawfully discharged, dismissed, or removed therefrom; and that I will resist His Majesty's enemies and cause His Majesty's peace to be kept and maintained; and that I will in all matters appertaining to my service, faithfully discharge my duty according to law.

So Help Me, God.

Signature of Person Enlisted.

Taken and subscribed at ______ in
the State of Tasmania this 11th day of June 1918.

before me--

Signature of Attesting Officer.

*A person enlisting who objects to taking an oath may make an affirmation in accordance with the Third Schedule of the Act, and the above form must be amended accordingly. All amendments must be initialed by the Attesting Officer.
I have been informed that if I make any false statement I commit an offence against the Defence Act 1903-1917 and War Precautions Act 1914–1916.

Description of Henry Griffiths on Enlistment.

<table>
<thead>
<tr>
<th>Age</th>
<th>19 years 6 months.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height</td>
<td>5 feet 6 inches.</td>
</tr>
<tr>
<td>Weight</td>
<td>140 lbs.</td>
</tr>
<tr>
<td>Complexion</td>
<td>medium</td>
</tr>
<tr>
<td>Eyes</td>
<td>blue</td>
</tr>
<tr>
<td>Hair</td>
<td>dark brown</td>
</tr>
<tr>
<td>Religion</td>
<td>Presbyterian</td>
</tr>
</tbody>
</table>

Distinctive Marks.

Second, third and fourth fingers amputated at second joint.

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named person, and find that he does not present any of the following conditions, viz.:

1. Scrofula; phthisis; syphilis; impaired constitution; defective intelligence; defects of vision, voice, or hearing; hernia; haemorrhoids; varicose veins, beyond a limited extent; marked varicocele with unusually pendent testicle; invertebrate cutaneous disease; chronic ulcers; traces of corporal punishment; contracted or deformed chest; abnormal curvature of spine; or any other disease or physical defect calculated to unfit him for the duties of a soldier.

He can see 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 he is not subject to fits of any description.

I consider him fit for active service.

Date Oct 16th

Place Stanley

Signature of Examining Medical Officer.

CERTIFICATE OF COMMANDING OFFICER.

I certify that this Attestation of the above-named person is correct, and that the required forms have been complied with. I accordingly approve, and appoint him to

Date

Place

Commanding
<table>
<thead>
<tr>
<th>Unit in which served</th>
<th>Promotions, Reductions, Casualties, &amp;c.</th>
<th>Period of service in each rank</th>
<th>Remarks</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>From —  To —</td>
<td></td>
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</tbody>
</table>

I have examined the above details, and find them correct in every respect.
MEDICAL HISTORY of
Surname Griffith Christian Name Henry

Birthplace  Montagu

Examined  on 9th day of February 1915
at Hanley

Declared Age  19yrs 7mths

Trade or Occupation  Labourer

Height  5 feet 6 inches

Weight  140 lbs

Chest Circumference when fully expanded  34 inches

Measurement Range of Expansion  3 inches

Physical Development and Pulse rate  Good  Normal

Vaccination Marks

Arm  Right  1st

Number  Left  2nd

When Vaccinated

Vision

R.E. - V= 8 - 6
L.E. - V= 8 - 6

(a) Marks indicating congenital peculiarities or previous disease

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

Approved by (Signature)  Philip CauWard
(Rank)  Medical Officer

Enlisted  at
on day of  19

Joined on Enlistment

Corps.  Regt. No

Transferred to ...

Became non-effective by ...

on day of  19

(Signature)
(Rank)
<table>
<thead>
<tr>
<th>Name of Hospital</th>
<th>Admitted to Hospital</th>
<th>Discharged from Hospital</th>
<th>Disease</th>
<th>Number of days in Hospital</th>
</tr>
</thead>
<tbody>
<tr>
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</table>
### Sick List in the case of Warrant Officers treated in Quarters.

Remarks bearing on the Cause, Nature, or Treatment of the Case, likely to be of interest or of future use. In cases of Syphilis, admissions and re-admissions to hospital will be shown. If an accident, state whether it occurred on duty.

<table>
<thead>
<tr>
<th>Remarks</th>
<th>Signature of Medical Officer</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>
Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Transfer or Service Abroad, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

<table>
<thead>
<tr>
<th>Date</th>
<th>Brief Details, and Signature</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

Table IV.—Service Table.

<table>
<thead>
<tr>
<th>Station</th>
<th>Date of Arrival</th>
<th>Date of Departure</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Station</th>
<th>Date of Arrival</th>
<th>Date of Departure</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>
The Enrolling Officer,
6th Military District.

This is to certify that Henry Griffiths

is 20 years of age; is my Son; and has my full consent
to enlist in the Australian Imperial Expeditionary Force for service
abroad.

I further certify that he was born on 11th July 1898

at Mount Vernon

Signature of Father

Signature of Mother In Griffiths

Witness to Signature

Place

Date

* Please insert full Christian Names.

BOTH PARENTS MUST SIGN.
The Camp Commandant
Dear Sir Clarement,
Here is Certificate of
return of Mr. H. Griffiths.
Attended papers sure
yesterday.

Sent Nov 12 June 1918
P. Fontaine.
TELEGRAM.

COMMONWEALTH OF AUSTRALIA.

Postmaster-General's Department, Tasmania.

URGENT.

This Message has been received subject to the Post and Telegraph Act and Regulations.
All complaints to be addressed in writing to the Deputy Postmaster-General.

Station From, No. of Words, Amount, and Time Lodge Agent

[Handwritten text]

Remarks:

Camp Commandant
Claremont

Medical officer states he forwarded Supt'sha paper to you last week.

11-7-19

Council Clerk
# Medical History

**Surname:** Griffiths  
**Christian Name:** Henry Williams

**TABLE I. GENERAL TABLE.**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birthplace</td>
<td>Montagn</td>
</tr>
<tr>
<td>Examined</td>
<td>(on 14th day of June 1916) at 8.00 a.m.</td>
</tr>
<tr>
<td>Declared Age</td>
<td>19 yrs.</td>
</tr>
<tr>
<td>Trade or Occupation</td>
<td>Labour</td>
</tr>
<tr>
<td>Height</td>
<td>feet inches</td>
</tr>
<tr>
<td>Weight</td>
<td>lbs.</td>
</tr>
<tr>
<td>Chest Girth when fully expanded</td>
<td>inches</td>
</tr>
<tr>
<td>Measurement Range of Expansion</td>
<td>inches</td>
</tr>
<tr>
<td>Physical Development and Pulse rate</td>
<td></td>
</tr>
<tr>
<td>Vaccination Marks</td>
<td>Arm: Right.</td>
</tr>
<tr>
<td>When Vaccinated</td>
<td>(R.E.)</td>
</tr>
<tr>
<td>Vision</td>
<td>(L.E.)</td>
</tr>
<tr>
<td>(a) Marks indicating congenital peculiarities or previous disease</td>
<td></td>
</tr>
<tr>
<td>(b) Slight defects, but not sufficient to cause rejection</td>
<td></td>
</tr>
<tr>
<td>Approved by ... (Signature)</td>
<td></td>
</tr>
<tr>
<td>(Rank)</td>
<td>Medical Officer.</td>
</tr>
<tr>
<td>Enlisted</td>
<td>at</td>
</tr>
<tr>
<td>on</td>
<td>day of</td>
</tr>
<tr>
<td>Joined on Enlistment</td>
<td></td>
</tr>
<tr>
<td>Transferred to</td>
<td></td>
</tr>
<tr>
<td>Became non-effective by</td>
<td></td>
</tr>
<tr>
<td>(Signature)</td>
<td></td>
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**Enlisted on 19**

**Medical Officer.**
<table>
<thead>
<tr>
<th>Name of Hospital</th>
<th>Admitted to Hospital</th>
<th>Discharged from Hospital</th>
<th>Disease</th>
<th>Number of days in Hospital</th>
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<tbody>
<tr>
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<td>Day, Month, Year</td>
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Sick List in the case of Warrant Officers treated in Quarters.

Remarks bearing on the Cause, Nature, or Treatment of the Case, likely to be of interest or of future use. In cases of Syphilis, admissions and re-admissions to hospital will be shown. If an accident, state whether it occurred on duty.

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<th>Remarks</th>
<th>Signature of Medical Officer</th>
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Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, &c.: Examinations for Transfer or Service Abroad, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

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<th>Date</th>
<th>Brief Details, and Signature</th>
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Table IV. Service Table.

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<thead>
<tr>
<th>Station</th>
<th>Date of Arrival</th>
<th>Date of Departure</th>
<th>Station</th>
<th>Date of Arrival</th>
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