FORM FOR EXAMINING A RECRUIT.

NAME Jerry E. Arnold age 2/13/
NAME Jerry E. Arnold , age 2/4rs. , occupation .
1. Have you any disease of Brain, or imperfection in eye-sight, or hearing? Itabismus
2. Have you any disease of throat, or difficulty of utterance? None
3. Have you any disease of Lungs or Heart? None
4. Have you any disease of Stomach, Liver, Bowels, or Urinary Organs? hove
5. Have you any Bone, Joint, or Muscle incapacitated by any cause, from performing its natural office?
6. Have you been vaccinated within seven years? Ges.
REMARKS.
Arnold has paped a thorough examination before me, nel, with the exception of his Strabismus, is perfectly sound
and healthy.
DATE: Sept. 25th 1861
Rendezvous: Orland Ine
Geo, A. Wheeler Examining Surgeon.