

FORM FOR EXAMINING A RECRUIT.

NAME *Fayette Baker*, age *18 yrs.*, occupation  
*Mason*, born in *Orland*.

1. Have you any disease of Brain, or imperfection in eye-sight, or hearing? *None.*
2. Have you any disease of throat, or difficulty of utterance? *None.*
3. Have you any disease of Lungs or Heart? *No.*
4. Have you any disease of Stomach, Liver, Bowels, or Urinary Organs? *No.*
5. Have you any Bone, Joint, or Muscle incapacitated by any cause, from performing its natural office? *None.*
6. Have you been vaccinated within seven years?

REMARKS.

*Baker passed a thorough and satisfactory examination by me.*

DATE: *Sept. 20th 1861*

RENDEZVOUS: *Orland Me.*

*Geo. A. Wheeler M.D.* Examining Surgeon.