

FORM FOR EXAMINING A RECRUIT.

NAME *David H. Burns*, age *21*, occupation  
*Seaman*, born in *Eden*.

1. Have you any disease of Brain, or imperfection in eye-sight, or hearing? *No*
2. Have you any disease of throat, or difficulty of utterance? *No*
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? *No*
6. Have you been vaccinated within seven years? *Yes*

REMARKS.

*Sound, Able Bodied,*

DATE:

*Oct-16, 1861*

RENDEZVOUS:

*Ellsworth*

*P. W. Perry*

*Examining Surgeon.*

*Recruiting Office*