

FORM FOR EXAMINING A RECRUIT.

NAME *John Burns*, age *22*, occupation
Farmer, born in *Embsden*

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? *no*

REMARKS.

DATE: *October 21st*

RENDEZVOUS: *Shonhagan*
Chas. H. Baker Examining Surgeon

Recruiting Officer