

FORM FOR EXAMINING A RECRUIT.

NAME *Charles W. Campbell*, age *26 yrs.*, occupation *Teacher*, born in *Greenbush.*

1. Have you any disease of Brain, or imperfection in eye-sight, or hearing? *Strabismus*
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? *None.*
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? *Yes.*

REMARKS.

*Campbell is crooked eyed, but has considerable control over the muscles of the eye, In other respects he is perfectly sound.*

DATE: *Sept. 23d 1861*

RENDEZVOUS: *Orland Me.*

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