

FORM FOR EXAMINING A RECRUIT.

NAME *George W. Cook* 18, age *Seaborner*, occupation
born in *Portland*.

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? *Never was vaccinated*

REMARKS.

DATE:

October 17th 1861

RENDEZVOUS:

Ellsworth

P. W. Perry Recruiting Officer ~~Examining Surgeon~~