

FORM FOR EXAMINING A RECRUIT.

NAME *Amel Garland*, age *42 years*, occupation
Hammer, born in *Essex Co Me.*

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.

Maria, Sound, Able - Bodied

DATE: *Essex Co Oct 11 1861*

RENDEZVOUS: *Essex Co Hancock Co Me.*

~~D. H. Stearns~~ *Examining Surgeon*
R. M. Perry, Recruiting Officer