

FORM FOR EXAMINING A RECRUIT.

NAME *Sydney W. Harrison*, age *28 years*, occupation *Farmer*, born in *Orland*.

1. Have you any disease of Brain, or imperfection in eye-sight, or hearing? *None*
2. Have you any disease of throat, or difficulty of utterance? *None*
3. Have you any disease of Lungs or Heart? *None*
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? *No.*

REMARKS.

DATE: *Oct. 17. 1861*

RENDEZVOUS: *Ellsworth.*

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