

10-1-1861

Otis, Thomas

Adjutant General

FORM FOR EXAMINING A RECRUIT.

NAME *Thomas Otis*, age *21 yrs.*, occupation  
*Mariner*, born in *Poland*.

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? *Has lost the first phalanx of 3d finger of his left hand.*
6. Have you been vaccinated within seven years? *No.*

REMARKS.

*Is perfectly sound with the exception of a portion of the third finger of his left-hand, but as this will not interfere with his duties, and as he is free from disease, he is adjudged to be qualified to serve in the army.*

DATE: *Oct. 1st. 1861*

RENDEZVOUS: *Orland Me.*

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