

NAA: B2455, GRAHAM A M

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Title: Graham Andrew McClintock: SERN 4420: POB Donegal Northern Ireland: POE Casula NSW:

NOK B Graham Robert

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Fact sheet 7 – Citing archival records

Fact sheet 8 - Copyright



AUSTRALIAN



MILITARY FORCES.

AUSTRALIAN IMPERIAL FORCE

Attestation Paper of Persons	Enlisted for Service Abroad.
No. 4420 94 Name G Unit Joined on	RAHAM. Andrews NEChntocks 11th Speintes 19th Battahon
Questions to be put to the Per	son Enlisting before Attestation.
1. What is your Name?	andrew M. Graham
2. In or near what Parish or Town were you born?	2. In the Parish of in or
and of hear what raise of rown were you born;	near the Town of bastle. D
3. Are you a natural born British Subject or a Naturalized British Subject? (N.B.—If the latter, papers to be shown.)	in the County of Donegal Ireland 3. Natural Barn
4. What is your age?	4. A.O. yers.
5. What is your trade or calling?6. Are you, or have you been, an Apprentice? If so,	5. Labourer
where, to whom, and for what period?	6. 00
7. Are you married?	8. Father Robert Graham
8. Who is your next of kin† (Address to be stated)	b taggan bookstown
9. Have you ever been convicted by the Civil Power?	Gordily Typone Ireland
10. Have you ever been discharged from any part of His Majesty's Forces, with Ignominy, or as Incorrigible and Worthless, or on account of Conviction of Felony, or of a Sentence of Penal Servitude, or have you been dismissed with Disgrace from the Navy?	10. M. o. C R2365/51/3 Collown
11. Do you now belong to, or have you ever served in, His Majesty's Army, the Marines, the Militia, the Militia Reserve, the Territorial Force, Royal Navy, or Colonial Forces? If so, state which, and if not now serving, state cause of discharge	11. Regular bolonial Forces Capitainted
12. Have you stated the whole, if any, of your previous service?	12
13. Have you ever been rejected as unfit for His Majesty's Service f If so, on what grounds f	13 97. 0
14. Do you understand that no Separation Allowance will be issued in respect of your service beyond an amount which together with Pay would reach eight shillings per day.	14. y. eo.
15. Are you prepared to undergo inoculation against smallpox and enteric fever?	15. yes
by me to the above questions are true, and I am willing Forces of the Commonwealth of Australia within or beyon	and the limits of the Commonwealth.
*And I further agree to allot not less than two-f my service for the support of my wife three	ifths of the pay payable to me from time to time during
wife and children	
Date .1.3	A Ut & aham: Signature of person enlisted.
*This clause to be amended where necessary and should be struck out in the	case of unmarried men or widowers without children under 18 years of any

CERTIFICATE OF ATTESTING OFFICER.

The foregoing questions were read to the person enlisted in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to by him.

I have examined his naturalization papers, and am of opinion that they are correct.

(This to be struck out except in the case of persons who are naturalized British Subjects.)

Date. /3 - ... /3 - ... /5

Signature of Attesting Officer.

OATH TO BE TAKEN BY PERSON BEING ENLISTED.*

SO HELP ME, GOD.

A U lead um.
Signature of Person Enlisted.

Signature of Attesting Officer.

^{*}A person enlisting who objects to taking an oath may make an affirmation in accordance with the Third Schedule of the Act, and the above form must be amended accordingly. All amendments must be initialed by the Attesting Officer.

escription of GRAHAM. Am	dress. McKolmatock. on Enlistment.
HO years months	DISTINCTIVE MARKS.
ight S feet 10 inches.	- 1 - lan
	Recent operation
ight 10	removal of which of
est Measurement 34 inches.	Recent operation for removal of variouse from both legs
mplexion Treet	
es Blue	
sir Dark Brown	
eligious Denomination Presbyteman	
CERTIFICATE OF M	EDICAL EXAMINATION.
I have examined the above-named person, and find the viz.:—	hat he does not present any of the following conditions,
Scrofula: phthisis: syphilis: impaired constitution	n; defective intelligence; defects of vision, voice, or hearing;
hernia: hemorrhoids: varicose veins, beyond a limited	extent; marked varicocele with unusually pendent testion,
inveterate cutaneous disease; chronic ulcers; traces of	corporal punishment, or evidence of having been market
with the letters D. or B.C.; contracted or deformed che physical defect calculated to unfit him for the duties	est; abnormal curvature of spine; or any other disease or
his joints and limbs; and he declares he is not subject	e; his heart and lungs are healthy; he has the free use of et to fits of any description.
I consider him fit for active service.	Dental)
Date	
Place * 8 - DEC 1915 *	1 1 1
New A	Ama Julin
N.S.W.	Signature of Examining Medical Officer.
OTTING OF	Digitatio of Database
CERTIFICATE OF CO	OMMANDING OFFICER.
I CEPTIEV that this Attentation of the sho	we-named person is correct, and that the required forms
ave been complied with. I accordingly approve, a	
TO A MAI	Balt
N 309 19	1300 1 PI
Date 12-12-13-116	Josephin W
a family	Commanding 11th Rein
Place Liverbool NSW.	19th Batton
0-009.00	

Man W		100		
Broamering				4
and d.	4	0.	0	
Statement of Serv	nice of No. 44 20 Name.	dra	ham	am
Unit in which served.	Promotions, Reductions, Casualties, &c.	Period of servi	ce in each rank.	Remarks.
11th Rein.		13/10/15	1	
19th Batta	11.0		0016	Pl= 30-96412 N
19-152	from 11 Kfb 19 km	Lance	-	1
	WOUNDED, in action	"		77 4887 76
	Emb. on H. S. West chest.		14.1116	196-6153 72
	eat Rown for Eng.		14.12.16	02 5/025 19
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	95W L leg (Ser Eles)			-4-
	Ple Infin to the 2 bom. Lepot Weymouth 23. 3. 17. from. Doutford (P.B. No. 203486)		23:3-17	Pt. 0 25/2719E 18.1012. 4.4.17.
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	Per Adm, to monte Elideo Bamps. Apl. Weymouth, g. S. W. Foot 10. 4.17 Ply part to anstputts. A 14 for discharge. yold I to Dies. charged 2nd M.O.	g ong.	21.19	NE LISTY!
	Dis. changed 2 nd M.O.	18.3.18.	B.R.L.	124/20
The second strongs of				
I have even in 10				
I have examined th	ne above details and find them corre			21
	A. F.	lifu	uh	04.

Dublie de AUSTRALIAN



MILITARY FORCES

AUSTRALIAN IMPERIAL FORCE.

Attestation Paper of Persons Enlisted for Service Abroad.

		Control of the last of the las
	4420	A7
No.	404720	Name

Name GRAHAM andrew M. Clint. V Unit 11th Sperifts 19th Battahon Joined on 13/12/15

100		10,10,110
	Questions to be put to the Pers	0 0
1.	What is your Name! PAY BOOK NO	1. andrew M. Fraham
		2. In the Parish of in or
2.	In or near what Parish or Town were you born 1	near the Town of Castle Jane.
		in the County of Downgal
3.	Are you a natural born British Subject or a Naturalized British Subject? (N.B.—If the latter, papers to be shown.)	3. Matural bara Glicland
4.	What is your age?	4
5.	What is your trade or calling?	5. Latomer
	Are you, or have you been, an Apprentice? If so, } where, to whom, and for what period?	6. As.
7.	Are you married? BYOTHER	(Jathan) Robert Graham
8.	Who is your next of kin? (Address to be stated) }	Blaggan, bookatown.
9.	Have you ever been convicted by the Civil Power?	9. Ma. BANT/890. HOLLYNOOD.
10.	Have you ever been discharged from any part of His Majesty's Forces, with Ignominy, or as Incorrigible and Worthless, or on account of Conviction of Felony, or of a Sentence of Penal Servi tude, or have you been dismissed with Disgrace from the Navy?	10. M. HMS. Ca. DOWN. 10. M. IRELANO.
11.	Do you now belong to, or have you ever served in, His Majesty's Army, the Marines, the Militia, the Militia Reserve, the Territorial Force, Royal Navy, or Colonial Forces? If so, state which, and if not now serving, state cause of discharge	11 Refular Colonial Forces Expires
12.	Have you stated the whole, if any, of your previous service?	12. Yea
13.	Have you ever been rejected as unfit for His Majesty's Service? If so, on what grounds?	13. No.
14.	Do you understand that no Separation Allowance will be issued in respect of your service beyond an amount which together with Pay would reach eight shillings per day.	14. Yes
15.	Are you prepared to undergo inoculation against smallpox and enteric fever?	15. Yes
b	y me to the above questions are true, and I am willing orces of the Commonwealth of Australia within or beyo	and hereby voluntarily agree to serve in the Military
	*And I further agree to allot not less than two-fi	of the pay payable to me from time to time during
	Date	am Graham

*This clause to be amended where necessary and should be struck out in the case of unmarried men or widowers without children under 18 years of age.

CERTIFICATE OF ATTESTING OFFICER

The foregoing questions were read to the person enlisted in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to by him.

I have examined his naturalization papers, and am of opinion that they are correct.

(This to be struck out except in the case of persons who are naturalized British Subjects.)

Date. 13/12/15 (Sga) L. J. Joffer fund. Signature of Attesting Officer.

OATH TO BE TAKEN BY PERSON BEING ENLISTED.

SO HELP ME, GOD.

(Lgd.) a m Graham Signature of Person Enlisted

Gd/L & Tofler Officer.

*A person enlisting who objects to taking an oath may make an affirmation in accordance with the Third Schedule of the Act, and the above form must be amended accordingly. All amendments must be initialed by the Attesting Officer.

Description of Graham andrew Moblindock on Enlistment.
Age 40 years months Height 5 feet 10 inches Weight 10 ft 10 lbs. Chest Measurement 34/37 inches Complexion Fresh from both legs. Eves Blue
Complexion Fresh Eyes Blue Hair Dark Brown Religious Denomination Oresh
CERTIFICATE OF MEDICAL EXAMINATION.
I have examined the above-named person, and find that he does not present any of the following conditions. viz.:— Scrofula; phthisis; syphilis; impaired constitution; defective intelligence; defects of vision, voice, or hearing;
hernia; hæmorrhoids; varicose veins, beyond a limited extent; marked varicoccle with unusually pendent testicle; inveterate cutaneous disease; chronic ulcers; traces of corporal punishment, or evidence of having been marked with the letters D. or B.C.; contracted or deformed chest; abnormal curvature of spine; or any other disease or physical defect calculated to unfit him for the duties of a soldier.
He can see the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs; and he declares he is not subject to fits of any description.
Date
Place 19 of H. Sydney (fgd) KmS Passon Signature of Examining Medical Officer.
CERTIFICATE OF COMMANDING OFFICER.
I CERTIFY that this Attestation of the above-named person is correct, and that the required forms have been complied with. I accordingly approve, and appoint him to
Place General Commanding 11th Rein 19th 19athn

Statement of Serv	ice of No. 4420 Name	Graham	am.
Unit in which served.	Promotions, Reductions, Casualties, &c.	Period of service in each rank. From— To—	Remarks.
11th Ruin 19th Batton		13/13/15	
	Retd " Europides",		21.2
191h. Bin.	Ple. (Sto K. Discharged. Ind.		BR4 124/25 m
	1		
I have examined	the above details and find them c	orrect in every respect.	
		lynn L'	

GRAHAN Andrew McClintock (Pte) 4420 Summer Cournill C Q Other Names. 70 Regimental No.	11/19 Batt.
6	JA.
Embarked at Sydney per A71 "NRSTOR" 9/4/16	
9/9/16 Proceeding ovegseas to Rft.	(MS) non 38/1-16
26/9/16 Taken on strength 19th Bn from 11th Rfts	BEFO 77/2-16
9/19/16 Proceeding overseas t France	(MS) LON 50/3-16
ord. Aux. Hosp.	GSW Lt. Leg
ley G.S.W. L. Foot. Hos. Netley GSW. L. Lek	(VG) IB 116/16-16.
pot	
G.S.W. L.Leg.	VG. IB 211/26-17.
14/11/16 wounded in action	(MA) BENO 96/5/18
14/12/16 Emb. on HS Western Australia at Rouen for Eng	
- CAL - CA	(MA) BEFO 1/2/17
Hosp. Netley GSW L. Beg (Ser. 111) 110N 22/4/17	1) ION 22/4/17
10/4/17 Adm. to Monte Video Camp Hosp. Weymouth GSW Foot	ION 36/3/17
	Р. т. О.

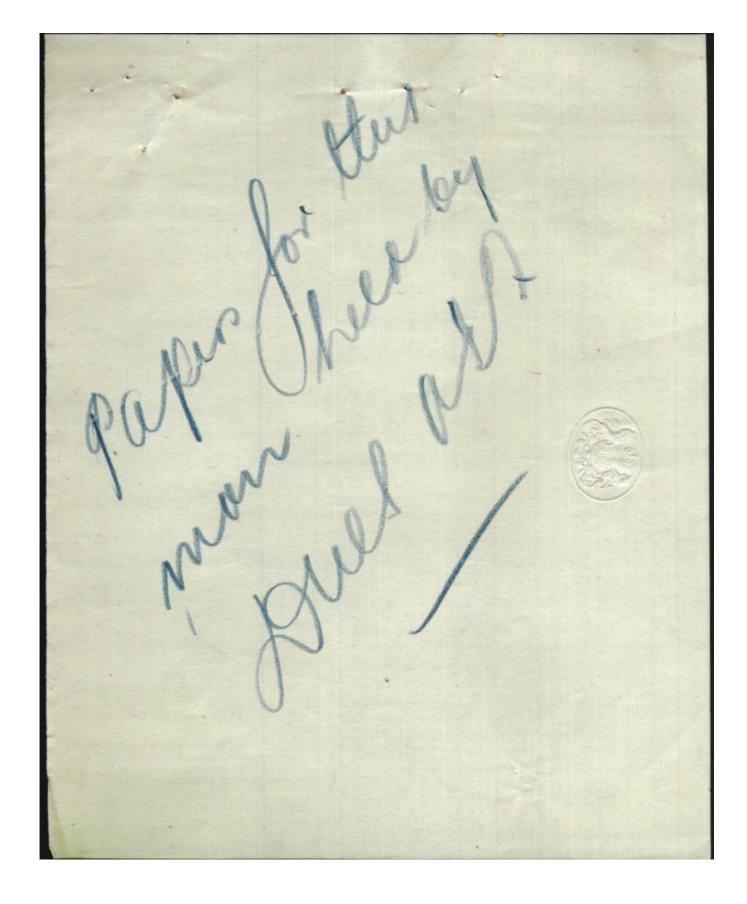
23/3/17 Marched in to No.2, Com. Depot Weymouth from Dartford LON 25/5/17 21.7.17 Embkd. per "A" 14 from Emgland for Aust. for discharge G.S.W. LT. FOOT. G.S.W. LT. FOOT. 18/3/18. Dis. 2nd M.D. ex AIF. ex "Euripides" M.U. M. 26/1114.	PURPORT.	AUTHORITY.
G.S.W. I.T. FOOT.	13/3/17 Marched in to No.2. Com. Depot Weymouth from Dartford	1 LON 25/5/17
2nd M.D. ex AIF. ex "Euripides" M.U.	G.S.W. LT. FOOT.	Lon. 59/10#
2nd M.D. ex AIF. ex "Euripides" M.U.		
2nd M.D. ex AIF. ex "Furipides" M.U.		
2nd M.D. ex AIF. ex "Furipides" M.U.		
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	2nd M.D. ex AIF. ex "Euripides" M.U.	W. 26/1114.

35 15. Ent 7 & graves 17 " 20/12: 31 John of the Tungo Pupe. Som of hearts for flands in right. Darke of such in 1906. no bralli on sporten Permanents inti for general Sernei, unfel for hard work or for mishortany hook la In home Server Conditions by certain und by of the campy your If of the gandy my 18, 5 15. un for Hymn.

		"A" Form.		Army Form C. 2121 (in pads of 100).
		ES AND SIG	NALS.	No of Message
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		Form. AND SIGNALS.	(in pads of 100). No. of Message
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	To	(Signature of "Franking Officer.")	By
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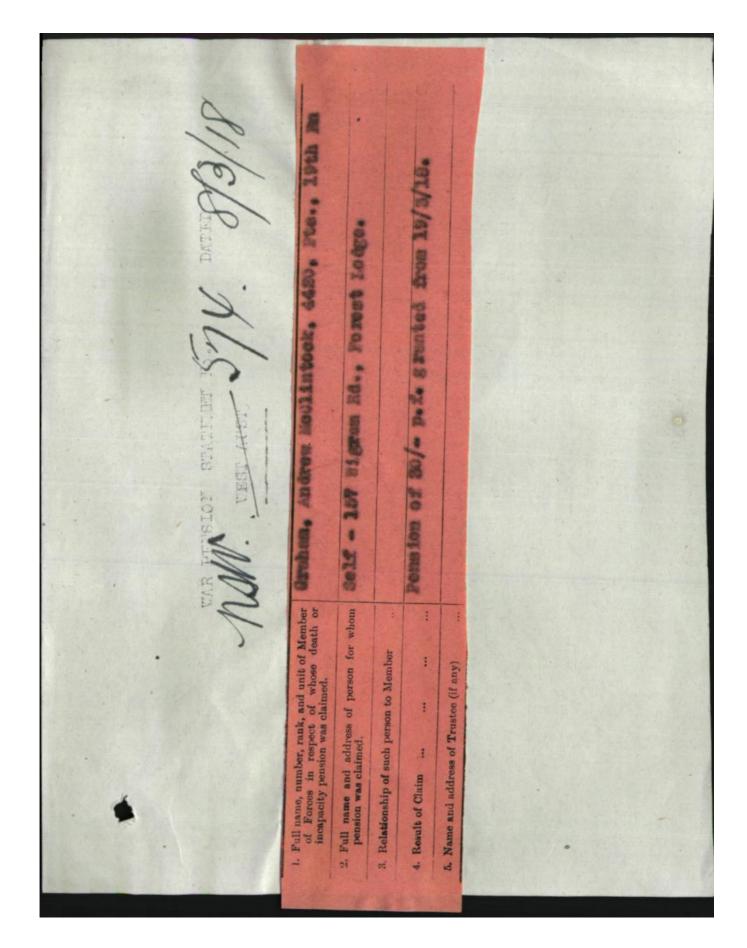


Graham ach? 19 18h The above mentioned Soldier who returned to Australia per H.M.A.T. Gauge de on the 19-9-19/7, was discharged from the Australian Imperial 18-3-19 18 Sydney, MAR 1 5 1918 Victoria Barracks, AUSTRALIAN MILITARY FORCES. 2nd Military District. MELBOURNE. VICTORIA BARRACKS, BASE RECORDS. OFFICER IN CHARGE.

applications Il 10 , Captain, S.O. Invalids & Réturned Soldiers, Documents relating to this man's discharge forwarded herewith completed.

2nd Military District.

D.H.-Q.'s Printing Office, Victoria Barracks, Sydney.



REGISTRATION, AITERATION, OR CHINGE OF ADDITION OF LINE OF KIN. Reg. No. 44 20. Hank R. M. M. Name Graham. R. M. Address Llagan, Broketurn, br Mrone. To be now reconded as (Relationship) Rolling Control of Signature of authority No. 6. 1. 116/51/3. Runarks Signature of authority No. 6. 1. 116/51/3. Signature of authority No. 6. 116/51/3. Signature of authority No. 6. 116/51/3. Signature of authority No. 6.
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Regimental No. 44420 Rank M. Name Analkan and Commental No. 44420 Rank M. Name Analkan and Commental No. 44420 Rank M.	Terms of Ser	Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Atmy Form B. 218, Army Form A. 38, or in other official documents. The authority to be quoted in each case.	whashed from Elescondina on 18. My My mille	1. 1/3, Phoceeded of Ceas Than C. 3 uplan 0. 9.9. 16, 18213. 310 1799	2ND A D B D Marched in Etaples 11. 9. 13 AXI600	ath	Wounded	Jaw Fork. J. Alm France 15.11.16 Pot. 467/85.		10 / 10 14 300+ 2. In 14/2/15 RKS6579	In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
6th-w. wrst.1	Enlisted (a) 13/12/15 Date of promotion to present rank Extended	Report Date From	29/5/16.Em	9. 9.16. 9.6	14.916 2001	30-916 6.9	18-11-16 C, O,	18/11/16 36 LC	18416 Sur	15.12.16 d	(a) In the cas

	213, V.	13			10203486			5.	100	
	Remarks ta'en from Army Form B. 2 Army Form A. 36, or ot official documents.	P. 565/82 .	DORRE 24317.	¥	BRISH RIOIZ 458 ROBOSUSE	1034 E 18 5 1	NR3603.	18283 R LR6147 10059 E 8-8-17		
	Date	, Shap	1-3-17 X	28-3-17	-	エナラ	5.	1 (1-1-18		
	Place	Some	7. conford	- 40-	Waymouth 23.2.17	Weighnerit	England.	and a		
	reductions, transfers, active service, as 18. 213, Army Form	land	केंद्र		Bartford	Ash was	45 20 July 1 3.13	to Quet		
	Regard of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 35, or in other official documents. The authority to be quoted in each case.	Yest le fort	Dan Pay Vie Than		my on from	Pet Charm 8	Jet Assuet	A R and		
Star Force	Report From whom	Neston duchalia	+	رطها	702 C.C.	Shunt.	13	O. I. E		
	Date	11/4	F 3-17	23.3.67	71.8.42	++ + 0	1.6.1	3-84		

A30.663

RTA for discharge 21.7.17. Listy

To be used for recruits enlisting direct into the Regular Army only.

Army Form B. 178a to be used for Special Reserve recruits and

Special Reservists enlisting into the Regular Army.

Surname Ysahaw	Christian Name . A	
	TABLE I.—GENERAL TABLE.	
Birthplace Parish	County	
Examined	onday of	191
Examined	at	
Declared Age	years	days,
Γrade or Occupation		
Height	feet,	inches.
Weight		lbs.
(Girth when fully		inches,
Chest Expanded. Measurement Range of Expansion		inches,
Physical Development		
(Arm	Right	Left
Vaccination Marks		
Number	The second second	
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Vision	$ \begin{cases} R.EV = \\ L.EV = \end{cases} $	
(a) Marks indicating con-	(a)	
genital peculiarities or previous disease		
1	((b)	
(b) Slight defects but not sufficient to cause re-	(W)	
jection		
Approved by (Signature)	of property and the second	
(Rank)		W-1:-1 0#
		Medical Offi
Enlisted	at	
in in in in	on day of	191
Joined on Enlistment	Corps	Regtl. No.
	19 1/2 /3 hm	19 4420
Transferred to	•	
Became non-effective by	A. C.	THE PERSON
	onday of	191
(Signature)		

Name of Hospital		Admitt Hosp	ed to	Dis	scharged Hospit	l from	Wallog K		Number	Remarks be
Name of Hospital	Day	Monti	h Year	Day	Month	Year	14,27	Disease	of days in Hospital	syphilis, adı
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k List in the case of Warrant Officers treated in quarters		
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g on the cause, nature, or treatment of the case, likely to be of interest or of future us ons and re-admissions to hospital will be shown. The subsequent progress, including treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet	se. In cases of particulars of	Signature of Medical Officer
treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet		-0-man or account Omor
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Station or Troops	Date of arrival or	Date of		Date of arrival or embarkation	Date of departure o disembarkati
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	ship Date of arrival or embarkation	Date of	Station or Troopship	arrival or embarkation	Date of departure disembarkat

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P 36663

Army Form B. 178.

To be used for recruits enlisting direct into the Regular Army only.

Almy Form B. 178^a to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

Surname_d/UlMUN	Christian Name	11 16	6. 7
1	LE I.—GENERAL TABLE	E	9
Birthplace Parish Gastle	Time County	Dou	egal Irela
Examined fon	day of	Decei	uber 1915.
	Oydney		
Declared Age	years_	~	days.
Trade or Occupation	abourer		
Height	feet,	10	_inches.
Weight		150	lbs.
Chest Girth when fully Expanded	•	3/	_inches.
Measurement Range of Expansion		5	_inches.
Physical Development			
Vaccination Marks	Right		Left
Number			
When Vaccinated	v_		
Vision $\left\{\begin{array}{lll} \mathbf{L}.\mathbf{E} \\ \mathbf{L}.\mathbf{E} \end{array}\right\}$	-v= -V=		
(a) Marks indicating con. (a)			
genital peculiarities or previous disease			
(b) Slight defects but not (b)_			
sufficient to cause re-			
Approved by (Signature)	anno 1	Palm	
(Rank)	/ / 4. /		
			Medical Officer
(at_	Casula.		
Enlisted on_	19th day of De	eember	191 5.
	Corps.		Regti. No.
Joined on Enlistment	the Battalion	- 1	14900
Transferred to			
Transferred to			
Became non-effective by			
	1 0		
on_	day of		191 .
(Signature)			

	Admitted to Hospital			Discharged from Hospital				Number of Days	
Name of Hospital.	Day	Month	Year	Day	Month	Year	Disease	Number of Days in: Hospital	
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ist in the case of Warrant Officers treated in quar	ters.
	Pulso Company
bearing on the cause, nature, or treatment of the case, likely to be of interest or of future se. In cases of syphilis, admissions and re-admissions to hospital must be shown. The absequent progress, including particulars of treatment out of hospital, transfers, &c., will be iven in the special syphilis case sheet.	Signature of Medical Officer.
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	and the second s
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Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, etc.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances Particulars of Dental Treatment, etc.

Date.		1	Brief details, and signature	the state of the s	
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27-5-16	Re-ex	amuned a	forta me	edical	ly fis
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SEP 1916		do.	. d	i. A.	W
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		Table IV. S			•
		Table IV.—S	Service Table.		
tation or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Service Table. Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkatio
tation or Troopship	Date of arrival or	Date of departure or		arrival or	departure or
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Station or Troopship	Date of arrival or	Date of departure or		arrival or embarkation	departure or
-	Date of arrival or	Date of departure or		arrival or embarkation	departure or

Medical Report on an Invalid.

Station 2 6 MAR. 1917

Date YMOUTH

9185

2.00

1. Unit 19th Batt, A.I.F

2. Regimental No. 420

3. Rank Pte

4. Name GRAHAM Andrew McLintock.

5. Age last birthday

41

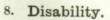
6. Enlisted on

13.12.15.

Sydney.

7. Former Trade or Occupation

Railway Employee



G.S.W. L. FOOT.

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.

14th Nov, 1916.

10. Place of origin of disability.

France

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case.

Left unit in Nov, 14th 1916, with G.S.W. L. Foot. In Hospital ever since. 3 operations on foot.

12. (a) Give your opinion as to the causation of the disability.

(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3).

G S W

Active Service.

13. What is his present condition?

Weight should be given in all cases when it is likely to afford evidence of the progress of the disability.

Small sore on ankle -- discharging wound helaed. X Ray show ankylosis of left ankle.

14. If the disability is an injury, was it

(a) In action?

Yes

(b) On field service ?

Yes

(c) On duty?

Yes

(d) Off duty?

No

15. Was a Court of Inquiry held on the injury?

If so-(a) When?

(b) Where?

NOT APPLICABLE.

(c) Opinion?

16. Was an operation performed? what? If so,

Yes (3)

17. If not, was an operation advised and declined?

No

18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?

NOT APPLICABLE.

19. Do you recommend

(a) Discharge as permanently unfit,

Yes

(b) Change to England?

C3.

Officer in medical charge of case.

I have satisfied myself of the general accuracy of this report, and concur therewith,

except+

Station

Q AUSTN. COMMAND D A. M. C.

26 MAR. 1917

.....Major.

tuhun

S.M.O Officer HIS Charge MA Whospftal.

No..... WEYMOUT Date.

*Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

Notes.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

- (ii.) Expressions such as "may," "might," "probably," &c., should be avoided
- (iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165, Pay Warrant, 1913).
- (iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.
- (v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.
- (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.
 - (b) If due to one of these causes, to what specific conditions do the Board attribute it?

- 21. Has the disability been aggravated by
 - (a) Intemperance?
 - (b) Misconduct?
 - (c) Any of the conditions mentioned in question 20, and if so, which?
- 22. Is the disability permanent?
- 23. If not permanent, what is its probable minimum duration?
- To be stated in months.
- To what extent is his capacity for earning a full livelihood in the general labour market lessened at present? 24. To
- defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{4}$, $\frac{1}{4}$, or total incapacity.
- 24A. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Insurance Act?
- 25. If an operation was advised and declined, was the refusal unreasonable?

- 26. Do the Board recommend
 - (a) Discharge as permanently unfit,
 - (b) Change to England?

A. M. C.

President.

26 MAR. 1917 Statio EYMOUT Date.

Members.

Approved

Station.

Date.

Administrative Medical Officer urgeon General D.M.S. A.I.F.

		(On i	leaving Corps or Stat	ion u	where i	nvalided.)		
Transfer { or Embark- {			Nam of on case during transit, and	ne }	Vesse. Of medic	fficer in all charge er for final disposal.	The control of the co	
Re-transfer	1102	spital or }			Holis Holis	Officer in	medical char	ge.
Station and Hospital Arrived fro	}	(At State	ion or Hospital whe	re fi		disposed of.)		1
If admitted Date		inder tment	Disease			How finally disposed of	Date of Discharge,	
Detailed stocorps, to	station	, or to der	ondition on dischargoot. In cases of discovers to questions 22	harg	re from	the service it	should be es	valid,
ate of fina Board, or	al Medic decisio	al)			Ad	lministrative M	ledical Office	er.
discharge documents of invalids. Wt. W8530/2774 500M 9-15 M.&C.Ld. Forms B. 178.	The orig	Date of final disposal. How finally	Date Date Hospital or Station transferred to for final disposal	Name	Rank	Station Corps Regimental No.	MEDICAL REPORT ON INVALID.	-

Lower Berth. Army Form B. 179. Medical Report on an Invalid. 9185 A. M. C. 26 MAR. 1917 Station 9185 Indax EYMOU Date_ 1. Unit 19. Batt. 5. Age last birthday 41 years . 2. Regimental No. 4420 6. Enlisted fte. 3. Rank 7. Former Trade Railway Employe. 4. Name GRAHAM. andrew. ma Clintock 8. Disability.
G. S. W.
L. Foot Statement of Case. Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease. 9. Date of origin of disability. 14 hov. 1916 10. Place of origin of disability. France Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing on the case. Left mint en Nov 14" 1916 & G. S.W. L. foot In hospital wer since 3 operations foot. 12. (a) Give your opinion as to the causation of the disability. 6 s.w. (b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3). achine scrure

13. What is his present condition? Weight should be given in all cases when it is likely to afford evidence of the progress of the disability. Small sore on antile - discharge Wound healed Xray shows anky toris of laukle 14. If the disability is an injury, was it (a) In action? (b) On field service ? You (c) On duty? (d) Off duty? 15. Was a Court of Inquiry held on the injury? If so—(a) When? (b) Where? (c) Opinion? 16. Was an operation performed? If so, yes . 3 what? 17. If not, was an operation advised and Lo 18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service? 19. Do you recommend (a) Discharge as permanently unfit, (b) Change to England? V. Lebun Cup Officer in medical charge of case. I have satisfied myself of the general accuracy of this report, and concur therewith, 2 AUSTN. COMMAND A. M. C.Major. 26 MAR. 1917 Station No..... 19 S.M.O. WATER LANGUAGE CONTROL OF STREET.

† Delete this word if no exceptions are to be made.

YMOUT

Date.

*Loss of teeth on, or i

fter, active service, should be attributed thereto, unless there is evidence that it is due to some

Opinion of the Medical Board.

Notes.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

- (ii.) Expressions such as "may," "might," "probably," &c., should be avoided.
- (iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165, Pay Warrant, 1913).
- (iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.
- (v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.
- 20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.
 - (b) If due to one of these causes, to what specific conditions do the Board attribute it?

action Denvie

- 21. Has the disability been aggravated by
 - (a) Intemperance?
 - (b) Misconduct?
 - (c) Any of the conditions mentioned in question 20, and if so, which?
- 22. Is the disability permanent?
- 23. If not permanent, what is its probable minimum duration?
- To be stated in months.
- 24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?
- In defining the extent of his inability to earn a livelihood, estimate it at \(\frac{1}{4}\), \(\frac{1}{2}\), or total incapacity.
- 24A. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Insurance Act?
- 25. If an operation was advised and declined, was the refusal unreasonable?
- 26. Do the Board recommend
 - (a) Discharge as permanently unfit;
 - (b) Change to England?

In applicable

Alaman President.

Members.

Approved.

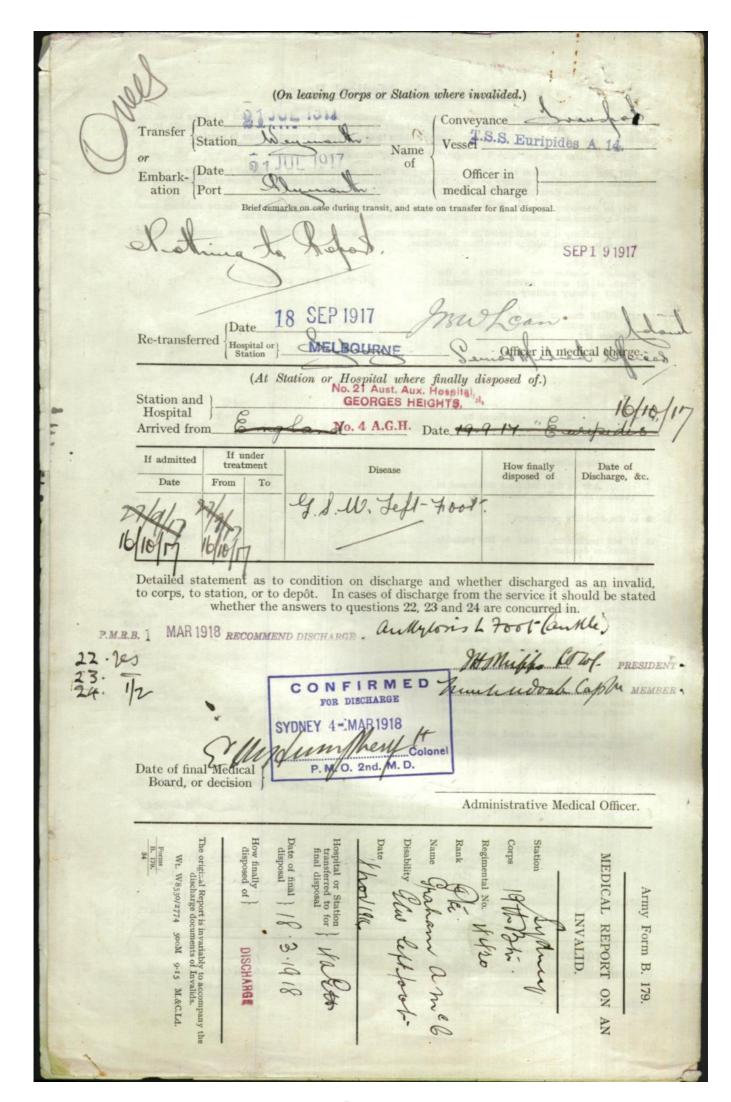
Station_

Date.

IKE. Colors

Administrative Medical Officer, geon Gener

D.M.S. A.I.F.



To be used (a) for recruits enlisting direct into the Regular Army, and (b) for men of the Territorial Force when they are admitted to Hospital. Army Form B. 1784 to be used for Special Reserve recruits and Special Reservists enlisting into the Regular Army.

MEDICAL HISTORY OF

TABLE I. General Table		hristian Name		drew.	
Birthplace Parish Dermongal	Z	Service, Ext	etc.; Exami ension, Re-er ssue of Surgi	nations for F	y, Vaccination, ield or Foreign r Prolongation es; Particulars
(County A	9	Date.		ef Details and Sig	natova
Examined onday of	191 ,				antare .
(at		Boarded FINDING:	26th Mar		P14 Pat
Declared Age	days.			ently up	
Trade or Occupation Railway C	uplayo	Barvica.	and Perm	anently	unfit for.
Heightfeet			(Sgd) L.	O. Betts	Major,
	lbs	S. M. O.T.NN		ralian C	ommand Dep
Chest Girth when fully Expanded Expanded		/20. A N	OMMAND DE		
(Range of Expansion		2 6 MAF	***************************************	24	
Physical Development		h No		-)	••••••
Vaccination Marks Arm RIGHT.	LEFF.	EYM	OUTH		
Number		AUST. AUX. Hos	Jake	· · · · · · · · · · · · · · · · · · ·	
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(R.EV =	(0.	1	RECOMMENI	DISCHARGE
Vision L.E -V =		EORGES HEIGHT	Sul	cas	1/4
			0.0	10.1	
(a) Marks indicating congenital peculiarities or pr	evious disease -		***************************************	***************************************	
***************************************		***************************************		••••••••	

(b) Slight defects but not sufficient to cause reject	ion—				

Approved by	***************************************			***************************************	
Rank	THE RESERVE OF THE PARTY OF THE				
	Medical Officer.	T	ABLE IVS	envice Table	
Enlisted (at Sydney on day of 13/12,	1.5 191	Station or Tr			Date of departure or disembarkation.
Corps.	Regtl, No.				
oined on enlistment 19/ analialiam	4420.			***************************************	
7					
Tansferred					*
to	4420			***************************************	***************************************
		***************************************	***************************************		
ecame non-effective by					
on day of	191	***************************************			
(Signature)					
(Rank)	***************************************	***************************************			

	Ad	Admitted to	I .	Discharged from	I from			Remarks hearing on the cause nature or treatment of the case libely to	
Name of Hospital	Day	Hospital Month Ye	Year Day	Hospita	tal	Disease	Number of days in Hospital	be of interest or of future use In cases of syphilis, admissions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will	Signature of . Medical Officer
	-				2000			be given in the special syphilis case sheet	
Most	91.	16		3	7	9. S. W. h long.	36	ariumited wite lad one he head left auxillois	
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								2574/8 Whiday - In las wo	•
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To aux Willymonth Medical Report on an Invalid.

Army Form B. 179.

34 A. A. Hospital

93.1917.

19th Bail.

2. Regimental No. 14400.

7. Former Trade Railway employee.

8. Disability.

Built wound of fool:

Statement of Case.

Note.—The answers to the following questions are to be filled in by the Officer in medical charge of the case. In answering them he will carefully discriminate between the man's unsupported statements and evidence recorded in his military and medical documents. He will also carefully distinguish cases entirely due to venereal disease.

9. Date of origin of disability.

400. M 16 1916 Hurs.

10. Place of origin of disability.

11. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet bearing

Pt. was Shot in Centle. the bullet loged in the os ealers shallring the bours he has been. operated upon: 3 him sweat Riers of bour. removed + the evisions heads in the Eig. at-promp the wound has alwost healed but he is quili enable to use the fost-

12. (a) Give your opinion as to the causation of the disability.

(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it (See notes on page 3).

9.8.W.

active Everice.

13. What is his present condition	and others, are not been	
Weight should be given i when it is likely to afford the progress of the disability.	evidence of	Medical
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14. If the disability is an injury	not-applie.	
(a) In action?	mi agesti	
(b) On field service?	Statement of Cane.	
(c) On duty?		
(d) Off duty?	Walter and the second	
15. Was a Court of Inquiry h	WI- applie -	Desirable specials of the elega-
If so—(a) When?	mi aggent	
(b) Where?	"	
(c) Opinion ?		AND RESIDENCE TO A SECOND PORTION OF THE PARTY OF THE PAR
16. Was an operation performe what?	d? If so, No.	

- 18. In case of loss or decay of teeth. Is the loss of teeth the result of wounds, injury or disease, directly* attributable to active service?
- 19. Do you recommend
 - (a) Discharge as permanently unfit,

or (b) Change to England Curs

22 MAR, 1917

Officer in medical charge of case.

Lieut.-Col.,

I have satisfied myself of the general accuracy of this report, and concur therewith,

except†

Station

Date.

O.C. No. 3 Australian Auxiliary Hospital Officer in charge of Hospital.

*Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

† Delete this word if no exceptions are to be made.

Opinion of the Medical Board.

Notes.—(i.) Clear and decisive answers to the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the Commissioners of Chelsea Hospital should be in possession of the most reliable information to enable them to decide upon the man's claim to pension.

- (ii.) Expressions such as "may," "might," "probably," &c., should be avoided.
- (iii.) The rates of pension vary directly according to whether the disability is attributed to (a) active service, (b) climate, or (c) ordinary military service. It is therefore essential when assigning the cause of the disability to differentiate between them (see Articles 1162 and 1165, Pay Warrant, 1918).
- (iv.) In answering question 20 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.
- (v.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.
- 20. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.
 - (b) If due to one of these causes, to what specific conditions do the Board attribute it?

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	**		At 1. 1114	1	- commented	here
21.	Has	the	disability	been	aggravated	DV

- (a) Intemperance?
- (b) Misconduct?
- (c) Any of the conditions mentioned in question 20, and if so, which?
- 22. Is the disability permanent?
- 23. If not permanent, what is its probable minimum duration?

To be stated in months.

- 24. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?
- 24A. Is the man suffering from a disability which would obviously, as far as you can judge, cause him to be rejected by an Approved Society under the National Insurance Act?
- 25. If an operation was advised and declined, was the refusal unreasonable?

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10/01

26. Do the Board recommend

(a)	Discharge	as permanently inter, dury
/25	or	() () () () () () () () () ()

Signatures:—	Blinke Sutherland hippisider	nt.
Station & 20	WH envech copt	
Date MAR, 1917	Memb	ers

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Date_

Station

Administrative Medical Officer.

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ation Por		THE PERSON ASSESSMENT		THE RESERVE TO SERVE	l charg			
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					And the same			
	Date							
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	(At St	ation or Hospi	ital where	finally d	isposed	of.)		
tation and Hospital								
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If admitted	If under treatment				How	finally	De	te of
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corps, to sta	Hedical	nswers to ques	s of dischartions 22, 2	arge from 23 and 24	the ser are con	vice it sl icurred i	hould b	e stat

PROCEEDINGS OF A	MEDICAL BOARD ON AN INVALID.
	No2 A. CommandDe
	Station 26/3/17
	Date
Regiment or Corps 19th Btn.	2. Regimental No. and Rank 4520 Pte
. Name GRAHAM Andrew McClintoc	ok.
Enlisted on 13/12/15 sydney N. S. W.	4. Age last birthday 41
Disability G.S.W. Meft foot.	6. Former trade or occupation Railway Employee
MEDICAL H	ISTORY OF THE INVALID.
Date and place of origin of the disability	are to be filled in by the Medical Officer by whom the soldier is brough inate between the man's unsupported statements on his case and recorder ical. He will also carefully discriminate cases entirely due to venereal disease 14/11/16
	FRANCE
	and the state of t
Give concisely the essential facts of the causation and history of the disability, noting entries on the Medical History Sheet bearing on the case, and give your opinion, in cases where it applies, as to what part military service has taken in its production.	Left unfit in November 1916 with G.S.W. left foot. In Hospital ever since Three
	operations on foot.
(1)	The state of the s
-	可以表现的是是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一
	G. S. W.
Stateal Officer in charge of one.	Active service.
of this report, and concur theorems	epara) a librard out to the for longity wild I
Irdical Officer in charge of Mappine	
sales is and expeties a most reduce operate in	asiana Attituda (sintis eriesa pelelalar l'asiani attenti a californi
	And the state of the second state of the secon

10. What is his present condition?	Small scar on ankle Discharging wound healed Xray shews ankylosis of Lt Ankle
11. If the disability is an injury, was it caused— (a) In action?	Yes " No.
12. Was a Court of Inquiry held on the injury? If so—(a) When?	No.
13. Was an operation performed?	Yes 3
14. Was an operation advised and declined?	No.
15. In cases of loss or decay of teeth. Is the loss of tee h the result of wounds, injury, or disease, directly *attributable to active service?	No.
6. In the case only of men who served in South Africa between the 11th October, 1839, and 31st May, 1962. Did he receive any hospital treatment in South Africa during the South African War; if so, for what diseases, in what hospitals, and at what approximate dates?	Not applicable.
7. Do you recommend— (a) Discharge, as permanently unfit; or (b) Change to England?	Yes No. C 3
	2222

I have satisfied myself of the general accuracy of this report, and concur therewith, except;

Station..

No2 A. Command Depot.

L.O.BETTS MAJOR.

Medical Officer in charge of Hospital.

^{*} Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

[†] Delete this word if no exceptions are to be made.

OPINION OF THE MEDICAL BOARD.

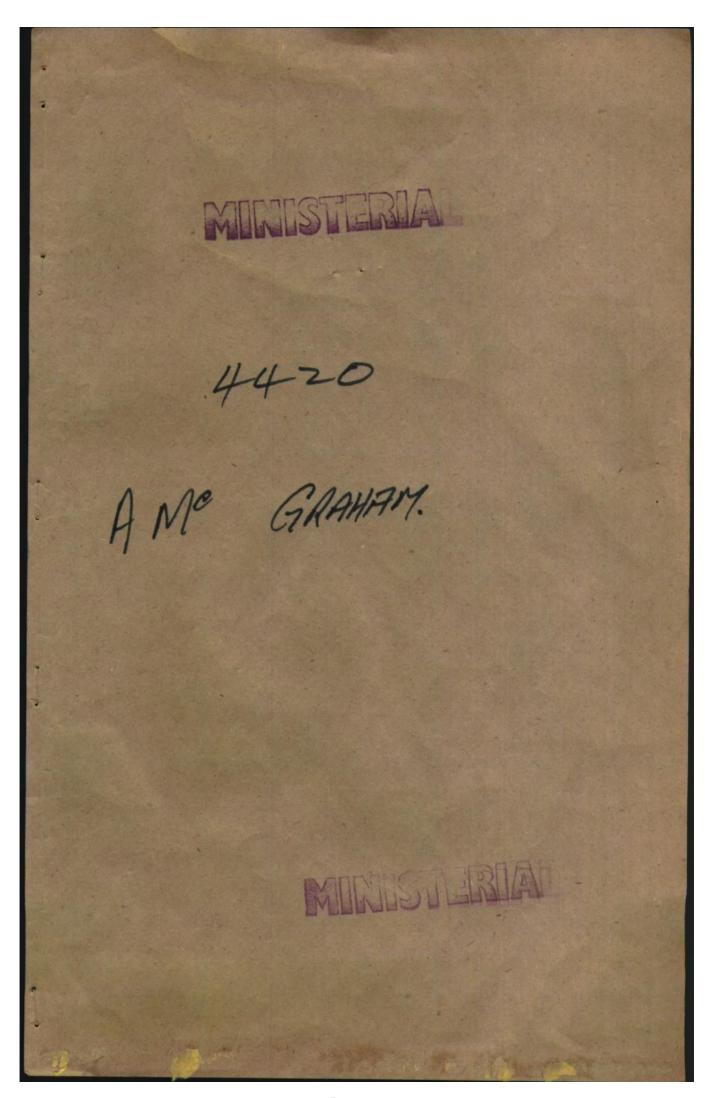
Note.—The answers to the following questions are to be filled in by the Board. As the object of these questions is, in the event of the man being invalided, to put the Commissioners of Chelsea Hospital in possession of the most reliable information based on the opinion of those best capable of judging, so as to guide them in deciding upon the man's claim to pension, clear and decisive answers should in all cases be given.

Expressions such as "may," "might," "probably," &c., should be avoided.

The rates of pension vary according to whether the disability is attributed to (a) ordinary military service, (b) active service, or (c) climate. It is therefore essential when assigning the cause of the disability to differentiate between them. See Articles 1085 and 1088, Pay Warrant, 1909.

18. Is the disability the result of ordinary military service, active service, or climate? If so,	
to what specific conditions does the Board attribute it?	
(In answering this question the Board should	
be careful to discriminate between disease resulting from military conditions, and disease to which the retired would have	Active service.
disease to which the patient would have been equally liable in civil life. Enteric Fever, Dysentery, Malaria, &c., contracted	The plant of the state of the s
when on service abroad are to be regarded as caused by ordinary military service; active	G. S. W.
service, or climate, as the case may be.)	
9. Has the disability been aggravated by—	
(a) Intemperance?	No.
(b) Misconduct?	
20. Is the disability permanent?	Yes
21. If not permanent, what is its probable	Not amilford
minimum duration?	Not applicable.
(To be stated in months.)	
22. To what extent is his capacity for earning a	Total.
full livelihood in the general labour market lessened at present?	a sail with a world by the second a storm in the first
(In defining the extent of his inability to	
earn a livelihood, estimate it at \(\frac{1}{4}, \frac{1}{2}, \frac{7}{4}\), or total incapacity.)	
23. If an operation was advised and declined, was the refusal unreasonable?	W
	Not appl-icable.
24. Does the Board recommend—	the state of the s
(a) Discharge, as permanently unfit; or (b) Change to England?	permanently unfit for general service
	and home servace.
Signature	*
	J. Nerris Major.
	President.
Station No.2 A. C. Depot.	A. J. Dunn Capt.
26/3/17	Members.
Date	
Approved—	
Station	A. E. Colvin Major.
Date	Administrative Medical Officer.
Station Date	A. E. Colvin Major. Administrative Medical Officer.

	Date	21/	1117				-	Unit on Hard	-	17-1-7	
Transfer	Station		WEYMOUT	ITH			Commence and the second				
or Embarkation.			/7/17			Vessel FURIPIDES. Medical Officer					
	THE STATE		PLYMOU	ייי		Medic	al Offi	cer		33 - 55	
D.: 6											
Brief rei	narks on		ing transit				for fin	nal dis	posal		1
	•	A(thing t	o repo	rta						
etransferred <	Date	18/9/	17					-			
setransferred ?	Hospital	or Statio	17				W.,Lie	an Go		cal Officer	
	AT S	TATION	OR HOSPI	FAL: WH	ERE FI	VALLY	DISPO	SED O	F.		
tation and Ho					Arrived			Th 7			
)ate				1	100000000000000000000000000000000000000			19/9	1/17		
		Freatment.			**		17-17				
If admitted, Index No.	From-	То—		Disease			How f	inally disp	posed of.	Date Discharge	
ate	Tion	10-		-	202						
	The second secon	Par Ellins	1 100								
			1.19. 10.	Little Till	U. P.						
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Detailed ation, or to duswers to ques	statemen epôt. In tions 20,	t as to cases of 21, and 2	condition discharge are connacted as	on discrete from curred in 2 Yes 2	harge, a the ser in Reco	vice i	nether t show dis- capac J.H. Fran	as an ald be charging ity 1 Phipp k. Do P. N.	/2. /2. s L t (ak Ca) R. B.	whether	the



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The Chief Paymaster.

ADMINISTRATIVE HEADQUARTERS, A. I. F.

Non Effective Statement.

MF.A.30663

dilitary District 2 n Enlistment	Unit at Embarkation	19th Bn	Date of Embarkati	N.A.
CRANSFERS.			Date	Reference
NIL				
PROMOTIONS, APPOINTMENT	S and REVERSIONS.		1 . 1	
NIL				
FORFEITURES, CRIMES, V.	D., Etc.			
NIL				95
			-	
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COMPILED FROM INFORMATI	ON AVAILABLE AT TH	IS OFFICE		
	14.8.17.			
				1



1	Original Duplicate
	Application to Enlist in the Australian Imperial Force
	To the Recruiting Officer BOARD OF HEALTH, . (OFFICIAL STAMP)
	at BUAND UT HEALTH.
	I, Andrew we be the town 'hereby offer myself for Enlistment in the Australian Imperial Force for Active Service Abroad, and undertake to enlist in the manner prescribed, if I am accepted by the Military Authorities, within one month from date hereof.
	POSTAL ADDRESS Signature A Mo Graham
	170 bathedral st Occupation Railway Employee Sydney 8-DEG 1915
	Lydney Date_ 8 - DEC 1915
	(For Identification purposes the above space should be filled in personally by the Applicant.)
	CONSENT OF PARENTS OR GUARDIANS (For Persons under 21 years of Age) I HEREBY CERTIFY that I approve of the above application, and consent to the enlistment of my son for Active Service Abroad.
	Statement regarding Death or Absence of either or both Parents. Father's Signature Mother's Signature Or
	Guardian's Signature
na :	PERSONAL PARTICULARS
g. 4	Age-40 yrs. mos. Height- 5 ft. /O ins Chest Measurement (fully
430	Married. Widower. Single. Weight 10SI: 10 expanded inches
在自	PRELIMINARY MEDICAL EXAMINATION
03	Decision of Medical Authority FIT for Active Service
Steadon Strong	Recent operation for removal of buriose 18-DEC 1915 Perios both lego.
Eyes. Comp Hair. Relig Deno	Place N.S.W.
	Date Signature of Medical Authority
	I Coneur
	Place
	Date Signature of M.O. at Central Recruiting Depot
	CERTIFICATE OF RECRUITING OFFICER
	I CERTIFY that I have this day provisionally Accepted this applicant for enlistment
	in the Australian Imperial Force. Signature 7. O. Diccothy by
200	Place Recruiting Officer Recruiting Officer
THE PARTY	LOVER
	N.S.W.
1	NG P

M A. Carola 13/1/15

INSTRUCTIONS.

(1) Application forms received by Recruiting Officers will not be handed back again to applicants but will be passed direct to the Medical Practitioner, who will similarly return them to the Recruiting Officer, who will then forward them by post to the Officer in Charge of the Central Recruiting Depot to thich recruits are instructed by them to Report.

- (2) If an Applicant who has been rejected desires a copy of this certificate, it must be completed in deplicate at the time of Medical Examination, and the word "original" or "duplicate," as the case may be, will appear on top of the respective forms. Both copies will be forwarded to the Officer in Charge of the Central Recruiting Depot, where the duplicate will be impressed with the official stamp and then returned to the applicant.
- (3) Copies will NOT be made of any certificates of acceptance. The word "Duplicate" will be struck out of such certificates, and they will be sent to the Officer in Charge of the Central Recruiting Depot by post.
- (4) Names of accepted applicants who do not report at Central Recruiting Depot within the prescribed time will be forwarded to the Local Recruiting Officer for information.
- (5) When alternatives are shown on the front of the form such as:

 | Ward | Married Widower | Original Single | Original
- (6) Only those persons who fulfil the requirements in all other respects will be examined regarding medical fitness. These requirements may be ascertained by reference to daily newspapers and official posters.
- (7) The Central Recruiting Depot to which accepted applicants from various places will be sent for final medical examination will be determined by District Commandants. Recruiting Officers at outlying places will require to issue clear instructions to such applicants informing them where and when to report, and will forward the application forms in time to ensure that they will be in the hands of the Officer in Charge of the Central Recruiting Depot when the recruit reports for enlistment.

Spaces for identification by means of handwriting.

