BROWN 18287 FREDERICK JAMES 134670.

If enlisted by special authority, Army Form B. 203 (or other authority for the enlistment) will be att original attestation.

Date

CHICHESTER

Reoruiting Officer 35th R. Di

† The signature of the Approving Officer is to be affixed in the presence of the Recruit. ! Here insert the "Corps" for which the Recruit has been culisted.

^{*} If so, the Recruit is to be asked the particulars of his former service, and to produce, if possible, his Certificate acter. which should be returned to him conspicuously endorsed in red ink, as follows, viz .- (Name)_ re-enlisted in the (Regiment)_

DESCRIPTIVE REPORT INLISTMENT. (To correspond with Entries on the Medical History Sheet.) Applicable to all ranks.

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DESCRIPTIVE REPORT OF ENLISTMENT. (To correspond with Entries on the Medical History Sheet.) Applicable to all ranks.

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STATEMENT AS TO DISABILITY.

(This form is not applicable to Officers and Soldiers in Hospital or on leave therefrom who will be brought before a Medical Board).

On Demobilization every Officer and Soldier, whether remaining with the Colours or not, will be given an opportunity of filling in this Form. Should he not wish to put forward any claim in respect of a Disability due to Military Service he must sign the Statement hereunder to this effect, in the presence of an Officer of the Unit with which he is serving, who will witness the Signature. Whether a claim is made or not, this Form will be forwarded by the Unit Commander, in the case of every Officer, direct to the Secretary, War Office; and in the case of every Soldier, to the Record Office of his Unit.

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tollowing should be read by, or to, him:-

"Your statement will be checked by Official Records. In answering question 2, any special matters which in your opinion caused or aggravated any unfitness from which you are suffering, must be clearly stated."

The claimant will answer the questions in his own words and after completing the form will sign it. The Officer will witness the signature. If the claimant cannot write, he will affix his mark,

1. (a) In what countries have you served during this war and for what periods?

(b) In what car

(Signature)

(Rank)

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ing on the cause, nature or treatment of the case likely to be of interest or of future use. In cases of issions and re-admissions to hospital will be shown. The subsequent progress, including particulars of treatment out of hospital, transfers, &c., will be given in the special syphilis case sheet.

Signature of Medical Officer

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Capt., R.A.M.C.

Table III.—Boards; Courts of Inquiry, Vaccination, Inoculations, &c.; Examinations for Field or Foreign Service, Extension, Re-engagement, or Prolongation of Service; Issue of Surgical Appliances; Particulars of Dental Treatment, &c.

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Table IV.—SERVICE TABLE.

Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation	Station or Troopship	Date of arrival or embarkation	Date of departure or disembarkation

This report to be attached to Medical History Pt.7. Brown. (49159)

Cambridge Hospital, Aldershot.

Vision Right Dy

Diagnosis

Condition not due to Military Service,

Army Spectacles will be provided attach ashesive Rx Slips to Medical History Sheet and Pay Book

Tod F Lales.

11.0.1/c &m Ophthalmic Centre No 1. Cambridge Hospital.

IF FOUND, please drop this Certificate in a Post Office letter box. Army Form Z. 11.

NOTICE.—"This document is Government property. It is no security
whatever for debt, and any Person being in possession of it, either as a pledge or security for debt, or
whatever for debt, and any Person being in possession of it, either as a pledge or security for debt, or
without lawful authority or excuse, is liable under Section 156 (9) of the Army Act to a fine of twenty pounds
without lawful authority or excuse, is liable under Section 156 (9) of the Army Act to a fine of twenty pounds

(£20) or imprisonment for six months, or to both fine and imprisonment."

PROTECTION CERTIFICATE AND CERTIFICATE OF IDENTITY

SOLDIER NOT REMAINING WITH THE COLOURS).

Dispersal Unit Stamp and date of dispersal.

PROTECTION CERTIFICATE AND (SOLDIER NOT REMAINING	CERTIFICATE OF IUEN IIII
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Christian Names	OPYSTAL PALACE
Unit Corps	Pay Office de
I have received an advance of £2. + Add (Signature of Soldier)	ress for Pay
The above-named soldier is granted 28 days' furlough from the date stamped hereon pending* (as far	Theatre of War or Command Born in the Year
as can be ascertained) which will date from the last day of furlough after which date uniform will not be worn	Medical Category Place of rejoining in
except upon occasions authorized by Army Orders. • If for Final Demobilization insert 1.	Specialist Military Qualification Qualification Qualification Gualification G
Transfer to Reserve insert 3. + As this is the address to which pay and discharge day change of address must be reported at once to the Record settlement will occur.	IVA Mande
This Certificate must be produced	when applying for an Unemployed when applying
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Date Office of Issue	* 17?

W. 11814-M1188 1000m 1/17 (27227) SP&Co, Ltd. Forms B./103/4 E./356

	Report	Record of promotions, reductions, transfers, casualties, &c., during active service, as reported on Army Form B.213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place of Casualty	Date of Casualty	Remarks Taken from Army Form B.213, Army Form A.36, or other official documents.
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