

PARTICULARS OF RECRUIT
DRAFTED UNDER MILITARY SERVICE ACT, 1917

(Class 1.)

1. Surname..... Leclerc.

2. Christian name..... Omer.

3. Present address..... 155 Drummond St Ottawa Ontario.

4. Military Service Act letter and number..... P.C. 970334.

5. Date of birth..... 14th June. 1895..

6. Place of birth..... Ottawa, Ontario.
(town, township or county and country)

7. Married, widower or single..... Single.

8. Religion..... R.C.

9. Trade or calling..... News Paper Branch (Manager) 9

10. Name of next-of-kin..... Mrs. Mary. Leclerc.

11. Relationship of next-of-kin..... Mother.

12. Address of next-of-kin..... 155 Drummond St Ottawa Ontario.

13. Whether at present a member of the Active Militia..... No.

14. Particulars of previous military or naval service, if any..... Nil.

15. Medical Examination under Military Service Act:—
 (a) Place..... Ottawa Ontario. (b) Date..... 14th November 1917. (c) Category..... "AII".

DECLARATION OF RECRUIT

I, Omer Leclerc., do solemnly declare that the above particulars refer to me, and are true.

Omer Leclerc (Signature of Recruit)

DESCRIPTION ON CALLING UP

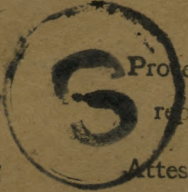
Apparent age.....	<u>22</u>	yrs.....	<u>6</u>	mths.....	} Distinctive marks, and marks indicating congenital peculiarities or previous disease. } Functional Systemic Murmur. } murmur.
Height.....	<u>5</u>	ft.....	<u>3</u>	ins.....	
Chest measurement } fully expanded.....	}	}	<u>32½</u>	ins.....	
			range of expansion.....	<u>2</u>	
Complexion.....	<u>Fair.</u>				
Eyes.....	<u>Hazel.</u>				
Hair.....	<u>Brown.</u>				

A. Bynan Lt. Col.
 O. C. Depot Battalion

Regt.

Place..... OTTAWA Date..... MAY 28 1918

27/9/18 and



Proceedings of Court of Inquiry or on men reported Missing on Active Service.....

Attestation Papers.....

Declaration of change of name.....

Authority for special enlistments.....

Documents of re-enlisted men.....

Regimental Conduct Sheet.....

Compulsory Stoppages.....

Casualty Forms.....

Proceedings on discharge.....

Corps History Sheet.....

Date and No. of Deposit Receipt for Purchase Money and Amount.....

Parchment Certificate.....

Medical Report for Invalids.....

Medical History Sheet.....

Proceedings of Regt. Court Martial.....

Copies of Convictions by Civil Power.....

Company Conduct Sheet.....

Clothing Transfer Certificate.....

Inventory of Kit.....

Last Pay Certificate.....

D-45

A 7 B 122 - 1

M 7 W 82 - 1

M 7 W 394 - 1

M 7 W 113 - 1

M. F. W. 62.

60M-9-16.

H. Q. 1772-39-935.

1 index

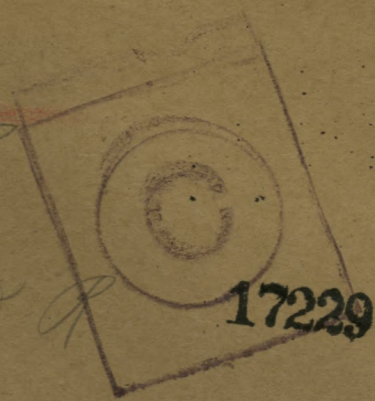
DISCHARGE DOCUMENTS

Name W ECHERC OMER

Regt. No. 3321873 Rank plc

Corps 2nd Depot Bn E & R

Med Staff

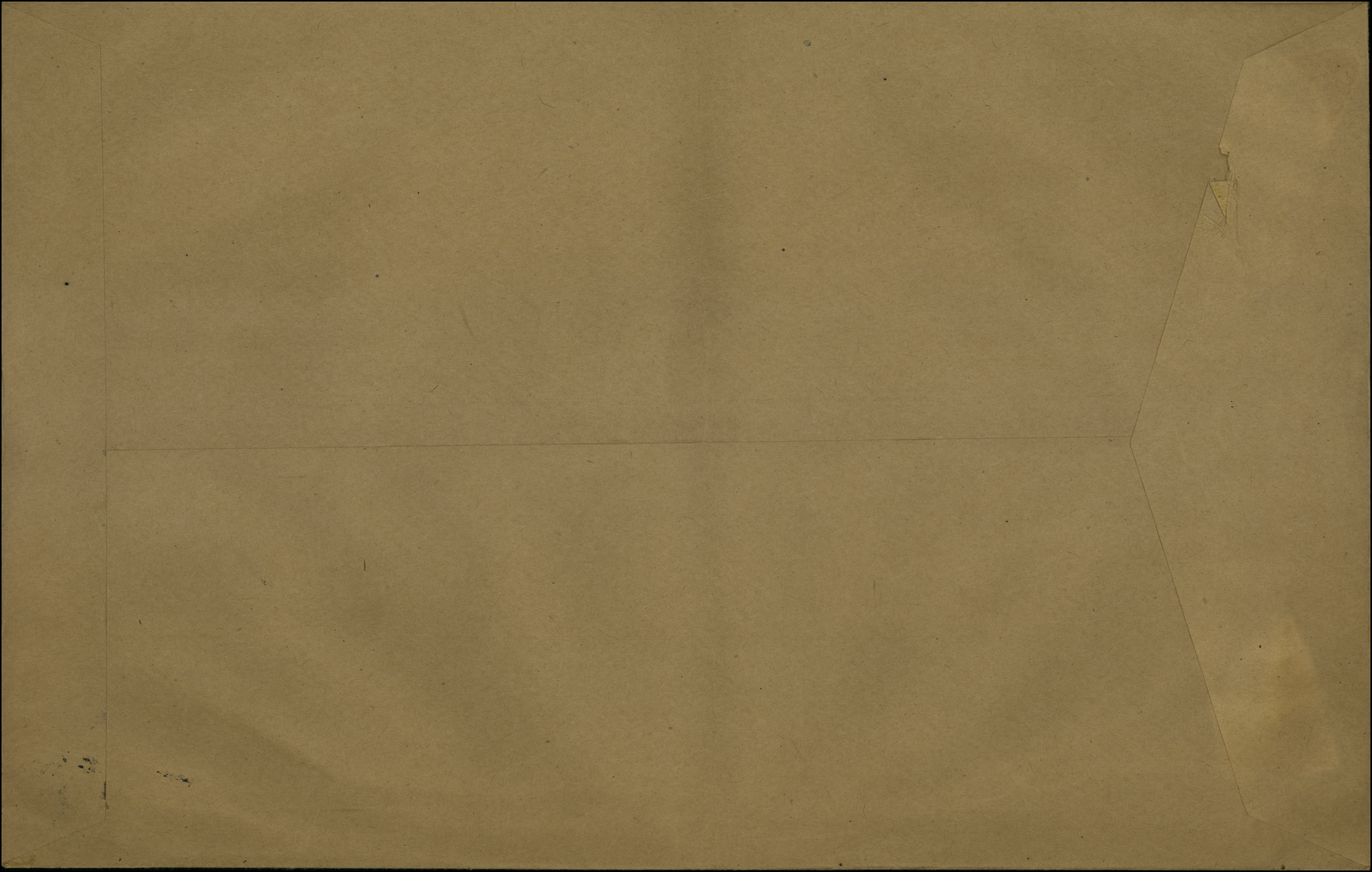


R. O. No.

H. Q. No.



55 12



332 1873

I.D. number
No. d'identification

Leclerc

Surname
Nom de famille

Omer Joseph

Given names
Prénoms

NATIONAL PERSONNEL RECORDS CENTRE
CENTRE NATIONAL DES DOCUMENTS
DU PERSONNEL

PERSONNEL RECORDS ENVELOPE
ENVELOPPE DES DOSSIERS DU PERSONNEL

Location

Lieu

Box 5512

«CONTENTS CONFIDENTIAL»
«CONTENU CONFIDENTIEL»



NAME.

Leclerc, Omer

RANK.

Pte

REC. FILE.

*3**X*

No.

3321873

CORPS.

East. Ont. Pgt. 2nd. Wpo. Bn

H. Q. FILE.

ENLISTMENT, PLACE.

Ottawa, Ont.

DATE.

May 29th, 1918~~BIRTH~~

DISCHARGE PLACE.

Canada, Ottawa Ont.

DATE.

June 14th, 1895

REASON.

S.O.S. Dis. M. No. 818. 2/E.O.R.D. 242/15-3

ADDRESS ON DISCHARGE.

*T. O. S. May 1918.**D.O. Part II No 129*

DOCUMENTS.

NEXT OF KIN

Leclerc, Mrs. Mary

RELATIONSHIP

Mother

ADDRESS

*155 Drummond St., Ottawa, Ont.**Also notify Miss A. Coutlee, (Friend)**7 Montcalm St., Hull P.Q.*

CHARGED OUT

RETURNED

CHARGED OUT

RETURNED

TO

DATE

BY

RECEIVED
BY

DATE

TO

DATE

BY

RECEIVED
BY

DATE



No. 3321873 RANK Pte

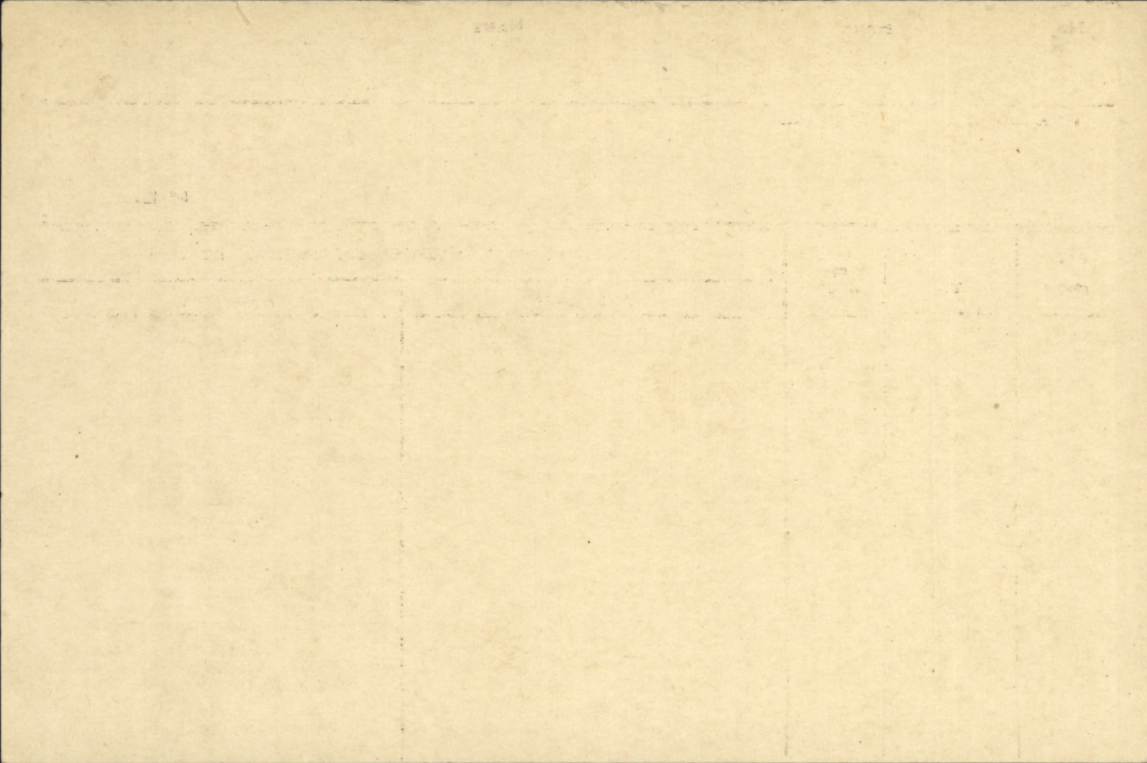
NAME Leclerc Osmer

T. O. S.

UNIT 2nd Depot Battalion E. O. R.

M. D. 3

			PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
PAID FROM	PAID TO	SIG. OR REC'T	PARTICULARS	AUTHORITY
1918 May 8	1918 May 31 June	n. n.		



CANADIAN EXPEDITIONARY FORCE

Discharge Certificate



This is to Certify that No. 3321873 (Rank) Corporal

Name (in full) Leclerc, Amer enlisted in
the 2nd Depot Battalion E.C.R.

CANADIAN EXPEDITIONARY FORCE at Ottawa on the 8th
day of May 19 18

HE served in 2nd Depot Battalion E.C.R. Canada

and is now discharged from the service by reason of Being medically unfit
for further service R. O. 529 138m. 1044. L-468

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

Age 22 yrs. 6 mos.

Height 5' 3"

Complexion Fair

Eyes Hazel

Hair Brown

J. Leclerc
Signature of Soldier

Marks or Scars

Functional systolic
murmur

P. M. Scott Major
O. C. 1st Depot Bn. E. C. R.

Date of Discharge 20th 8.18

Rank

Signed at Ottawa this 24 day of Aug 19 18

Appointment

in Military District No. 3

File Reference No. 3 MD 44 L 468

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. 3321873 (Rank) Corporal Name Leclerc, Omer

Unit 2nd Depot Bat. E.O.R.

Address on Discharge 155 Drummond St Ottawa Ont

Character and Conduct Good

Former Occupation Manager

Special Qualifications of Value in Civil Life Manager

Medals and Decorations nil

Remarks nil

Signed at Ottawa this 24 day of Aug 1918

P. M. Smith Major
O. C. 2nd Depot Bn. E. O. R.
Name of Officer

Rank

Appointment

CANADIAN CONTINGENT EXPEDITIONARY FORCE

LAST PAY CERTIFICATE

Aug.
Folio 144
Line 27

This form to be used for all Ranks (Vide Articles 122, 130 and 141, Financial Instructions, 25715c, C.E.F., 1916).

Regimental No. 3321873 Rank Corporal Name Leclerc, Omer

Corps. 2nd Depot Battalion, E.O.R. who was* Discharged

On August 20th 1918, to.....

*Insert "discharged" or "transferred."

The following is a statement of the account of the above named from August 1st 1918, to August 20th 1918, the inclusive date of transfer or discharge.

Dr.	\$	c.	Cr.	\$	c.
Bal. Dr. from prev. month.....			Bal. Cr. from prev. month.....	10	00
Advances } No. <u>Cash</u>	18	00	Reg't Pay..... <u>20</u> days at \$..... <u>1c10</u>	22	00
by } No.....			Field Allow. <u>20</u> days at \$..... <u>c10</u>	2	00
Cheques } No.....			Separation Allowances* (Monthly)		
Assigned Pay and Sep'n Allce. No.....			Other Allowances*		
Other charges <u>Q.M.S.</u>		98	Other Credits*.....		
Payment on transfer or discharge No <u>4176</u>	15	02	Bal. Dr. (to be deducted by new unit).....		
Balance Cr. (to be paid by the new unit).....					
Total.....	34	00	Total.....	34	00

* Give particulars.

A monthly stoppage of \$ Nil (†) has..... (‡) been paid on account of Assigned
 { Pay for the month of..... 191..... }
 { and Sep'n Allce. for month of..... 191..... } (to) Assignee.....
 (Address)

(†) Insert amount to be assigned, whether it has been paid or not.
 (‡) Insert "not" if amount has not been paid for period of account.

On Transfer of an Officer

Outfit Allowance of \$..... has been paid by Paymaster, Military District No.....

REMARKS:—

State (1) date of enlistment 8-5-18.....

(2) if married and if a Separation Allowance Card has been submitted. No Bo

(3) cause of discharge..... authority 3MD 44-1-468 Do 240

(4) authority for transfer

NOTE.—Separation Allowance and Assigned pay Card and Index Card (M. F. W. 71) are to accompany the original Last Pay Certificate on transfer.

I have carefully examined this statement of account and find it to be a correct extract from the Pay-list of the unit.

Date September 13th, 1918.

Place Rockcliffe Camp, Ottawa, Ont. Egberty Capt.
Paymaster.

N.B.—For purposes of transfer this form is to be made out in quadruplicate. Original copy to paymaster of new unit; duplicate to District Paymaster; triplicate to accompany the pay-list at the end of the month, and quadruplicate for retention as a record.
 For purposes of discharge it is to be made out in triplicate. Original copy to accompany discharge papers; duplicate to accompany pay-list at the end of the month, and triplicate for retention as a record.

If a man on discharge is entitled to three months' Post Discharge Pay, Last Pay certificate will be made out in quadruplicate. The original Last Pay Certificate will be forwarded with other documents to Paymaster Post Discharge Pay and triplicate, with his discharge documents.

M. F. W. 44.

MEDICAL HISTORY SHEET.

IMPORTANT.—If the man's name does not appear upon the schedule of men reporting for service, or if he has not made an application for exemption or a report for service, or, although having made one, he does not know the number, he will be instructed that the copy of this medical history sheet (which will be handed to him) must be attached by him to a report for service or claim for exemption which he may make on application to any Postmaster in Canada, or be sent by him after he has noted upon it the number on the receipt he obtained from the Postmaster to a Registrar or Deputy Registrar under the Military Service Act. In any event the duplicate medical history sheet will be sent by the Medical Board to the District Officer Commanding unless instructions have been given by the latter to forward it direct to a Registrar or Deputy Registrar.

D-604

1. Surname Leclere Christian name Joseph Omer
2. Number of report for service or claim for exemption according to Postmaster's receipt or schedule. PC 970334
3. Consecutive number on schedule of men reporting for service (if he appears on it) _____
4. Address (including street and number, if any) 155 Drummond Ottawa

The following are accurate particulars with regard to the above named man as ascertained by the medical examination on the 14th. day of Nov. 1917, by the undersigned medical board sitting at Ottawa.

5. Age as stated 22 Years 6 Months.
6. Apparent age _____ Years _____ Months
7. Height 5 Feet 3 Inches.
8. Weight 122. Pounds.
9. Chest measurement { Minimum 30 1/2 Ins. Maximum 32 1/2 Ins.
10. Complexion Fair. { Eyes Hazel. Hair Brown.
11. Physical development Fair. { Good Fair Poor
12. Smallpox marks none.
13. Number of vaccination marks { Right arm 0 Left arm 1
14. When vaccinated last Childhood.
15. Distinctive marks and marks indicating congenital peculiarities or previous disease _____

Signature of Man J. Leclere

155 Drummond Ottawa

16. Slight defects but not sufficient to cause rejection Functional systolic murmur.
The man denies having had { Rheumatism Tuberculosis Syphilis We find no evidence of past { Rheumatism Tuberculosis Syphilis
(Strike out disease admitted or suspected.)

We have examined the above named man in accordance with the C. E. F. Regulations for medical examinations, and he is placed in Category

All

Eyes. Rt. D. 20. 6/6
Lf. D. 20. 6/6
Hearing- Normal. 24-7-18.

J. B. Moffatt Member. A. P. Quinn Capt. Member.
President.

Date	Result	VACCINATIONS	Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
			M.O. 18-5-18		Cu Leon app M.O.
			M.O. 25-5-18		Cu Leon app M.O.
			M.O. 1-6-18		Cu Leon app M.O.

OTTAWA

Joined 8th day of May 1918 at _____

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>2^d Depot SOR</u>	<u>3321873</u>		<u>8-5-18</u>
Transferred to.....				

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION	DATE	DISEASE	RESULT
<u>Ottawa</u>	<u>24/7/18</u>	<u>Endocarditis</u>	<u>F. J. Nelson</u> Capt. EX. CERT. Ckd. by <u>na</u> FEB 1 1918

N. B.—This sheet is to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

Fill in only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 193.

500M.—9-16

H. Q. 1772-39-9 0.

Casualty Form—Active Service.

Unit, Regiment or Corps 2nd Depot Bn. E. O. R.

Regimental No. 3321873 Rank Private Name Seclere Omer

^{Joined} Enlisted (a) 8-5-18 Terms of Service (a) C. S. Jr C. E. F. Service reckons from (a) 8-5-18

Date of promotion to present rank } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended. Re-engaged. Qualification (b) Clerk

Report		Record of promotions, reductions, transfers, casualties, etc., 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	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				
		S: O. S. 2nd. Depot Bn. E. O. R., B. O.			<u>Chas. H. Hastings</u> Capt. 2nd. Depot Bn. E. O. R.

(a) 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.
 (b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties.

Report		Record of promotions, reductions, transfers, casualties, etc., 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	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents
Date	From whom received				

FORM OF WILL

I, Omer Leclerc, (Name in full)
 Regimental Number 3321873, serving in 2nd. DEPOT BATTALION, Eastern Ontario Regiment
 of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and
 declare this to be my last Will.

I devise all my real estate unto

.....
 nil.

Name and Address
 of person or
 persons to whom
 it is to go.

absolutely, and my personal estate I bequeath to

.....
 Mrs Mary Leclerc (Mother).
 155 Drummond St. Ottawa Ontario.

Name and Address
 of person or
 persons to receive
 personal estate*
 (See note).

NOTE

This space for the
 appointment of
 Executor if
 necessary.

IMPORTANT
 NOTE

This must be signed
 and Dated by
 THE SOLDIER
 HIMSELF.

this 8th day of May A.D. 1918
Omer Leclerc Signature of Soldier.

*N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us
 both present at the same time, who in his presence, at his request, and in the presence of
 each other have hereunto subscribed our names as Witnesses.

THE TWO
 WITNESSES
 MUST
 SIGN HERE

Signature of First Witness..... M. M. Kuechtel.....
 Address of Witness..... 2nd. DEPOT BATTALION, OTTAWA Eastern Ontario Regiment......
 Occupation of Witness..... Soldier, C.C.F......
 Signature of Second Witness..... Howe Curry.....
 Address of Witness..... 2nd. DEPOT BATTALION, OTTAWA Eastern Ontario Regiment......
 Occupation of Witness..... Soldier C. E. F......

FORM OF WILL

and DEPT BATTALION
Eastern Ontario Regiment

Quebec, Canada

1914

Mrs. Mary L. Clark (Wife)
125 Brunswick St. Ottawa Ontario

MADE IN CANADA

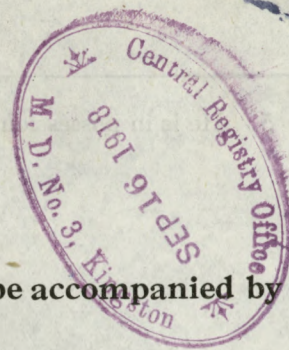
MADE IN CANADA

REGISTERED

REGISTERED

This space to be for numbers.

Proceedings on Discharge.



(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No. <u>3321873</u>	
Rank <u>Private Corporal</u>	
Surname <u>Leclerc</u>	
Christian name <u>Amer</u>	
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company) <u>2nd Depot Battalion E. O. R.</u>	
Date of discharge <u>20.8.18</u>	
Place of discharge <u>Ottawa</u>	
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age <u>22</u> years <u>6</u> months.	Descriptive marks <u>Functional systolic murmur</u>
Height <u>5</u> feet <u>3</u> inches.	
Complexion <u>Fair</u>	
Eyes <u>Hazel</u>	
Hair <u>Brown</u>	
Trade <u>Manager</u>	
Intended place of residence <u>155 Drummond St.</u> (To be given as fully as practicable.) <u>Ottawa Ont.</u>	
2. The above-named man is discharged in consequence of <u>As medically unfit for further service R.O 529</u> Authority for discharge <u>3 M. 10. 44-R-468</u>	
N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.	
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	3. Conduct and character while in the service have been, according to the records, etc. <u>Good W.M.S.</u>
	N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.
To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.	4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.) <u>Student W.M.S.</u>

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

5. He is in possession of the following number of G. C. Badges

Nil

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

Nil

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, (*Squadron or Battery*), and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place)..... *Ottawa*

P. M. Scott
O. C. 2nd Depot Bn. E. O. R.

(Date)..... *20.8.18*

Commanding.....

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place)..... *Ottawa* *John Leclere* (Signature of Soldier.)

(Date)..... *20.8.18* *H. L. Bond* (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

John Leclere (Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to... (the date to which the Record of Service is completed)..... years¹⁰⁵..... days.

Total..... years¹⁰⁵..... days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place)..... *Ottawa*

P. M. Scott
(Signature)..... O. C. 2nd Depot Bn. E. O. R.

(Date)..... *20.8.18*

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

nil

J. Omer Lecher

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

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List of Discharge Documents.

Reg. Conduct Sheet, Militia form B. 263 Squadron } Battery } Conduct Sheet, " B. 263a Company } or Field Conduct Sheet " W. 178	Attestation Paper Militia Form W. 23 or Particulars of Recruit " W. 133 Proceedings on Discharge " B. 218
Copies of Convictions, by C. P. in MS. Med. Hist. Sheet, Militia form B. 313 Casualty Form " W. 54 Medical Report for Invalid§ " B. 227 Dental History Sheet " B. 465 Last Pay Certificate " W. 44 Duplicate Discharge Certificate " W. 39A ‡Form of Will " W. 82	In the case of recruits who are rejected on final approval, the discharge documents will consist of (a) Proceedings on Discharge. (b) Attestation. (c) Medical History Sheet.

§Only if discharged "Medically unfit."

‡Only if man has not been overseas.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

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2.
certifi
To be in the handwriting of the Commanding Officer, who will certify on the character
M.
20
H. Q.

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
- The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the soldier to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
- In answering the questions, Medical Officers will carefully obtain and record the soldier's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the soldier concerned, from witnesses, or from documents.
- Special care is required in answering question 13. Please read the questions carefully. All questions must be answered.
- If space provided under any sections is insufficient use blank space, page 4 or add another sheet. Such entries or sheets must be initialled by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 8, 9 and 10 be communicated to the soldier, directly or indirectly.
- The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London, (1915), by Messrs. Harrison & Sons.

STATION Ottawa DATE Aug 19, 1918

1. 1 (a) Unit 2nd Depot (b) Regimental No. 3321873 (c) Rank corporal
 (d) Surname Reclere (e) Christian name Omer J.
 2. Age last birthday 23 Date of birth June 14, 1915
 3. Enlisted at Ottawa on May 1918

4. Personal description:—

- (a) Height 5' 3" (b) Weight 122 (c) Complexion Fair
(stripped)
 (d) Colour of hair Brown (e) Colour of eyes Gray (f) Identification marks nil

5. Address after discharge (for the use of the Board of Pension Commissioners)

155- Drummond St Ottawa

6. Former trade or occupation Circulation manager

7. (a) Service

	PERIODS	
	From	To
<u>2nd Depot</u>	<u>June 14, 1918</u> <u>May 1918</u>	<u>To date</u>

- (b) Has he been overseas? no 8. Original disease or disability Cor. cordis

- (a) Date of origin Child hood (b) Place of origin Canada
 (c) Cause* unknown, probably congenital
 (d) Present disease or disability Cor. cordis, mild Septicæ mermis

9. Present condition (a) (Important to be a full description of the present disabling condition or conditions only.) "History" must be recorded in Section 10.

[After describing all abnormalities, anatomical and functional, contributing to present disability (see section 11) state whether such disability is directly due to (a) weakness, (b) loss (complete or partial) of any organ or member of its functions, or (c) to the necessity for rest of the body or of some of its parts.]

Subjective symptoms: man states he suffers from heavy thumping feeling around heart constantly, distress on taking deep breath, shortness of breath

9. Present condition.—(Continued.)

walking up stairs or after fast walking. Dizzy spells on any strenuous exertion, nauseating spells on exertion and exertions feet swell up at night

Objective symptoms.

Mitral systolic, transmitted to left mid axilla. Left apex beat out side nipple line. Dyspnoea on exertion. Pulse sharp sudden diastolic, 110, 140 B.M.S.

This man was colonel & by O.M.B.

(b) Are the following systems normal? If not, briefly state abnormality.

Nervous *Yes* Digestive *Yes* Respiratory *Yes* Cardiac *No*
Genito-Urinary *Yes* Skin, Middle Ear, Eye or any other part.

Mitral systolic murmur

10. History: (a) of Condition referred to in "a" section 9.

Heart condition since childhood

(b) Here give a description of wounds, scars, deformities, and signs and symptoms of abnormal conditions present and not included in answer 8. This section cannot be completed without stripping the soldier and subjecting him to a thorough physical examination.

11. If the disabling condition had its origin before enlistment, has it been aggravated on service?

No

12. Was the disability caused or aggravated by negligence, by vice or by misconduct, or by unreasonable refusal to accept treatment?

No

The regimental documents will be referred to. (If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that causation or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.)

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one?

Permanent

14. Treatment (Case reports, general or special, should be secured and attached where possible).

Had bestment from two local physicians ever since childhood

OPINION OF THE MEDICAL BOARD

14. (Continued).

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?
(If the answer is "yes" state nature of treatment required and probable duration.)

no

16. Can the former trade or occupation be resumed?
(If not, briefly state why.)

yes man says

17. Recommendations

E. for discharge
no disability due to nerves

[Signature]

Medical Officer by whom the case is brought forward.

STATEMENT OF THE SOLDIER.

(Sections 8, 9 and 10 are to be read to the soldier and either "satisfied" or "not satisfied" struck out.)

I, the undersigned..... have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.) I complain in addition of.....

[Signature]

[Signature]
Signature of soldier examined.

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticized.

yes

19. Is the soldier fit for

- (a) General service, (Category A) (Yes or No).
- (b) Service abroad, not general service, (" B) (Yes or No).
- (c) Home service, (Canada only), (" C) (Yes or No).
- (d) Temporarily unfit, (" D) (Yes or No).
- (e) Unfit for service in Categories A, B and C, (" E) (Yes or No).

20. It is certified that the soldier

- (a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration).
- (b) Does not require treatment.
- (c) Should pass under his own control.
- (d) Should not pass under his own control. (Strike out condition not applicable).

