

FORM FOR EXAMINING A RECRUIT.

(To be filled up according to directions in Tripler's Manual, pages 114, 115, 116, 117.)

RECRUIT _____ , age _____ , occupation _____
_____, born in _____ presented by _____

1. Have you ever been sick?

When, and of what diseases?

2. Have you any disease now, and what?

3. Have you ever had fits?

4. Have you ever received an injury or wound upon the head?

5. Have you ever had a fracture, a dislocation, or a sprain?

6. Are you in the habit of drinking? Or have you ever had the "horrors"?

7. Are you subject to the piles?

8. Have you any difficulty in urinating?

9. Have you been vaccinated, or had the small pox?

Head.

Ears.

Face.

Eyes and Appendages.

Nose.

Organs of Mastication and Voice.

Neck.

Chest.

Abdomen.

Genital and Urinary Organs.

Vertebral Column.

Superior Extremities.

Inferior Extremities

R E M A R K S

Date : _____

RENDEZVOUS : _____

_____ *Inspecting Surgeon.*