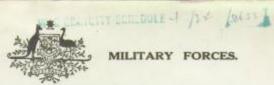
AUSTRALIAN



AUSTRALIAN IMPERIAL FORCE.

| Person Enlisting before Attestation. |
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| 1. Frank Edward Earl Suhudt |
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| 2. In the Parish ofin or |
| in the County of louth Lastalia |
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| 4 Hoyeart |
| take, |
| of yes 1/repe I.C. Bett Hackbrowill |
| (» [WIFE] MRS DOES KUNNDT - |
| Lomes Mosts " Towers som Frant - |
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| 11. Elipson Force syears you but a tell stell |
| 10. Mean Land Cato to you transfer 11.6 Chipen Force syears you buf whill steel |
| 10. 11/20 Said Cod & ygd treasfer 11.6 Chyla Force sylears ygd lif abel sterving. |
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Date FEB 171916

* This chance should be direct and in the case of announced norm or audonous uniform where the same of Person Enlisted.

† Two-fifths must be alleged to the wells, and if there are obtained then fifth must be alleged to the wells, and if there are obtained then fifth must be alleged.

| Age // years / months Height / feet / inches | DISTINCTIVE MARKS. |
|--|---------------------|
| Weight 169 lbs. Chest Measurement 32/33% inches | roRlg Llg |
| Complexion Forth | vac NIC |
| Eyes Yey Hair Konun | Tattoolett foreasur |

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 varicocele 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.

I consider him fit for active service.

Place ADSLAIDE UH DOWNLY
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

Date Date Commanding DEPOT BATTALION ALE.

Commanding DEPOT BATTALION ALE.

Statement of Service No. 1188 coy 2 nakeepas 8.6.16 Discharged DISCHARGED. Being Medically aufit Not due to misconduct C.O. 131/2 dated 8/6/16

I have examined the above details, and find them correct in every respect.

O. O. 2nd DEPOT BATTALION A. L.F.

Table II.—Only for Admissions to Hospital or to the

| Name of Hospital. | | ductied Hospita | | | harged Hospita | - | Disease. | Number of days in Hospital. | |
|----------------------|-------|--------------------|-------|-------|-------------------|-------|---------------|-----------------------------------|---|
| | liky. | Marrila | Year. | Days. | Month | Xaac. | | Acceptant | |
| Exhibition Bas | | | | | 2 | 16 | Interculosis? | 4 | |
| MILITARY HOSPITAL | | | | | | | | | |
| KESWICK. | | | | | | | Intercules ? | | V |
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Part 1

CALL MAUSTRALIAN



C.M. Form D. 2

MILITARY FORCES.

DETAILED MEDICAL HISTORY OF AN INVALID.

| Station _ | This | nitin | Comp | | Date | 25. | 2-16 |
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| 3. Name. | NO H | NOT to be in Herb Letters | 5 252 | 4. Age Inst Bi | | Q1 | |
| 5, (a) Et | alisted 0.3 | 3 . 2 | milt | 6. Former Tra | de nr Occi | apation . | |
| (h) If | 6 177,323 | n service abroa | d, date of return | - | , | Bak | U |
| Before ma | to Australia. | Report read 6 | be following note of | arefully | | | |
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| 4. Date of | d Origin of D | isability | 6 | mont | lis | | |
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| (b) If | you consider it | to have been | cansed by active | service, elimate, or | r ordinary | military se | rrice, explain the |
| - 1 | pecific conditio | ns to which yo | n attribute it. (Sec | enitor on page 3.) | | | |
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| | is his present | condition 1 | Borrahi | ations. | co | in. | looks load. |
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