

first class

OCT 23 1917

FIT FOR SERVICE.

AUSTRALIAN MILITARY FORCES

WAR GRATUITY SCHEDULE

AUSTRALIAN IMPERIAL FORCE.

Attestation Paper of Persons Enlisted for Service Abroad.

No. _____ Name (Surname) JUDD
 in full (Christian Name) FRANK JAMES
 Unit _____
 Joined on OCT 23 1917

DEPOT FILE
513554

DEPOT FILE

Questions to be put to the Person Enlisting before Attestation.
 You are warned that if after enlistment it is found that you have given a willfully false answer to any question set forth in this attestation paper, you will be liable to be tried for the offence.

1. What is your name? Frank James Judd
2. In or near what Town were you born? In or near the Town of Northcote
In the State or Country of Victoria
3. Are you a natural born British Subject or a Naturalized British Subject? (N.B.—If the latter, papers to be shown.) Natural Born
4. What is your Age? (Date of birth to be stated) 20 3/12 years
July 31st 1897
5. What is your Trade or Calling? Fireman
6. Are you, or have you been, an Apprentice? If so, where, to whom, and for what period? no
7. Are you married, single, or widower? Single
8. Who is your next of kin? (Address and relationship to be stated).
The answer to this question shall not be construed as in the nature of a Will. (FATHER) JUDD, WALTER, WILLIAM,
96 ROSE TERRACE WAYVILLE
SOUTH AUSTRALIA
9. What is your permanent address in Australia? 95 ROSE TERRACE WAYVILLE
SOUTH AUSTRALIA
10. 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. yes 4 years Sea Cadet 2 years
Citizen Forces King
11. Have you stated the whole, if any, of your previous service? yes
12. Have you ever been rejected as unfit for His Majesty's Service? If so, on what grounds? no
13. (For married men, widowers with children, and soldiers who are the sole support of widowed mother)—
Are you uninsured that no dependent allowances will be issued in respect of your service beyond an amount which together with pay would reach ten shillings per day? no
14. Are you prepared to undergo inoculation against smallpox and enteric fever? yes

I, Frank James Judd, do solemnly declare that the above answers made by me to the above questions are true, and I am willing and hereby voluntarily agree to serve in the Military Forces of the Commonwealth of Australia within or beyond the limits of the Commonwealth.

And I further agree to allow not less than two-fifths of the pay payable to me from time to time during my service for the support of my wife and children.

Date OCT 23 1917

F. J. Judd
Signature of Person Enlisted.

* This clause should be struck out in the case of unmarried men or widowers without children under 16 years of age.
 † Two-fifths must be allotted to the wife, and if there are children three-fifths must be allotted.

3

Description of Frank James Judd on Enlistment.

Age 20 years 3 months.
Height 5 feet 7 inches.
Weight 140 lbs.
Chest Measurement 34-2 inches.
Complexion Medium
Eyes Brown
Hair Brown
Religious Denomination C. of E.

DISTINCTIVE MARKS.

Vis R $6\frac{1}{2}$ L $6\frac{1}{2}$
Vacc nil

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; 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.

Date OCT 23 1917

Place ADELAIDE 22.8.17

W. Ansell Giblin

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 _____

Date _____

Place _____

Commanding _____

four blank

FIT FOR ACTIVE SERVICE.

Long leave granted 2/10/17

AUSTRALIAN MILITARY FORCES.



GRATUITY SCHEDULE 4/2 1908

AUSTRALIAN IMPERIAL FORCE.

Attestation Paper of Persons Enlisted for Service Abroad.

No. _____ Name (Surname) JUDD
 in full (Christian Name) FRANK JAMES
S/3554 Unit _____
 Joined on OCT 23 1917

Questions to be put to the Person Enlisting before Attestation.

You are hereby warned that if after enlistment it is found that you have given a wilfully false answer to any question set forth in this Attestation Paper, you will be liable to be tried for the offence.

1. What is your Name? Frank James Judd
2. In or near what Town were you born? In or near the Town of Marsfield
In the State or Country of Victoria
3. Are you a natural born British Subject or a Naturalized British Subject? (N.B.—If the latter, papers to be shown.) Natural Born
4. What is your Age? (Date of birth to be stated) 20 3/4 years
31 July 1897
5. What is your Trade or Calling? Fireman
6. Are you, or have you been, an Apprentice? If so, where, to whom, and for what period? no
7. Are you married, single, or widower? single
8. Who is your next of kin? (Address and relationship to be stated)
The answer to this question shall not be construed as in the nature of a Will. (FATHER) JUDD WALTER WILLIAM
95 ROSE TERRA WAYVILLE
SOUTH AUSTRALIA
9. What is your permanent address in Australia? 95 ROSE TERRA WAYVILLE
SOUTH AUSTRALIA
10. 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 Yes 4 years in coast guard (16 1/2)
11. Have you stated the whole, if any, of your previous service? Yes
12. Have you ever been rejected as unfit for His Majesty's Service? If so, on what grounds? no
13. (For married men, widowers with children, and soldiers who are the sole support of widowed mother)—
~~Do you understand that your previous service will be considered as support of your wife and children beyond the amount which regulations with pay would entitle you to claim?~~ no
14. Are you prepared to undergo inoculation against small pox and enteric fever? Yes

I, Frank James Judd do solemnly declare that the above answers made by me to the above questions are true, and I am willing and hereby voluntarily agree to serve in the Military Forces of the Commonwealth of Australia within or beyond the limits of the Commonwealth.

I further agree to allow not less than two fifths of the pay payable to me from time to time during my service for the support of my wife and children.

Date OCT 23 1917

F. J. Judd
Signature of Person Enlisted.

* This clause should be struck out in the case of unmarried men or widowers without children under 16 years of age.
† Two fifths must be allotted to the wife, and if there are children three fifths must be allotted.
D.59/A.17.—C.1914.—20.

Original.
Duplicate.

APPLICATION TO ENLIST IN THE AUSTRALIAN IMPERIAL FORCE.

To the Recruiting Officer

at Adelaide

(OFFICIAL STAMP.)

I, Frank James Judd Railway Unit
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
95 Rose Terrace,
WAYVILLE
S. Aust.

Signature [Signature]
Occupation _____
Date _____

(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} [Name] for ~~Active Service Abroad~~ Railway Unit

Statement regarding Death or Absence of
either or both Parents.

Father's Signature W. W. Judd
Mother's Signature M. Judd
Guardian's Signature _____

PERSONAL PARTICULARS.

Age - 20 yrs. 2 mos. Height - _____ ft. _____ in. Chest Measurement (fully expanded) - _____ inches.
-Married- Widower - Single.

PRELIMINARY MEDICAL EXAMINATION.

Decision of Medical Authority { FIT for Active Service.
UNFIT, for the following reasons:—

Place _____
Date _____ Signature of Medical Authority. _____

I Concur

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. REJECTED

(Signature) _____
Place _____ Recruiting Officer.
Date _____

WILL.

I, Private Frank James Judd a member
of the Australian Imperial Forces, give
all my property whatsoever, ^{and whencesoever} including
my Military Estate to my mother Mrs Frank
Judd of 95, Rose Terrace, Wayville,
Adelaide, South Australia whom I
appoint sole Executrix.

Dated this 25th day of October 1917

Witness

H. Landler
Lieutenant
Australian Imperial Forces

F. J. Judd
Private
Australian Imperial Forces



AUSTRALIAN MILITARY FORCES.

PROCEEDINGS ON DISCHARGE.

No. 1355H

Rank— Private

Name— JUDN, Frank James
Note.—The name must agree strictly with that on enlistment, unless changed subsequently by authority.

Corps— Australian Imperial Force

Date of Discharge— 3 May 1918

Place of Discharge— Mitcham

1. Description on Discharge.		Descriptive Marks.
Age	20 years $\frac{7}{2}$ months	
Height	5 feet 7 inches	
Complexion	Medium	
Eyes	Brown	Nil
Hair	Brown	
Trade	Fireman	
Intended place of Residence		

2. The above-named man is discharged in consequence of— having been found medically unfit for further service

3. His conduct and character while in the service have been, according to the records, &c.—

4. Special Qualifications for employment in civil life—

DETAILED MEDICAL HISTORY OF AN INVALID.

Station Mitcham Date 18/4/18
 1. Regiment or Corps A Coy. 2. Regimental No. and Rank Pte.
 3. Name JUDD Frank James 4. Age last Birthday 20 years
(insert to be in Dark Letters.)
 5. (a) Enlisted ^{on} 23/10/17 6. Former Trade or Occupation
as Adelaide Fireman
 (b) If returned from service abroad, date of return to Australia _____

Before making out this Report read the following note carefully:—

NOTE.—The answers to the following questions are to be filled in by the Medical Officer by whom the soldier is brought forward. As the object of these questions is, in the event of the man being invalided, to put the authorities of the Military Forces of the Commonwealth in possession of the most reliable information procurable upon the opinion of those best capable of judging, so as to guide them in deciding upon the man's claim to compensation, clear and decisive answers must in all cases be given. ALL QUESTIONS MUST BE ANSWERED.

7. Disease or Disability Varicose Veins.

In answering the following questions the Medical Officer will carefully discriminate between the man's unreported statements as his own, and records and evidence furnished by his documents, military and medical. He will also carefully discriminate cases entirely due to venereal disease.

8. Date of Origin of Disability Doubtful
Pre-existent

9. Place of Origin of Disability Victoria

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

bearing up the case
Varicose veins for years have
often troubled him on walking
& standing

11. (a) Give your opinion as to the causation of the Disability
Doubtful.

(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.)

12. What is his present condition?
Varicose veins both legs
marked

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

(On leaving Corps or Station where Invalided.)

Transfer or Embarka- tion.	{	Date _____	Name of	{	Conveyance _____
		Station _____			Vessel _____
	{	Date _____		{	Medical _____
		Port _____			Officer _____

Brief remarks on Case during transit, and state on transfer for final disposal.

Re-
trans-
ferred { Date _____
 { Hospital or _____
 { Station _____ Medical Officer.

(At Station or Hospital where finally disposed of.)

Station and Hospital } Outcram Arrived from } A Coy No 1
Date 18/4/18

If Admitted. Index No.	If under Treatment.		Disease.	How finally Disposed of.	Date of Discharge, &c.
	From—	To—			
Date: <u>18/4/18</u>	\	\	<u>Varicose Veins.</u>	<u>Disch Recd Nil</u>	<u>22/1/19</u>

Summary of causes of invaliding, or remarks as to remand to Regiment or Station.

Pre-existent Varicose veins too marked for military service.

Approved by Disch Recd Nil
Remitted to Capt. H. H. Russell

Date of final Medical Board, or decision } 18/4/18



Principal Medical Officer.

A.M.F. Form 99

DETAILED MEDICAL HISTORY
OF INVALID.

Station— Outcram
Corps— A Coy
Regimental No.— Rank— Pt
Name— J. W. D. D. Rank Private
Disability— Varicose Veins
Date— 18/4/18
Hospital or Station transferred to for final disposal }
Date of final disposal }
How finally disposed of }

The original Report is invariably to accompany the discharge documents of Invalids.