

WAR GRATUITY SCHEDULE

AUSTRALIAN



MILITARY FORCES.

AUSTRALIAN IMPERIAL FORCE.

S5521

Attestation Paper of Persons Enlisted for Service Abroad.

No. Name WRIGHT - GEORGE - HARVEY
Unit 2ND DEPOT BATTALION A.I.F.
Joined on MAY 31 1916

Questions to be put to the Person Enlisting before Attestment

1. What is your Name? George Harvey Wright
2. In the Parish of in or near the Town of Naileworth in the County of South Australia
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? 29 3/4 years
5. What is your Trade or Calling? Labourer
6. Are you, or have you been an Apprentice? If so, where, to whom, and for what period? No
7. Are you married? Yes
8. Who is your next of kin? (Address to be stated) (WIFE) WRIGHT - MARY - MRS. REMINGTON - COLLEGE - GRENDEL ST. ADELAIDE - SOUTH AUSTRALIA
9. Have you ever been convicted by the Civil Power? No
10. Have you ever been discharged from any part of His Majesty's Forces, with Ignominy, or as Incurable and Worthless, or on account of Conviction of Felony, or of a Sentence of Penal Servitude, or have you been dismissed with disgrace from the Navy? No
11. 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 No
12. Have you stated the whole, if any, of your previous service? Yes
13. Have you ever been rejected as unfit for His Majesty's Service? If so, on what grounds? Yes - A.I.F. Remmark - Replin
14. (For married men, widowers with children, and soldiers who are the sole support of Widowed mother)—Do you understand that no Separation Allowance will be issued to you in respect of your service beyond an amount which together with pay would reach 8/- per day? Yes
15. Are you prepared to undergo inoculation against smallpox and enteric fever? Yes

George Harvey Wright 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 allot 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 MAY 31 1916

G. H. Wright
Signature of Person Enlisted.

* This Clause should be struck out in the case of unmarried men or widowers without children under 18 years of age
† Two-fifths must be allotted to the wife, and if there are children three-fifths must be allotted.

Description of George Harvey Wright on Enlistment

Age 29 years 3 months
 Height 6 feet 1/4 inches
 Weight 176 lbs.
 Chest Measurement 37-41 inches
 Complexion Dark
 Eyes Brown
 Hair Dark
 Religious Denomination Methodist

DISTINCTIVE MARKS.

Vis R. 6 1/4 L. 6 1/4

Nac Group R.

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.

Date MAY 31 1916

Place ADELAIDE.

W. Giffen C.M.
 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 6 Coy

Date 2nd June 1916

Place Adelaide

2ND DEPOT BATTALION A.I.F.

Commanding

LT. COL. CAMP COMM. 541

Statement of Service No. *S5521* Name *Mugh C.H.*

Unit in which served	Promotions, Reductions, Casualties, &c.	Period of Service in each Rank		Remarks
		From	To	
<i>Coy 2nd Depot Torrens Island</i>	<i>Pte</i>	<i>31/5/16</i>	<i>25/7/16</i>	
TORRENS ISLAND CAMP	<i>Pte</i>	<i>25/7/16</i>	<i>9-11-16</i>	
<i>Discharged</i>		<i>9-11-16</i>	<i>21-11-16</i>	
DISCHARGED.				
<i>Being medically unfit not due to misconduct</i>				
<i>R.D. 270/2 Dated 9/11/16</i>				
<i>6th W. Inghl. 22nd 11/16</i>				
<i>Received certificate of discharge</i>				

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

M. Hancock

Lt. COL

G.O. 2ND DEPOT BATTALION A.F.

124

EXHIBITION CAMP
CLEARING HOSPITAL

Sick List in the case of Warrant Officers treated in Quarters.

Remarks bearing on the Cause, Nature, or Treatment of the Case, likely to be of interest or of future use. In cases of Syphilis, admissions and re-admissions to hospital will be shown. If an accident, state whether it occurred on duty.

Signature of Medical Officer.

Transfer to No. 6 Ship at Brisbane

[Signature]

To Et Clearing Hospital

[Signature] CAPTAIN

Method discharge notice by a No after admission. Epididymitis. NO. 6 INFECTIOUS DISEASES.

Torrens Island

[Signature]

CAPTAIN A.M.O.

Adm to Camp Hosp 15/9/16 Dis 21/9/16 (Gonorrhea cellulitis)

[Signature]

MAJOR

Adm to Camp Hosp 30/9/16 - 8/11/16 Eczema Penis.

TORRENS ISLAND CAMP.

S.M.O.

Ac Gonorrhea. Epididymitis complicated by masturbation & Syphilis. Treated by Drugs Insulin. Medication & Supp.

Not likely to become an efficient soldier. Sexually illbalanced.

Opinion of the Medical Board.

NOTES.—(i.) Clear and decisive answers to ALL the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the authorities of the Military Forces should be in possession of the most reliable information to enable them to decide upon the man's claim to pension or compensation.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) In answering question 23 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(iv.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

21. State how far the Board concur with the answers to Questions 7-20—i.e., "in toto," "partially," or "not at all."

If either of the latter, give detail _____

22. The Board will describe the pathological condition present at time of examination by the Board

Deficient mentality with marked sexual derangements.

23. (a) State whether the disability is the result of (i) active service, (ii) climate, or (iii) ordinary military service.

(b) If due to one of these causes, to what specific conditions do the Board attribute it? _____

24. Is the disability permanent?

especially as regards—

(a) Military service? *yes*

(b) Previous occupation? *yes*

(c) Other occupations? *no*

25. If not permanent, what is its probable minimum duration? _____

(To be stated in months.)

26. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

(In defining the extent of his inability to earn a livelihood, estimate it at $\frac{1}{2}$, $\frac{1}{3}$, $\frac{1}{4}$, or total incapacity.)

27. If an operation was advised and declined, was the refusal unreasonable? _____

28. Do you recommend him for—

(a) Discharge as permanently unfit? *yes*

or

(b) For change to another State? *no*

29. General Recommendations:—

(a) Is he at present fit for discharge to earn his living? *yes*

(b) Does he require further treatment to restore him to health? *no*

(c) If so, what does the Board recommend? _____

(d) Any other Recommendations _____

(If Board considers case one for compensation or pension the patient may be so informed, so he may make formal application. But he is to be informed at the same time that final decision rests with the War Pensions Board.)

Signatures:—

Station *EXHIBITION CAMP.*

Date *13 NOV 1916*

Approved—

Station *Reservist.*

Date *NOV 16 1916*

President.

Members.

CONFIRMED

16 NOV 1916

H. W. S. Russell
Director-General Medical Services.