

Station
and Date.

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No. 817060 Rank Cpl Surname GORMAN
(Given name in full)
CHARLES INGRAHAM
Unit or Corps DD7 Birthplace St John N.B.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer).

1. GENERAL DESCRIPTION:

Physique good Weight 172 lbs. Height 5 ft. 8 in. Colour of Eyes brown
Nutrition good
Pulse 70
Condition of arteries good
Vision Rt. 20 Left 20
Hearing (conversational voice) Rt. 18 ft.
Left 18 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin).

Opinion as to general health and physical condition good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System no Genito Urinary Sytem yes Cardio-Vascular System no
Special Senses no Integumentary System no Respiratory System no
Disturbance of mentality no Muscular System no Digestive System no
Osseous and Joint System no Any other general condition no

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Had C.A.S. Wasserman 21.4.19
Good.

OK. CL
AKO 21.4.19

MEDICAL EXAMINATIONS. OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.
THIS SECTION FOR USE OVERSEAS—

Examined at (Overseas)
Date Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.
Signature
(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at *St John NB* (Canada)
Date *14th May 1919* Signed *D Washcott Capt cane* M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to, or during service.
Signature *Chas J Dorman*
(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

Opinion as to general health and physical condition
Has the Officer or other Rank ever suffered from, or has he now, any affection of the following systems?
(Answer "Yes" or "No".) (Adoptive evidence may be sufficient in certain cases.)
Nervous System
Special Senses
Integumentary System
Muscular System
Digestive System
Respiratory System
Cardio-Vascular System

ORIGINAL

ORIGINAL

MEDICAL HISTORY SHEET.

Surname Gorman.

Christian Name Charles Ingram

Examined { on 10th day of Nov. 1915.
at Sussex, N.B.

Birthplace { City or Town St. John,
County St. John Co., N.B.

Apparent age 18 years.

Trade or occupation Clerk.

Height 5 Feet 7½ Inches.

Weight Lbs.

Chest measurement { Minimum 34½ inches.
Maximum expansion 3½ inches.

Physical development

Small-Pox Marks

Vaccination Marks { Arm Right. Left.
Number

When Vaccinated last

(a) Marks indicating congenital peculiarities or previous disease

(b) Slight defects but not sufficient to cause rejection

Approved by (Sgt) J. B. Burnett.

Rank M.O.

Date. Fit or Unfit. EXAMINED FOR RE-ENGAGEMENT.

17.2.19 2 May 1915 M.O.

M.O.

M.O.

M.O.

M.O.

M.O.

Date. Result. VACCINATIONS.

3 9/16. 5 cm. M.O.

M.O.

M.O.

Date. Result. ANTI-TYPHOID INOCULATIONS, ETC.

16 7/16. + 5 cm. M.O.

23 7/16. + 5 cm. M.O.

23 8/16. + 5 cm. M.O.

Enlisted on 29th day of October 1915 at Sussex N.B.

	CORPS.	REG'TL NUMBER.	HABITS.	DATE.
Joined on enlistment	<u>104th. Batt.</u>	<u>181199.</u>		<u>29-10-15</u>
Transferred to	<u>40th Batt.</u> <u>all G.D.</u>	<u>817060.</u>		<u>6-2-16</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD.

STATION.	DATE.	DISEASE.	RESULT.

N. B.—This sheet 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.

CANADIAN

Surname *Torman* Christian Name *Charles* *Erasmus*
 HOLBORN MILITARY HOSPITAL,
 WESTERN ROAD, MITCHAM.

STATION.	Date of Arrival at the Station.	DATES OF						DISEASE.	Number of days in Hospital.	Remarks on nature of the disease: how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer.
		Admission into Hospital.			Discharge from Hospital.						
		Day	Month	Year	Day	Month	Year				
browboro.		29	1	17	7	2	17	Tonsillitis	9	Recovered & discharged to duty	Magel Capt.
M.C.H. Epsom		21	12	18	6	2	19		47	Trans 16 Can Can Hosp Epsom	DR S Capt RAME
		6	2	19	17	MAR	1919	Impilegio (Con) 41		No sores now General condition good Heart and lungs normal. 17/2/19 No complaints now Fit Cat. A.	W. J. Daw
MDY. Himmel Park.		This rec states that he had V.D.S in 1916, and that entry was lost.								W. J. Daw Capt MO. MDY	MHS with 30-4-19.

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

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No. 817060 Rank Epl. Surname German
(Given name in full)
Charles Ingram
Unit or Corps 2nd Batta. No. 4 Birthplace St. John N. B.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer).

1. GENERAL DESCRIPTION:

Physique Good Weight 180 lbs. Height 5 ft. 9 in. Colour of Eyes Grey
Nutrition Good
Pulse 76 regular
Condition of arteries soft
Vision Rt. 20/20 Left 20/20
Hearing (conversational voice) Rt. 15 ft.
Left 15 ft.

Identification marks, scars, or deformities.
(Give cause and date of origin).

Scar ant. side left thigh

Opinion as to general health and physical condition Good

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System No Genito Urinary Sytem No Cardio-Vascular System No
Special Senses No Integumentary System Yes Respiratory System Yes
Disturbance of mentality No Muscular System No Digestive System No
Osseous and Joint System No Any other general condition No

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

Transitis 29-1-17 to 7-2-17 Recovered, discharged to duty
Impetigo 21-12-18 to 6-2-19 Sores all healed
No disability

61482
210 11 11

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at 16. 8. 16. 6 pm (Overseas)

Date 25. 2. 19 Signed W. H. Capt M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature Chas. J. Seaman

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at (Canada)

Date Signed M.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to, or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

[OVER]

140th OVERSEAS BATTALION C. E. F.
ATTESTATION PAPER.

CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

ORIGINAL

No. 817060

Folio.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS).

1. What is your surname?..... J.B.P. Gorman
- 1a. What are your Christian names?..... Charles Ingram (Ingrham)
- 1b. What is your present address?..... St. John N. B.
2. In what Town, Township or Parish, and in what Country were you born?..... "
3. What is the name of your next-of-kin?..... Mrs. M. Gorman
4. What is the address of your next-of-kin?..... 292 Main St. St. John N. B.
- 4a. What is the relationship of your next-of-kin?..... Mother
5. What is the date of your birth?..... July 6 1897
6. What is your Trade or Calling?..... Clerk
7. Are you married?..... No
8. Are you willing to be vaccinated or re-vaccinated and inoculated?..... Yes
9. Do you now belong to the Active Militia?..... No
10. Have you ever served in any Military Force?..... No
If so, state particulars of former service.
11. Do you understand the nature and terms of your engagement?..... Yes
12. Are you willing to be attested to serve in the CANADIAN OVER-SEAS EXPEDITIONARY FORCE?..... Yes

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, Charles Ingram Gorman, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date November 10th 1915 Charles Ingram Gorman (Signature of Recruit)
Louis B. Chute (Signature of Witness)

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, Charles Ingram Gorman, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date November 10th 1915 Charles Ingram Gorman (Signature of Recruit)
Louis B. Chute (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act.

The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath

before me, at Sussex N. B. this 10th day of November 1915

(Signature of Justice)

Description of Charles Ingram German on Enlistment.

Apparent Age 18 years months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer.)

Height..... 5 ft. 7 1/2 ~~7 1/4~~

Chest measurement. { Girth when fully expanded..... 38 ins.
Range of expansion..... 3 1/2 ins.

Complexion..... Medium

Eyes..... Hazel

Hair..... Dark Brown

Religious denominations

Church of England..... Yes
Presbyterian.....
Methodist.....
Baptist or Congregationalist.....
Roman Catholic.....
Jewish.....
Other Denominations.....
(Denomination to be stated)

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and declares that he is not subject to fits of any description.

I consider him*..... fit for the Canadian Over-Seas Expeditionary Force.

Date... November 10th 191 5

Place... Sussex N.B.

J. H. Bennett

Medical Officer.

* Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Charles Ingram German having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

J. H. Bennett (Signature of Officer)
LIEUT. COLONEL
COMM'DG. 104th O. S. BATTN. C. E. F.

Date... November 10th 191 5

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

M. F. W. 54. (A. F. B. 103.

500M.—9-16

H. Q. 1772-39-9-0.

Casualty Form—Active Service.

Unit, Regiment or Corps. *140th Bu. Co. E.*

Regimental No. *819060*

Rank. *Sgt.*

Name. *Gorman, Charles Ingraham*

C. E. F.

Enlisted (a) *10-11-15*

Terms of Service (a) *10-11-15*

Service reckons from (a) *10-11-15*

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				
<i>2-5-19 Eng.</i>		TAKEN ON STRENGTH PART II. ORDER No. <i>136</i> ST. JOHN, N. B.	<i>District Depot No. 7.</i>		<i>Lt. & Asst. Adj. For O. C. District Depot No. 7.</i>
<i>14-5-19 Dis. Am.</i>		STRUCK OFF STRENGTH PART II. ORDER No. <i>136</i>	<i>District Depot No. 7.</i>	<i>16-5-19</i>	

(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.

[P.T.O.]