

Agency.

School.

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## CERTIFICATE OF HEALTH.

Annuity Ticket, Name and Number and Band of Parent or Guardian:—

Jos Good Day 77 Beady's Box

Candidate's Name

Sara Good Day

Age

7

Height

3 ft 10 in.

Weight

44 lbs

State defects of limbs, if any

no

State defects of eyesight, if any

no

State defects of hearing, if any

no

State signs of scrofula or other forms of tubercular disease, if any

no

Describe what cutaneous disease, if any

no

State whether subject to fits

no

State whether child has had small pox

yes

State whether vaccinated, and, if so, in what year

1913

Is this candidate generally of sound and healthy constitution, and fitted to enter an Indian school?

yes

I certify that I have made a personal examination of the above named applicant, and that the answers set down by me are correct.

D.E. McReichy M.D.

N.B.—No child suffering from scrofula or any form of tubercular disease is to be admitted to school; if in any special case it is thought that this rule should be relaxed, a report should be made to the Department setting forth the facts.