

OPINION OF THE MEDICAL BOARD

18. Does the Board concur with the preceding report? If not, give differing opinions, with reasons, quoting the number of the answer criticised.

YES

19. Is the invalid fit for

- (a) General service.
 (b) Service abroad, not general service.
 (c) Home service (Canada only).
 (d) Temporarily unfit.
 (e) Unfit for service in Categories A, B and C

(Category A) (Yes or No.)
 " B) (Yes or No.)
 " C) (Yes or No.)
 " D) (Yes or No.)
 " E) (Yes or No.)

20. It is certified that the invalid

(a) Does require treatment. (Give the nature of the condition and of the treatment required and its probable duration.)

NO

- (b) Does not require treatment.
 (c) Should pass under his own control.
 (d) Should not pass under his own control.
 (Strike out condition not applicable.)

21. It is recommended that the invalid be discharged. (When not for discharge add special recommendation.)

From Hospital, 2-2-30

Before signing the President of the Medical Board will read the statement signed by the invalid and differing opinions regarding Sections 7, 8, 9 and 10, as recorded in Section 18, to the invalid and if no change is indicated, will initial the statement. If, as a result of differing opinions regarding Sections 7, 8, 9 and 10 only, recorded in Section 18, the invalid is dissatisfied with the statement previously made, remarks of the Medical Board will be added here.

PLACE VANCOUVER, B. C.

DATE JUN - 5 1930

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned, understand the nature of the treatment which is recommended that I should undergo and refuse to accept it.

Witness: Signed: Should the refusal of the invalid to accept treatment appear to be unreasonable, or should he decline to sign this statement the Board of medical officers should so state.

President.

Members

APPROVED BY

[Signature]
 Assistant Director of Medical Services

DATE 6.6.30 D.M.O.M.D. II.

APPROVED BY

[Signature]
 Director-General of Medical Services.

DATE 17-6-30

THIS FORM WILL BE USED FOR ALL RANKS
 MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS WHICH MUST BE READ BY MEDICAL OFFICERS

- In using this Form the "Instructions issued for the guidance of Medical Officers serving on Medical Boards" issued by the B.P.C. and instructions issued by Militia H.Q., Ottawa, will be carefully followed.
- The Medical Officer in charge of the case is responsible for the proper completion of Sections 1 to 17 of this Form and will obtain the signature of the invalid to the "Statement," page 3. The President of the Board of Medical Officers is responsible for the proper completion of sections reserved for recording the "Opinion of the Medical Board."
- In answering the questions, Medical Officers will carefully obtain and record the invalid's statements concerning his condition. They will distinguish observations made by themselves from hearsay. They will distinctly state the authority for statements not resulting from their personal observation; it must be made clear whether such statements are obtained from the invalid concerned, from witnesses, or from documents, Regimental or otherwise.
- Special care is required in answering question 9. Read the questions carefully. All questions must be answered.
- If space provided under any section is insufficient add another sheet. Such sheets must be initialed by the Medical Board.
- A note will be made of attached papers by the Medical Board under the section "Opinion of Medical Board."
- Under no circumstances may information other than that in sections 7, 8, 9 and 10 be communicated to the invalid, directly or indirectly.
- The nomenclature of diseases must be followed, if possible, as described in "List of Diseases" printed in the order in which they appear in the Annual Report on the Health of the Army, published in London (1915), by Messrs. Harrison & Sons.

STATION Vancouver, B. C. DATE 2-6-30

1. 1 (a) Unit P.F.C.L.I. (b) Regimental No. 20730 (c) Rank Pte.

(d) Surname Armstrong (e) Christian name John Cromwell

(f) Home address Victoria, B. C.

(g) Next of Kin Nil

(i) Address of Next of Kin Nil (h) Relationship Nil

2. Age last birthday 46

Date of birth May 20, 1883.

3. Enlistment, or Appointment (if an Officer) (a) Place

4. Personal description: (b) Date

(a) Height 5' 4 1/2" (b) Weight 163 (c) Complexion Florid.

(d) Colour of hair Grey (e) Colour of eyes Blue (f) Identification marks, Scars, etc.

Scar posterior right shoulder.

5. Former trade or occupation Electrician.

6. Service (The information should be secured from personal documents, but if documents are not available the invalid's statement may be taken and note must be made to that effect. Periods of service in Canada, England, France or elsewhere should be noted).

Years Days

PERIODS
 From To

Canada

England

France or other theatres of War

7. Original disease, or injury (1) Varicose veins. (2) Glycosuria.

(a) Date of origin (1) 1923 (2) 1930 (b) Place of origin Esquimalt, B. C.

(c) Cause (1) unknown (2) unknown.

B.P.C.