

APPLICATION FOR ADMISSION

Agency.
School.
191

CERTIFICATE OF HEALTH.

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

Canguanwaygmanape 74 One Arrows Bd.

Candidate's Name

Modeline Canguanwaygmanape

Age

9

Height

49"

Weight

61 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

no.

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

1914.

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.

A.E. McRae

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 this rule should be relaxed, a report should be made to the Department setting forth the facts.