

8 Present disability—(Here state the exact nature of the disability resulting from the disabling condition; e.g. (a) Weakness—(1) Moderate, (2) Severe, (3) Extreme; (b) Loss, complete or partial, of an organ or member, or of its functions; (c) Necessity for rest of the body, or of some of its parts, for therapeutic reasons; (d) Any other restrictions in choice of occupation.)

- (1) A. Moderate. B. Partial. C. Unable to do heavy manual work.
 (2) A. No. B. Yes - partial. C. No.

9 Present condition—(a) (Before completing this section the invalid should be stripped, and subjected to a thorough physical examination. Important, to be a full description of the present disabling condition, or conditions only. History must be recorded in Section 10. Describe all abnormalities, anatomical and functional, contributing to present disability; objective findings to be stated first, then subjective findings.)

Examination shows discoloration of the skin lower third of the left leg.
 Circumference of calf is $\frac{1}{2}$ " larger than the opposite leg. There is no pitting on pressure but there is a subacute inflammatory condition present.
 Hair good. Mucosae normal. Well nourished. Tongue coated. Lungs negative. Abdomen negative. F.B.S. 30-5-30 - 133.

(b) Has the invalid now any affection of the following systems, not described in Section 9 (a) above?
 (Answer Yes or No.—if the answer to any part is Yes, give a brief description of the present condition.)

Nervous System..... No..... Cardio-Vascular System..... No..... Genito-Urinary System..... No.....
 (If pulse rate is abnormal, R. P. will be noted.) (Albumen and Sugar will be included.)
 Special Senses..... Yes..... Respiratory System..... No..... Integumentary System..... No.....
 Disturbances of Mentality..... No..... Digestive System..... No..... Muscular System..... No.....
 Osseous and Joint Systems..... No..... Any other general condition..... Yes.....

amblyopia 1927 - fitted with glasses. Glycosuria 1929.

10 (a) History (of the condition referred to in Section 9 (a).)

Admitted with complaint of pain in left leg with swelling. States came on January last but has had similar attacks which subsided under rest. Complains of great thirst and passing large quantities of urine.
 12-1-30 - F.B.S. 200 M.R. Now F.B.S. 117.

10 (b) (Here give a complete history, as obtained from invalid, with date of origin, of any affection from which the invalid, has suffered either prior to or since enlistment, and not included in Section 9 (a).)

Fever and ague 1909. Bronchitis - V.D.C. in 1911. Varix 1928.
 Nasopharyngitis 1924 and 1930.

(c) (Here give a description of wounds, scars and deformities.)

11—(a) Did the disabling condition have its origin before enlistment? NO

(b) If so, has it been aggravated by Service? (If aggravated, give a description, as far as it is possible to do so, of the disabling condition at time of enlistment.)

12. Was the disability caused, or aggravated; (a) by intemperance, or improper conduct; or (b) by unreasonable refusal to accept treatment? A No. B No. 2A No. B No.

The regimental documents will be referred to.
 If the answer is in the affirmative, state in percentages, to what extent the patient is incapacitated by that cause or aggravation. In answering this question, conduct sheets should be considered. If treatment has been refused, the circumstances surrounding the refusal should be described on page 4.

13. What is the probable duration, in months, of the disability or of each of the disabling conditions, if there is more than one? (1) Nil. (2) Nil.

14. Treatment (Case reports, general or special, should be secured and attached where possible.)

- (1) Hospital treatment with rest.
 (2) Hospital treatment with diabetic care.

15. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit? NO
 (If the answer is "yes" state nature of treatment required and probable duration)

16. Can the former trade or occupation be resumed? Yes to a limited extent.
 (If not, briefly state why)

17. Recommendations Discharge from Hospital.

W. H. M. J. P. H.
 Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 7, 8, 9 and 10 are to be read to the invalid and either "satisfied" or "not satisfied" struck out.)

I, the undersigned, have heard the description of my disability and present condition read, and am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of

H. C. M. J. P. H.
 Rank.
 Signature of invalid examined.