

P.M.R. 5-2 E.

Medical certificate

Do to. *Frank*.....1945

I hereby certify that I have examined No. *6943* Rank...*Pt.*

Name *Payette P*..... And find him free from venereal, V.D. or disease
and consider him in a fit state of health to undergo, F.C.C.M.

Place *Los Angeles*

Date *21 Feb. 45*...

.....*G. Louis*.....*Smith*
Medical Officer R.C.A.M.C.