Tart		4.—Particulars of Treatment in Hospital, or in Quarters in the case											PHYSICAL DEVELOPMENT CENTRE REPORT FORM. NOTE:—This form must be attached to the Soldier's A.F.B.178A (Medical History Sheet)		
Name of Hospital and Station	Admitted to Hospital			Discharged from Hospital		d from tal	Disease	Number of days State cause of disability			Nol H 853829 Rank Pte. Name Lawrence L. Unit				
	Day	Mon	th Y	ear	Day	Mont	h Year		in Hospital				To Officer commanding: The above-named reported on 8.7 SEP 1944 for Course No. 3.4.2 found to have the following disability DEC 6. having:—	and was	
		in the same											found to have the following disability He will leave this Centre on having:—		
													(a) Completed the Course. (b) Partly completed the Course.		
										\\			(c) Been found unlikely to derive further benefit. (d) Been found unsuitable for training at this centre.		
		********												V TO BE	
													(a) On arrival BI CHANGE IN MEDICAL CATEGORY PUBLISHED IN YOUR PART II (ORDE	
												3	(c) Recommended for Downgrading to 9065. Wt. 21814/4450 20M 7/44 KJL/6428/2 Gp. 38/3	P.T.O.	
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