Diagnosis 1.	Present Condition	Effect on Function	Assessment† degree of disablement
2.			
2.			
3.			

^{*} Note should also be made of any alleged disabilities for which no clinical evidence has been found. † See " Notes for Guidance."

Code Number as provided in A.C.I.1681/1943

C. Do you consider that any existing disablement resulting from the disabilities discovered is due to the conditions of war service? If so, state the evidence.

D. Fitness for further service.

Is the member fit for further service?

If so, in what medical category?

(If considered permanently unfit for further service he should be brought before a medical board with a view to invaliding.)

E. Is the member a known or suspected carrier of infectious disease?

Date of Examination 23. 10.47 Signed W-Gouve H.

Place M. E. L. F. Personal No. and Rank A 378283

Army Form W. 3149

REPORT OF MEDICAL EXAMINATION

Officers and other ranks of the Military Forces, Nursing and Auxiliary Services who are relegated to unemployment or transferred to the Army Reserve, or retired or discharged for any reason other than invaliding.

This form, when completed, will be disposed of as follows:—

Officers and Women Officers ... to the War Office (F.3.S.) Other Ranks (Men, A.T.S., V.A.D.) ... to the appropriate Record Office.

PART I

Surname Lawrence. Christian Names Leslie, (block letters) (in full) Personal or 14853829 Rank Troomer.

Regiment or Corps R.A.C. Unit 9th.Q.R.Lancers

Before examination, the person to be examined should be asked to give the following particulars :-

Countries in which served during present war, and approximate length of service in each-

England. I5 Months. M.L.L.F. 8 Months.

Italy. 13 Months.

Brief particulars of any service in the R.N., Army or R.A.F. prior to the present war-

NIL.

Whether he has received a disability pension in respect of previous service—NO.

Medical History.

State, with places and dates, illnesses, wounds, injuries and operations-

(1) before present war service;

(2) during present war service.

The above statement of my service and medical history has been read by me. I agree to it and have nothing to add.

Signature of person examined Adawsence,

(29943) Wt.18954/6337 600,000 6/45 A.& E.W.Ltd. Gp.698