TEMPORARY Authy: Rec/R.11./PCR. d/- 29 Jan 46

Note:—Form N.S. 158 and other accompanying documents must remain permanently attached to this record.

Serial No. _____

MEDICAL EXAMINATION RECORD AND MEDICAL HISTORY SHEET

Army Form B178A (Revised)
Naval Form B215
R.A.F. Form 36A
N.S. (M.C.) 14

Surname LAWRENCE N.S. Registration No. _____ Army No. 14853828 Enlisted at _____
Christian Names L
Born at—Parish _____ County _____ Posted to _____ Date _____
Examined at _____ Date _____ Transferred to _____ Date _____
Declared date of birth _____
Trade or Occupation _____

Other Information

Medical Orderly

Part 1.—Physical Condition on Examination.

Weight _____ lbs. Height _____ ft. _____ inches
Colour of Hair _____ Colour of Eyes _____
Complexion _____
External Marks _____
Vaccination : Age _____ No. of Marks _____
Inoculation : Typhoid _____ Diphtheria _____
Tetanus _____ Other _____
Urine : Appearance _____ Albumen _____
Sp. Gr. _____ Sugar _____

Medical Examiner No. 1.

Past history :
Tubercle _____
Rheumatic Fever _____
Fits _____
Other salient facts _____
(e.g., Breakdowns, Gastric Symptoms) _____
Mental and Nervous Condition _____

Grade

Reflexes : Pupils _____ Knee Jerks _____ Ankle Jerks _____
Plantar Reflexes _____ Romberg's Test _____
Natural With glasses in use.
Vision R. _____ L. _____ R. _____ L. _____
Eyes _____

Initials

Medical Examiner No. 2.

Ears R. _____ L. _____
Hearing R. _____ L. _____
Nose, Throat _____ Teeth _____
Physical Development _____
History of Injuries or Operations _____

Grade

Flat Foot _____
Knock Knee _____
Hammer Toe _____
Other Deformities of Legs _____
Deformities of other Joints _____
Movement of Joints _____
Varicose Veins _____
Venereal and Skin Diseases _____
Ext. Genitals, Perineum, Piles _____
Hernia _____

Initials

Pulse Rate _____
Condition of Heart _____

Medical Examiner No. 3.

E.T.T. (if taken) _____

Grade

Chest Measurement { Maximum _____ inches
Range of Expansion _____ inches
Lungs _____
Abdomen _____
Additional Examinations and confirmation of abnormalities

Suggested Final Grade

Initials

B.P. (if taken) S _____ D _____

Medical Examiners' Remarks and Additional Clinical Notes

(see M.R.B.1, para. 89)

Y7. 787/47. 6.12.47

Chairman's Remarks

(i) Visual Standard _____ (ii) Hearing Standard _____
(iii) Other remarks.

(iv) Details of Medical Certificates.

Examined and placed in :—
*
*Insert Grade—see M.R.B.1, para. 6.

Signature _____
Chairman of N.S. Medical Board

FOR USE OF SERVICE AUTHORITIES ONLY.

Part 2.—Dental Condition on Enlistment.

Oral Hygiene _____
Remarks _____
Signature, Dental Officer _____

Part 3.—Prescription for Spectacles

	Vision without glasses	Sph.	Cyl.	Axis standard notation	Vision with glasses	Ophth. Centre	Date of Exam.
R.						Frame No. (or measurements)	Date of Issue
L.							
Signature of M.O. _____							
R.						Frame No. (or measurements)	Date of Issue
L.							

Signature of M.O. _____

Part 4.—Particulars of Dental Treatment Subsequent to Enlistment.

Place	Date	Particulars of Treatment, Dentures, etc.	Signature of Dental Officer

Wt. 52933/1754 1,000,000 3/44 W.P.S. 51-8326