

O. J. CASGRAVE

DPA

For all persons, sixteen years of age and over, and those under sixteen not accompanied by parents.

COMMONWEALTH OF AUSTRALIA
DEPARTMENT OF IMMIGRATION, AUSTRALIA HOUSE,
LONDON, W.C.2.

MEDICAL EXAMINATION.

Declaration by Applicant.

NAME Oliver Joseph Casgrave
Full Name in Block Capitals
ADDRESS Nazareth House - Hammermith London W.C.2

1. Have you ever had any serious accident/illness or surgical operation? If so, please furnish details No
2. Have you or has any member of your family ever suffered from or been suspected of Tuberculosis? Not to our knowledge
3. Have you ever had Eczema or any sign of disease of the Genito Urinary Organs? No
4. Have you or has any member of your family ever suffered from mental disease or epilepsy or been treated in an institution of any kind for these Diseases? No
5. What medical attention have you required during the last twelve months? None

I hereby certify that the information supplied by me to the Medical Examiner is correct in every particular.
Signature of applicant which must be made in the presence of the Medical Referee B. M. Robert (Guarantor)

Results of Medical Examination.

AGE 3 yrs HEIGHT 1' 3" WEIGHT 24 1/2 lbs

A. Heart Classically clear F. Genito Urinary Organs NAD
Urine NAD

Blood Pressure _____ G. Sight { without glasses 20/40 20/40 20/40
with glasses (if worn) as (State the Type) _____

B. Lungs Classically clear H. Hearing NAD
(Particularly Tubercular) X-Ray report _____

C. a. Nervous System NAD I. Physique Average
b. Mental Condition Normal J. Skin Clear

D. Intelligence Average K. If pregnant, period of pregnancy _____

E. Digestive Organs NAD L. Teeth Good

REMARKS (include particulars of any departure from normal conditions not fully set out in above)
Passable & fit - otherwise healthy

In cases where the Medical Examiner is unable to describe the applicant as being in perfect health, he should state under "REMARKS" the exact nature of the defect which he finds and whether it is of temporary or permanent nature. The presence of Pediculid should be noted.

Any disablement received on Active Service or otherwise should also be noted and commented on, and if a Pension is received the amount of it should be stated.

I certify that I have this day examined the above-named and am of opinion that the applicant is/ is not in good health and of sound constitution, and is/ is not suffering from any mental or bodily defect which would cause inability to earn a living as a _____

Date 16/12/52 Signature and Qualifications Herbert May MBBS
Address Hammermith London

TO: CHIEF MIGRATION OFFICER, AUSTRALIA HOUSE, STRAND, LONDON, W.C.2.
(FORM K.)

PLEASE TURN OVER