

Irrelevant

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.

COMMONWEALTH OF AUSTRALIA
DEPT. OF IMMIGRATION
AUSTRALIA HOUSE
10 MAR 1952 9 39 AM

MEDICAL EXAMINATION.

Declaration by Applicant.

NAME **CM-A4**

CM-A4

Full Name in Block Capitals

ADDRESS **NAZARETH HOUSE, BISHOPSTON, SWANSEA, GLAM.**

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?
NO
3. Have you ever had Enuresis 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? **NIL**

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

CM-A4

PP [Signature] Superior

Results of Medical Examination.

AGE **34 1/2** HEIGHT **5' 8 1/2"** WEIGHT **3 cwt 2 lbs.**

A. Heart **N** F. Genito Urinary Organs **Normal**
Urine **Normal**

Blood Pressure **N** G. Sight { without glasses **RR** **LL**
with glasses (if worn) **RR** **LL**
(Snellen Type) **LL**

B. Lungs **Normal** Cause of defect in sight **nil**
(Particularly Tuberculosis)
X-Ray report **N**

C. a. Nervous System **N** H. Hearing **N**
b. Mental Condition **N** I. Physique **N**

D. Intelligence **N** J. Skin **N**

E. Digestive Organs **N** K. If pregnant period of pregnancy **nil**

L. Teeth **100%**

REMARKS (include particulars of any departure from normal conditions not fully set out in above)

JW

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 Pediculi 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 _____ State Occupation.

Date **3/7/52**

Signature and Qualifications *[Signature]*

Address **165 ST. HELEN'S ROAD**