

To be Filled by, or for, the Post Surgeon, on or before the Night of Muster of this Applicant.

1. No. on Des. Book..... 2. Name.....
3. Where born 4. Color.....
5. Regiment or Vessel serving in when wounded.....
6. What Army or Squadron?.....
(As Army of the Potomac, Mississippi Squadron, etc., etc.)
7. Branch of service (Infant., Cav., Marine, Sailor, etc.).....
8. How many times wounded?..... 9. Ages when wounded?.....
10. 11. Dates when wounded and names of Engagements.....
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12. Parts of the body wounded or disabled.....
13. State results of wounds. If amputation, what member? If paralysis, loss of sight, or any other disability followed, give full particulars.....
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14. Kind of Missile.....
15. Rank when wounded.....

NOTE.—IF NOT WOUNDED OR DISABLED, SO STATE DISTINCTLY.

Entered on Medical Description Book No.

Reported to Department Headquarters.....

Printed figures refer to spaces on Form F.

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Post Surgeon.