No. _____

Name of claimant, _____

Rank, _____

Company, _____

Regiment, _____

State, _____

EXAMINING SURGEON'S ADDRESS:

Post office, _____

County, _____

State, _____

Date of examination, _____, 188 .

Cause of disability.

_____ **hereby certify** *That* _____ *have carefully examined the above-named applicant, who states that he was formerly pensioned at* _____ *disability on account of* _____,

Degree of disability.

and that he is still disabled thereby to the extent that he is _____ *disabled for earning his subsistence by manual labor.*

He gives his age as _____ *years, his height as* _____ *feet* _____ *inches, and his weight* _____ *pounds.*

His pulse-rate per minute is _____, *his respiration* _____, *and his temperature* _____.

Examination reveals the following conditions:

Give a full statement of the physical and rational signs, and certify whether the disability has, according to the claimant's statement, been continuous in the same degree, or has fluctuated in degree.

_____

It must be borne in mind that the duty of the Surgeon is to fix the proportionate degree of disability, as ¼, ½, total, &c., through the grades, *without any regard to dollars and cents*, and to make such a full particular description as will afford to this Office the ground for intelligent opinion and action in rating.

From the history of the case and the existing physical and rational signs, the claimant still suffers from the disability for which he was originally pensioned, and in my judgment he is entitled to restoration or renewal at a _____ *rating.*

_____

Examining Surgeon.

Always forward a certificate of examination whether a disability is found to exist or not.

A. M. Dodge D H Garrett G. Lane Tanyhill

REPRODUCED AT THE NATIONAL ARCHIVES