

# PHYSICIAN'S AFFIDAVIT.

TAKE NOTICE.—The affidavit should, if possible, be in the handwriting of the affiant; and the marginal instructions carefully observed before writing out the statement. All the facts in possession of affiant as to the origin and continuance of the disability should be fully set forth, and the dates of treatment should be specifically given. If the affidavit is prepared from memoranda in possession of the physician, that fact should be stated.

State of Maryland County of Baltimore, ss:

In the Pension Claim No. \_\_\_\_\_

of James D. Brooks late  
Co. "B" 9th Md. Regt. U. S. Cold Vol. Infantry  
(Rank, company and regiment if in the army; or vessel and rating, if in the navy.)

Personally came before me, a Justice of the Peace in and for the  
aforesaid County and State William S. Smith  
whose Post Office address is # 422 Hanover St.

well known to me to be reputable and entitled to credit, and who being duly sworn, declares in relation to the aforesaid case as follows:

That he is a practicing physician, and has been acquainted with the above-named soldier for  
about \_\_\_\_\_ years, and that after a careful examination

(Here embody all the facts known to the affiant in accordance with the marginal instructions.)

I find said soldier is suffering from  
Chronic Rheumatism, Vertigo,  
asthma, Spective Vision, and  
organic Heart Disease.

These ailments are permanent,  
not due to vicious habits, and are  
such as to incapacitate him for  
manual labor one-half the time.

This statement is made after  
a personal examination, is in my  
own handwriting, and is not  
influenced by any suggestion  
or recital by any other person

**Instructions—  
Read Carefully.**

Under the order of the Commissioner of Pensions number 229 in the preparation of testimony in support of claims in pension cases, all statements affecting the particular case and not merely formal, must be written or prepared to be type-written, in the presence of the witness, and from his oral declarations then made to the person who then reduces the testimony to writing or then prepares the same to be type-written. And such testimony must embody a statement by the witness that such testimony was all written or prepared for type-writing (as the case may be) in his presence, and only from his oral statements then made, stating also the time, place, and person, when, where, and to whom he made such oral statements, and that in making the same, he did not use and was not aided or prompted by any written or printed statement or recital prepared or dictated by any other person; and not attached as an exhibit to his testimony.

NOTE.—The above instructions do not apply to cases in which the affidavit is in the handwriting of the witness. In such case, the witness should state that the affidavit was written by him, and that he was not prompted thereto by any written or printed memorandum not attached as an exhibit to his testimony.

Board of Revision,  
MAY 16 1894

**NOTES.**  
The Physician's Affidavit must show the following facts:  
Whether or not he knew the soldier prior to enlistment; the length of time he has known him, how intimately and what opportunities he has had of observing his physical condition, whether as his family physician or as a neighbor, and how near he has lived to him. If he knew that the soldier was a sound man at enlistment, he should so state, adding, if true, that had he been unsound, he would have known it.  
If he treated claimant while in the service either as his regimental surgeon or while home on furlough, that fact should be stated. The claimant's physical condition at such times should be clearly shown, as well as the NATURE OF HIS DISABILITY and dates of treatment.  
If he has treated soldier since discharge he should so state, giving the date of first treatment; what his physical condition was at the time, with complete diagnosis of the disability; the period during which he treated him should be stated, with dates as near as possible, of prescriptions, or visits.  
The extent or degree to which claimant has been unable to perform manual labor during each year from discharge or first acquaintance to the present time.

(SIGN ON THE REVERSE SIDE.)

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