

INSTRUCTIONS.

The Affiant should state in his own handwriting the facts following:

1. Length of time he has been practicing medicine.

2. State the fact and date of his making a thorough and impartial examination of the soldier, by means of which he arrives at the conclusions set forth herein.

3. Give a full and complete description of the disease or diseases, wound or wounds, which constitute the soldier's present disability. Describe the present physical signs, symptoms and structural changes of disease, in general and in particular. If a wound or wounds, name the part or parts injured and the character and extent of the injury or injuries.

4. Estimate and state the present degree of the soldier's ability to perform continuous manual labor as compared with that of a sound and healthy man.

5. State whether the disease or diseases, wound, or wounds, in their present condition, are progressive in character, and whether in fact the disability, in his opinion, has increased during the last six months; and whether, too, judging from the present condition, there will probably be a continued increase of disability during the next six months.

B

MEDICAL AFFIDAVIT.

IMPORTANT.—The affidavit of the Physician must conform to the instructions contained in the margin, or it will not be considered by the Pension Office as satisfactory; therefore, he should read said instructions very carefully before undertaking to prepare this Affidavit, and then embody in his statement all the facts known to him. Let the diagnosis be so full and complete that a medical man can at once unmistakably recognize the disease, wounds or injuries, even though they be not technically named. Where the disability is the sequel of a wound received, injuries incurred, or disease contracted in the service, the pathological connection between them must be clearly and fully set forth, together with the reasons upon which his conclusions are based.

State of Maryland
County of Washington } ss.
In the Pension Claim of Perry Mosley
(Name of Claimant)

(Company and Regiment, or Vessel, or other Organization or Department.)
personally came before me, a Clerk of the Circuit Court in and for
(Justice of the Peace, Notary Public, or Clerk of the Court, as the case may be.)
aforesaid County and State Dr. Edward A. Wareham a resident
(Name of Physician or Surgeon)
of Hyattsville of the County of Washington
(City or Village.)
State of Maryland who being duly sworn, declares in relation to the aforesaid case as follows:

(Here follow closely instructions in the margin. If space should not be sufficient, the Physician should attach a sheet of paper

firmly to this blank and continue his statement; not omitting, however, to sign this sheet as well as the one he attaches.)

This I certify that Perry Mosley is physically unable to perform manual or other labor, to be examined by reason of a recent injury to the back which is now the result of previous habits

And he further declares he has no pecuniary interest in said case, and is not concerned in its prosecution.

(Signature of Physician or Surgeon. If ever in the Army, give rank and service.)

The Physician, in filling out this Blank, should not refer to the marginal instructions by numbers, but should write his statement in narrative form.

(5-24-02. 5m.)

(SEE OTHER SIDE.)

