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Form No. 1808 5 10 10m F

2-21 1918

Mr.

Dear Sir:

Mr.

has been examined by me as to physical condition ~~including color sense, sight~~
and hearing, and I have recommended ^{approval} ~~disapproval~~ of his application.

Signature of Applicant.

Examining Surgeon.

This form to be filled out by Examiner on conclusion of examination and mailed in sealed envelope to employing officer. Applicant must sign in presence of Examiner.