



Applicant's Statement to Examining Surgeon.

7942

- 3-27 1914
1. What is your full name? Yordan C. Demis
  2. Age? 30 3. Occupation? Engineer
  4. Are you working for the N. P. Ry. now? yes In what capacity? Engineer
  5. Are you married? yes
  6. When and where have you undergone physical examination on any other railroad? Sept-15th 1912 Calgary
  7. Have you had any of the following:
 

Pneumonia (Lung Fever)? <u>No</u>	Syphilis? <u>No</u>	Pleurisy? <u>No</u>
Stricture? <u>No</u>	Asthma? <u>No</u>	Urinary Trouble? <u>No</u>
Varicose Veins? <u>No</u>	Spitting of Blood? <u>No</u>	Varicocele? <u>No</u>
Fistula? <u>No</u>	Appendicitis? <u>No</u>	Gall Stones? <u>No</u>
Fits? <u>No</u>	Hemorrhoids (Piles) <u>No</u>	Dizzy or fainting spells? <u>No</u>
Rupture? <u>No</u>	Sunstroke? <u>No</u>	Rheumatism? <u>No</u>
  8. What sickness have you had in the past? none
  9. What injury have you had in the past? none
  10. Have you now or have you ever had any disease, tumor, or ulcer, or any physical defect except as above stated? No

I certify that my answers to the foregoing questions are recorded above in full and correctly, and that said answers are true.

Witness: B. E. Hayes Signature of Applicant: Yordan C. Demis

Applicants to fill in this form in duplicate in presence of Examining Surgeon, who will attach both copies to forms 1810, and forward to Chief Surgeon. Chief Surgeon to forward original to Division Superintendent and retain copy for his files.