

7942



Applicant's Statement to Examining Surgeon.

THIS FORM MUST BE EXECUTED IN ALL CASES WHERE MAN IS SENT TO EXAMINING SURGEON, WHETHER FOR INITIAL OR RE-EXAMINATION.

Letter 2/20 19 *1917*

1. What is your full name? *Yonker C. Dennis*

2. Age? *34* 3. Occupation? *Eye*

4. Are you working for the N. P. Ry. now? *yes* In what capacity? *Eye*

5. Are you married? *yes*

6. When and where have you undergone physical examination on any other railroad?

7. Have you had any of the following:

Pneumonia (Lung Fever)? *No* Syphilis? *No* Pleurisy? *No*

Stricture? *No* Asthma? *No* Urinary Trouble? *No* Bronchitis? *No*

Varicose Veins? *No* Spitting of Blood? *No* Varicocele? *No*

Fistula? *No* Appendicitis? *No* Gall Stones? *No* Disentery? *No*

Fits? *No* Hemorrhoids (Piles)? *No* Dizzy or fainting spells? *No*

Rupture? *No* Sunstroke? *No* Rheumatism? *No*

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.

In consideration of my employment by said company, I further agree that whenever I shall sustain any personal injury while in the service of said company, I will allow its surgeons, and any medical examiners it may select, to examine my person and body as often as the company may deem necessary in respect to the alleged injury, and I hereby waive all objections to such surgeons or medical examiners testifying whenever called upon by the company, and I further agree that my refusal to allow any such examination to be made or testimony to be given shall be a bar to the institution or prosecution of any action on account of such injuries; and any action pending at the time of such refusal shall at once abate in consequence thereof.

Witness: *[Signature]* Signature of Applicant: *Yonker C. Dennis*

APPLICANTS TO FILL IN THIS FORM IN TRIPPLICATE IN PRESENCE OF EXAMINING SURGEON WHO WILL ATTACH ALL COPIES TO FORMS 1810 AND FORWARD TO THE CHIEF SURGEON, WHO WILL FORWARD THE ORIGINAL TO THE SUPERINTENDENT EMPLOYMENT BUREAU, ST. PAUL, SECOND COPY TO DIVISION SUPERINTENDENT AND RETAIN THIRD COPY FOR HIS FILES.