

**STATEMENT AS TO DISABILITY.**

(This form is not applicable to Officers and Soldiers in Hospital or on leave therefrom who will be brought before a Medical Board).

On Demobilization every Officer and Soldier, whether remaining with the Colours or not, will be given an opportunity of filling in this Form. Should he not wish to put forward any claim in respect of a Disability due to Military Service he must sign the Statement hereunder to this effect, in the presence of an Officer of the Unit with which he is serving, who will witness the Signature. Whether a claim is made or not, this Form will be forwarded by the Unit Commander, in the case of every Officer, direct to the Secretary, War Office; and in the case of every Soldier, to the Record Office of his Unit.

Unit 12 Heavy Battery  
 Regiment or Corps RGA  
 Regt. No. 42440 Rank Gnr  
 Surname BLISS  
 (Block Letters)  
 Christian Names in full DAVID  
 Permanent address Reddington  
Orch.  
 Age last birthday 30  
 First joined for duty (Date) 3 April 1916 (Place) Banbury  
 Medical Category or Grade in which joined A1

If the Officer or Soldier has previously been discharged from the Army, Royal Navy or the Royal Air Force, he will state:—

(a) Former Regiments or Corps with Regimental Numbers:—

(b) Dates of discharge

(c) Causes of discharge

(d) Particulars of Pension or Gratuity received (if any):—

TO BE CANCELLED  
IF A CLAIM IS MADE

I do not claim to be suffering from a disability due to my military service.

Place of Examination

Date

Signature of Officer or Soldier.

Signature of Officer witnessing.

Before the claimant answers questions 1-8 the following notice will be given to him:—

"Your statement will be checked by Official Records. If, in answering question 2, any special matters which in your opinion caused or aggravated your disability from which you are suffering, must be clearly stated."

The claimant will answer the questions in his own handwriting. The form will be signed by the Officer who witnesses the signature. If the claimant is unable to write, the form will be signed for him by the Officer who witnesses the signature. If the claimant is unable to read, the form will be read to him by the Officer who witnesses the signature. If the claimant is unable to sign, the form will be signed for him by the Officer who witnesses the signature. If the claimant is unable to read, the form will be read to him by the Officer who witnesses the signature. If the claimant is unable to sign, the form will be signed for him by the Officer who witnesses the signature.

1. (a) In what countries have you served during this war and for what periods?  
 (b) In what capacity?

2. If you are suffering from any disease, wound or injury, state what it is, the date upon which it started, and what in your opinion was the cause of it.  
 (If more space is required a sheet of foolscap should be used and attached firmly to this form).

3. Give the names of any Hospitals in which you have been treated for the above disabilities during this war.

Did you suffer from the disease or injury mentioned in above answer to Question 2, or anything like it, before joining the Army? If so, give details and dates.

Give the names and addresses, (if you know them) of any hospitals you were in or any medical officers who attended you during your service in the Army.

Give the names of your National Service, or any other approved Society, and of any of your members.



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