

Newfoundland Forestry Companies

ATTESTATION OF

No. 8247 Name baywood Redeout Corps
Questions to be put to the Recruit before Enlistment.
1. What is your name? 1. bayward Rideout
2. What is your full Address?
3. Are you a British Subject? 3
4. What is your age?
5. What is your Trade or Calling? 5 3
6. Are you Married? 6.
7. Have you ever served in any Branch of His Ma jesty's Forces, naval or military, if so,* which?
8. Are you willing to be vaccinated or re-vac- cinated?
9. What is your Religion? 9
as embodied in this roll of service as applied to Forestry Companies?
E 19/6/17
OATH TO BE TAKEN BY RECRUIT ON ATTESTATION. 1
CERTIFICATE OF MAGISTRATE OR ATTESTING OFFICER.
The Recruit above named was cautioned by me that if he made any false answer to any of the above question he would be liable to be punished as provided in the Army Act.
The above questions were then read to the Recruit in my presence.
I have taken care that he understands each question, and that his answer to each question has been duly enter as replied to, and the said recruit has made and signed the declaration and taken the oath before me at
on this /9 th tou of Clause 1917 A 00
Signature of Attesting Officer Hassulewan. Major.
†CERTIFICATE OF APPROVING OFFICER.
I certify that this Attestation of the above-named Recruit is correct, and properly filled up, and that the r
quired forms appear to have been complied with. I accordingly approve, and appoint him to the :
If enlisted by special authority, such will be attached to the original attestation.
Date)
Place
† The signature of the Approving Officer is to be affixed in the presence of the Recruit. ‡ Here insert the "Corps" for which the Recruit has been enlisted.

DESCRIPTIVE REPORT ON ENLISTMENT Applicable to all ranks. To correspond with entries on the Medical History Sheet.

Apparent age years months. Height 5 feet 7 im inches Chest Measurement Girth when fully expanded inches Range of expansion inches Distinctive marks Suppose Feet of Expansion inches INFORMATION SUPPLIED BY RECRUIT Name and Address of next of kin Girth Relationship Total Suppose Feet of Marriage (a) Christian and Surname of Woman to whom married, and whether apinster or widow. (b) Place and date of marriage. (c) Initials of Officer verifying entry. (a) (b) (c) (d) Particulars as to Children Christian Names Date and Place of Birth STATEMENT OF THE SERVICES STATEMENT OF THE SERVICES Signature of Officers	Name	bou	wood v	Rideont		1947			T
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Total Service towards Engagement to [date of discharge] years days					1 10-17	A Committee of	173		(40.000)

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8247

Regl. No.

Newfoundland Forestry Companies.

baywood RILLOTMENTS

hereby ag	gree, until further		iotsimilar	official form to make an A	
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Report of Medical Board.

Station

St. John's, Nfld.

29th 1922 Date SEPT.

No. and Rank

8247 PTE.

Height

Name

CAYWOOD RIDEOUT

Complexion Eves

Age

Hair

Unit Address

Royal Newfoundland conetous Ar.

Former Trade

Disease or Disability

Enlisted at

On

Original

(The Board will please note how the soldier's appearance corresponds with above description).

Subsequent

Present Condition (Compare with preious Board)

PRACTICALLY TOTAL BLIMDNESS PRESENT. CAN DISTINGUISH LIGHT ONLY WITH LEFT EYE. NOT ABLE TO GET ABOUT WITHOUT HELP OF ANOTHER RARTY. COMPLAINS OF SEVERE PAINS OVER LEFT TEMPORAL REGION EVERY TWO OR THREE DAYS.

THE ENTIRE DISABILITY: To what extent is his capacity lessened at present for earning a livelihood in the general labour market? TOTAL

PENSIONABLE DISABILITY: To what extent is his capacity at present for earning a full livelihood in the general labour market lessened by that proportion of his disability due to or incurred during service?

Recommendation of Medical Board

TOTAL DISABILITY

Members of Board

J. B. O'REILLY.

FORM FOR HISTORY AND MEDICAL RE-EXAMINATION OF PENSIONERS.

THE BOARD OF PENSION COMMISSIONERS FOR NEWFOUNDLAND

	ICAL EXAMINER: Report required; review	√ date :—		ST.		Newfoundland, 1928.
AS S	SOON AS POSSIBLE:			Com	B.T.	Board of Pension for Newfoundland.
-	8247.			PTE:		
Regiment	al No.		Rank			
Name	CAYWOOD RIDEOUT		Address;	Grand	Falls.	
(r	Mild. Forestry	Corps.				
Unit	81144					1
DESCRI	PTION TOF PENSIONE	R:			34	
Apparent	Age	Height			Color	of Eyes
Complexi	on	Colour of Hair			w	eight

April 26th.,1927:

Marks of Identification:

Complains of considerable pair in back of sound eye, this radiates to back of head(occiput) and over left temple and supra orbital region. The vision, he states, is not so good this three weeks back. He has considerable pain in orbit of artificial eye.

DISABILITY FOR WHICH PENSION HAS BEEN AWARDED:

DEFECTIVE VISION.

4

MEDICAL REPORT

(1) Are you satisfied that the man presenting himself for examination is the pensioner named and described on page 1?

(2) Give a definite detailed description of the present condition.

Right eye enucleated - wearing glass eye which is very much worn and roughened, causing an irritation of the upper lid-a blephoritis. Has a purulent conjunctivitis-complains of pains in left eye and around orbit, which is the good eye, wearing a-10 lens. Complains of some pain in socket of eye enucleated. Physical condition normal.

Deductions: Right eye- will soom need another glass eye.

Pains complained of in socket due to local
irritation which I believe is caused by the
eroded surface of the glass eye.

Left Eye: Pains complained of not serious. wearing a 10 D now. Full correction of the high myopia he has would be 11-D. Would not advise full correction this year.

Special Questions :-

This is to certify that I have read, or have heard read, the above description of my disabling condition, that I find it to be correctly and satisfactorily stated, and have not withheld any information concerning any disability resulting from service. I also wish to state that my complaints are:

(If there are no complaints, it will be so stated.)

Caywood Rideout

Signature A.J.

A.J. Wood, M.D.

Pensioner's Signature

Loss	of right eye.	
-		
(b) NON-PENSIONABLE DISABILITY—(Here st contracted or aggravated, while on Active Service.)		has not be
4 (a) To what extent, if any, have the disabilities dimini	shed or increased since last examination	on?
(b) If increased or undiminished, is increase or failured on neglect to exercise reasonable care required by the na	e to diminish due to intemperance, im	proper condu
5 Will disabilities materially increase or diminish?		
6 Are the disabilities permanent?		
7 (a) Is pensioner wearing an artificial appliance for di	sability due to or aggravated by service	:e ?
50 M. B.		
(b) Should he continue to do so?		
(c) If so, is any alteration in the form of the present a Yes, som	time in the near future.	hide man
8 (a) Would treatment reduce the pensioner's disability		
(b) Nature of treatment advised		
() 7		
(c) Is pensioner willing to accept treatment advised?		
(d) If not, is his refusal reasonable?		
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(d) If not, is his refusal reasonable? REFUSAL OF TREATMENT:—This is to certify that (To be completed when treatm	I thoroughly understand the nature o	f the treatme
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