

Army Form Z. 22.

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.

12th LONDON REGIMENT.

Unit.....
 Regiment or Corps.....
 Regtl. No. 48553 Rank Klode
 Surname SOOLLE (Block letters.)
 Christian Names in full WILLIAM
 Permanent address 205 Clarendon Road, London, E.C.4
 Age last birthday 35
 First joined for duty 12.19.14 at (Place) LONDON
 Medical Category or Grade in which joined.....

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 FIELD H. H. H.
 Date 7.12.14 Signature of Officer or Soldier C. S. Malher
 Signature of Officer witnessing Cap. Jones

Before the claimant answers questions 1—8 the following should be read by, or to, him:—

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

The claimant will answer the questions in his own words and after completing the form will sign it. The Officer will witness the signature. If the claimant cannot write, he will affix his mark, such act being witnessed.

COMPLETED IF A CLAIM IS NOT MADE.

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.