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Trade or Iuduatry,
Whurch...Nethotist miles to school-2


Percussion $\qquad$
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Auscultation $\qquad$ 4

Heart. $\qquad$ el regrelar aus
(Menstruation)
FAMILY HISTORY.


Personal history alurap beech, etas diseases of
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Present condition $\qquad$
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Char E- D riblymo.

Tr This form is for the record of the physical condition of pupils of boarding or nonreservation Indian schools. It should be filled in by the school physician at the time of the admission of the pupil.

Physicians in the field should use this form to record the examination of pupils for transfer to nonreservation schools. It should accompany the pupils' transfer blanks.

The reverse side is intended as a card-index case-record for use by all Service physicians.


NO.
United States Indian School Hospital,
Carlisle, Pennsylvania.

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Tribe $\qquad$ Full. One


Age

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Visiting Physician:
Resident Physician:

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Remarks:

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| v DIAGNOSIS | Wrine ${ }^{\text {Uring }}$ Am't |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Revise | $107^{\circ}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Notes of Case | $\longrightarrow$ |  |  | $\square$ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Name Sherman verelor.E. | $106^{\circ}$ |  |  |  |  |  |  |  |  |  |  |  |  | $\square$ |  | $1-$ |  |  |  |  |  |  | $1$ |  |  |  |  |  |  | - |  |  |  |  |  |
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| Date of admission |  |  |  | $1$ |  |  |  |  |  |  |  |  |  | - | $F$ |  |  |  |  | $1$ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | $103^{\circ}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | 102 |  |  | - |  |  |  |  | - | - | - |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | $\underset{\sim}{2} 97^{\circ}$ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | $\stackrel{\text { ®̃ }}{\tilde{\Xi}} \rightarrow$ |  |  |  | $1$ | E |  |  | $7$ | $7$ |  |  |  |  |  | $\square$ |  |  |  |  |  |  |  |  |  |  |  |  | - |  |  | - |  | - | $-36^{\circ}$ |
|  | $\stackrel{\widetilde{\circ}}{ } \rightarrow$ |  |  |  |  |  |  |  |  |  |  |  |  |  |  | F |  |  |  |  |  | $\square$ |  |  |  |  | $\square$ |  | - |  |  | - |  | - |  |
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|  | Pulse. |  | $18$ | $20 .$ | $8$ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | - |  |
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Patient $\qquad$ herman Pi $\qquad$ Carlisle, Pa., $\qquad$
$\qquad$ c 1912 $\qquad$ Physician dh. Itratic $\qquad$
Address $\qquad$




NO.

United States Indian School Hospital,
Carlisle, Pennsylvania.

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Y_{\text {Ear }} 1912
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Tribe $\qquad$ Full. One
sure shemeanferver

Age $\qquad$


Visiting Physician:


Resident Physician:


Remarks:

NAME AT CARLISLE
REPORT AFTER LEAVING CARLISLE

PRESENT NAME

| DATE | information THROUGH | ADDRESS | OCCUPATION | ITEMS OF INTEREST | GRADE |
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