

Woman's Land Army of America Medical Examination

Serial No.-----

|                      |           |
|----------------------|-----------|
| Name                 | Age       |
| Address              |           |
| Heart                | Lungs     |
| Nose                 | Throat    |
| Skin                 | Back      |
| Eyes                 | Feet      |
| Height               | Weight    |
| Nervous System       |           |
| Abdominal Operations |           |
| Menstrual History    |           |
| Bowels               | Digestion |
| Sensitiveness to Sun |           |

Have you ever been inoculated for

|           |      |
|-----------|------|
| Typhoid?  | When |
| Smallpox? | When |

If not, are you willing to be inoculated?

Date

I have today examined----- and pronounce her ABLE/UNABLE to do eight hours of farm work without injury to her health. I place her in Class---- (A – unusually strong, absolutely sound, able to do the heaviest work; B – of average strength with no serious defects; C – less than average strength; or with some defect noted below which must be guarded against; D – poor physique, or with defects noted below that may interfere with her usefulness.)

Signature-----  
Address -----