

# AUSTRALIAN IMPERIAL FORCE.

## Attestation Paper of Persons Enlisted for Service Abroad.

No. \_\_\_\_\_ Name WELLS. John Thomas.  
 Unit \_\_\_\_\_  
 Joined on \_\_\_\_\_

Questions to be put to the Person Enlisting before Attestation.

*Postata a Mrs Gordon Chambers, Lisle Bourne St, Melbourne*

*Father deceased*

1. What is your Name? ... Wells John Thomas
2. In the Parish of \_\_\_\_\_ in or near the Town of Collingwood in the County of Victoria
3. Are you a natural born British Subject or a Naturalized British Subject? (N.B.—If the latter, papers to be shown.) ... natural born British subject
4. What is your age? ... 20 years 5 months
5. What is your trade or calling? ... Laborer
6. Are you, or have you been, an Apprentice? If so, where, to whom, and for what period? ... No
7. Are you married? ... No
8. Who is your next of kin? (Address to be stated) ... (Mother) Margaret Wells, Little Wellington Street, Richmond Victoria
9. Have you ever been convicted by the Civil Power? ... No
10. Have you ever been discharged from any part of His Majesty's Forces, with Ignominy, or as Incurable and Worthless, or on account of Conviction of Felony, or of a Sentence of Penal Servitude, or have you been dismissed with Disgrace from the Navy? ... No
11. Do you now belong to, or have you ever served in, His Majesty's Army, the Marines, the Militia, the Militia Reserve, the Territorial Force, Royal Navy, or Colonial Forces? If so, state which, and if not now serving, state cause of discharge ... No (1895)
12. Have you stated the whole, if any, of your previous service? ... Yes
13. Have you ever been rejected as unfit for His Majesty's Service? If so, on what grounds? ... No
14. (For married men, widowers with children, and soldiers who are the sole support of widowed mother) — Do you understand that no separation allowances will be issued in respect of your service beyond an amount which together with pay would reach eight shillings per day? ... No
15. Are you prepared to undergo inoculation against small pox and enteric fever? ... Yes

I, John Thomas Wells do solemnly declare that the above answers made by me to the above questions are true, and I am willing and hereby voluntarily agree to serve in the Military Forces of the Commonwealth of Australia within or beyond the limits of the Commonwealth.

And I further agree to allot not less than two-fifths of the pay payable to me from time to time during my service for the support of my wife\* † and children.

Date 12-11-15 John Thomas Wells  
 Signature of person enlisted.

\* This clause should be struck out in the case of unmarried men or widowers without children under 18 years of age.  
 † Two-fifths must be allotted to the wife, and if there are children three-fifths must be allotted.



C.M. Form D. 2.  
(Revised 1.11.15)

AUSTRALIAN  MILITARY FORCES.

**DETAILED MEDICAL HISTORY OF AN INVALID.**

Station Royal Park Date 19-11-15

1. Regiment or Corps 1 Coy 2nd Batt 2. Regimental No. and Rank etc

3. Name WELLS, John Thomas 4. Age last Birthday 20

5. (a) Enlisted 12/11/15 6. Former Trade or Occupation Bootmaker  
 at Melbourne

(b) If returned from service abroad, date of return to Australia /

Before making out this Report read the following note carefully:-

NOTE.-The answers to the following questions are to be filled in by the Medical Officer by whom the soldier is brought forward. As the object of these questions is, in the event of the man being invalided, to put the authorities of the Military Forces of the Commonwealth in possession of the most reliable information grounded upon the opinion of those best capable of judging, as to the cause in which, upon the man's claim to compensation, clear and decisive answers must in all cases be given. **ALL QUESTIONS MUST BE ANSWERED.**

7. Disease or Disability Old accident to shoulder joint (right)

In answering the following questions the Medical Officer will carefully discriminate between the man's unsupported statements on the one, and recorded evidence furnished by his documents, military and medical. He will also carefully discriminate cases entirely due to venereal disease.

8. Date of Origin of Disability nine years ago

9. Place of Origin of Disability Collingwood

10. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet

bearing on the case Apparently Lt Wells had a

Suppurative Arthritis of the shoulder joint  
nine years ago with following sequelae

11. (a) Give your opinion as to the causation of the Disability Accident

(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it. (See notes on page 3.) no

12. What is his present condition? Limitation of movements  
at shoulder joint with wasting of  
shoulder & arm. Grip of left hand  
poor. Is unable to do the  
physical exercises but otherwise  
would be a good home service man

(Weight should be given to all cases when it is likely to affect evidence of the progress of the disability.)

13. Has the disease been aggravated by—

(a) Intemperance? Yes

or

(b) Misconduct? No

14. If the disability is a wound or other injury, was it caused—

(a) In action? No

(b) On field service? No

(c) On duty? No

(d) Off duty? No

15. Was a Court of Inquiry held on the injury? No

If so—(a) When? \_\_\_\_\_

(b) Where? \_\_\_\_\_

(c) Opinion \_\_\_\_\_

16. Was any special treatment employed? If so, state what it was \_\_\_\_\_

17. Was an operation performed? If so, what? Yes Incision

18. If not, was an operation advised and declined? No

19. In cases of loss or decay of teeth—

(a) Is the loss of teeth the result of wounds, injury, or disease, directly\* attributable to active service

20. Do you recommend him for—

(a) Discharge as permanently unfit? Yes

or

(b) For change to another State? \_\_\_\_\_

A. J. Goussard, Capt.  
Medical Officer in Charge of the Case.

## Opinion of the Medical Board.

**Note**—(i.) Clear and decisive answers to **ALL** the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the authorities of the Military Forces should be in possession of the most reliable information to **enable them to decide upon the man's claim to pension or compensation.**

- (ii.) Expressions such as "may," "might," "probably," &c., should be avoided.  
 (iii.) In answering question 23 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.  
 (iv.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

21. State how far the Board concur with the answers to Questions 7-20—i.e., "in toto," "partially," or "not at all."

If either of the latter, give detail In toto

22. The Board will describe the pathological condition present at time of examination by the Board

Limited movement of shoulder joint  
cannot elevate arm

23. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

No No No

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

24. Is the disability permanent?

especially as regards—

(a) Military service? Yes

(b) Previous occupation? No

(c) Other occupations? No

25. If not permanent, what is its probable minimum duration?

(To be stated in months)

26. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

No more than at time of Enlistment. Not at all.

(In defining the extent of his inability to earn a livelihood, estimate of at 1, 2, or total incapacity.)

27. If an operation was advised and declined, was the refusal unreasonable?

28. Do you recommend him for—

(a) Discharge as permanently unfit?

or  
 (b) For change to another State?

29. **General Recommendations:**—

(a) Is he at present fit for discharge to earn his living? Yes

(b) Does he require further treatment to restore him to health? No

(c) If so, what does the Board recommend?

(d) Any other Recommendations

Recommend for Home Service

(If Board considers case one for compensation or pension the patient may be so informed, so he may make formal application. But he is to be informed at the same time that final decision rests with the War Pension Board.)

Signatures:—

Station

Royal Tank

Date

19-11-15.

Approved—

Station

St. Albans

Date

20-11-15

Ernest Nicholas Capt President.

Alwyn Johnson Capt. Members.

J. Matthews Major, A.A.M.C.  
 P. M. O., Hd, Qrs Camp Staff 3rd, M.D.,  
 Director-General Medical Services.

v v / 15

(On leaving Corps or Station where Invalided.)

Transfer or Embarkation. { Date \_\_\_\_\_  
 Station \_\_\_\_\_  
 Port \_\_\_\_\_ } Name of { Conveyance \_\_\_\_\_  
 Vessel \_\_\_\_\_  
 Medical Officer \_\_\_\_\_ }

Brief remarks on Case during transit, and state on transfer for final disposal.

Re-transferred { Date \_\_\_\_\_  
 Hospital or Station \_\_\_\_\_ } Medical Officer.

(At Station or Hospital where finally disposed of.)

Station and Hospital { \_\_\_\_\_ } Arrived from { \_\_\_\_\_ }

Date \_\_\_\_\_

If Admitted. Index No.	If under Treatment.		Disease.	How finally Disposed of.	Date of Discharge, &c.
	From—	To—			
Date :					

Summary of causes of invaliding, or remarks as to remand to Regiment or Station.

Date of final Medical Board, or decision } \_\_\_\_\_

Principal Medical Officer.

DETAILED MEDICAL HISTORY  
 OF INVALID.

C.M.F. Form 99.

Station—  
 Corps—  
 Regimental No. Rank—  
 Name—  
 Disability—  
 Date—  
 Hospital or Station transferred to for final disposal }  
 Date of final disposal }  
 How finally disposed of }

The original Report is invariably to accompany the discharge documents of Invalids.



### DETAILED MEDICAL HISTORY OF AN INVALID.

Station Loyal Park Date 19 11 15

1. Regiment or Corps 10th Coy 1st Batt 2. Regimental No. and Rank the

3. Name WELLS, Eric Thomas 4. Age last Birthday 20.

5. (a) Enlisted <sup>on</sup> 11 11 15  
(at) Melbourne 6. Former Trade or Occupation Boatman

(b) If returned from service abroad, date of return to Australia \_\_\_\_\_

Before making out this Report read the following note carefully:—

NOTE.—The answers to the following questions are to be filled in by the Medical Officer by whom the soldier is brought forward. As the object of these questions is, in the event of the man being invalided, to put the authorities of the Military Forces of the Commonwealth in possession of the most reliable information grounded upon the opinion of those best capable of judging, so as to guide them in deciding upon the man's claim to compensation, clear and decisive answers must in all cases be given. ALL QUESTIONS MUST BE ANSWERED.

7. Disease or Disability An accident to shoulder joint (right)

In answering the following questions the Medical Officer will carefully discriminate between the man's unsupported statements on his own and recorded evidence furnished by his documents, military and medical. He will also carefully discriminate cases entirely due to venereal disease.

8. Date of Origin of Disability three years ago

9. Place of Origin of Disability Bellingwood

10. Give concisely the essential facts of the history of the disability, noting entries on the Medical History Sheet

bearing on the case Apparently the Wells had a ~~an~~ suppurative arthritis of the shoulder joint three years ago, with following sequelae:

11. (a) Give your opinion as to the causation of the Disability Accident

(b) If you consider it to have been caused by active service, climate, or ordinary military service, explain the specific conditions to which you attribute it. (See notes on page 3.) No

12. What is his present condition? Limitation of movement of shoulder joint, with wasting of shoulder arm. Grip of left hand good is unable to do physical exercise, but otherwise would be good home service man

(Weight should be given in all cases when it is likely to affect evidence of the progress of the disability.)

13. Has the disease been aggravated by—

- (a) Intemperance? etc  
 or  
 (b) Misconduct? etc

14. If the disability is a wound or other injury, was it caused—

- (a) In action? etc  
 (b) On field service? etc  
 (c) On duty? etc  
 (d) Off duty? etc

15. Was a Court of Inquiry held on the injury? etc

If so—(a) When? \_\_\_\_\_

(b) Where? \_\_\_\_\_

(c) Opinion \_\_\_\_\_

16. Was any special treatment employed? If so, state what it was \_\_\_\_\_

17. Was an operation performed? If so, what? yes. Incision

18. If not, was an operation advised and declined? no

19. In cases of loss or decay of teeth—

- (a) Is the loss of teeth the result of wounds, injury, or disease, directly\* attributable to active service? no

20. Do you recommend him for—

- (a) Discharge as permanently unfit? yes

or

- (b) For change to another State? no

[Signature]  
 Medical Officer in Charge of the Case.

\* Loss of teeth on, or immediately after, active service, should be attributed thereto, unless there is evidence that it is due to some other cause.

## Opinion of the Medical Board.

Notes.—(i.) Clear and decisive answers to ALL the following questions are to be carefully filled in by the Board, as, in the event of the man being invalided, it is essential that the authorities of the Military Forces should be in possession of the most reliable information to enable them to decide upon the man's claim to pension or compensation.

(ii.) Expressions such as "may," "might," "probably," &c., should be avoided.

(iii.) In answering question 23 the Board should be careful to discriminate between disease resulting from military conditions and disease to which the soldier would have been equally liable in civil life.

(iv.) A disability is to be regarded as due to climate when it is caused by military service abroad in climates where there is a special liability to contract the disease.

21. State how far the Board concur with the answers to Questions 7-20—i.e., "in toto," "partially," or "not at all."

If either of the latter, give detail

"in toto"

22. The Board will describe the pathological condition present at time of examination by the Board

Limited movement of shoulder-joint. Cannot elevate arm

23. (a) State whether the disability is the result of (i.) active service, (ii.) climate, or (iii.) ordinary military service.

No No No

(b) If due to one of these causes, to what specific conditions do the Board attribute it?

24. Is the disability permanent?

especially as regards—

(a) Military service?

Yes

(b) Previous occupation?

no

(c) Other occupations?

no

25. If not permanent, what is its probable minimum duration?

(To be stated in months.)

26. To what extent is his capacity for earning a full livelihood in the general labour market lessened at present?

No more than at time of enlistment

(In defining the extent of his inability to earn a livelihood, estimate it as 1, 2, or total incapacity.)

27. If an operation was advised and declined, was the refusal unreasonable?

28. Do you recommend him for—

(a) Discharge as permanently unfit?

Yes

or

(b) For change to another State?

No

29. General Recommendations:—

(a) Is he at present fit for discharge to earn his living?

Yes

(b) Does he require further treatment to restore him to health?

No

(c) If so, what does the Board recommend?

(d) Any other Recommendations

Recommend for Home Service

(If Board considers case one for compensation or pension the patient may be so informed, as he may make formal application. But he is to be informed at the same time that final decision rests with the War Pensions Board.)

Signatures:—

Station

Royal Park

Date

11.11.15

Approved—

Station

Spelthorpe

Date

11.11.15

Gray Nichols Capt. President.

A. Syms Johnson Capt. Members.

J. Ansell Major, A.M.C.  
P, M, O, Hd, Qrs Camp Staff 3rd, M.D.  
Director-General Medical Services.



(On leaving Corps or Station where Invalided.)

Transfer or Embarkation. { Date \_\_\_\_\_  
 Station \_\_\_\_\_ } Name of { Conveyance \_\_\_\_\_  
 { Date \_\_\_\_\_ } Vessel \_\_\_\_\_  
 { Port \_\_\_\_\_ } { Medical Officer } \_\_\_\_\_

Brief remarks on Case during transit, and state on transfer for final disposal.

Re-transferred { Date \_\_\_\_\_  
 Hospital or Station \_\_\_\_\_ } Medical Officer. \_\_\_\_\_

(At Station or Hospital where finally disposed of.)

Station and Hospital } \_\_\_\_\_ Arrived from } \_\_\_\_\_  
 Date \_\_\_\_\_

If Admitted. Index No.	If under Treatment.		Disease.	How finally Disposed of.	Date of Discharge, &c.
	From—	To—			
Date :					

Summary of causes of invaliding, or remarks as to remand to Regiment or Station.

Date of final Medical Board, or decision } \_\_\_\_\_

Principal Medical Officer.

C.M.F. Form 99.

DETAILED MEDICAL HISTORY  
OF INVALID.

Station—

Corps—

Regimental No. Rank—

Name—

Disability—

Date—

Hospital or Station transferred to for final disposal }

Date of final disposal }

How finally disposed of }

The original Report is invariably to accompany the discharge documents of Invalids.

A.M.F. 3RD. MILITARY DISTRICT.  
HEADQUARTERS 2ND STAFF  
No. 15/8/2131

DISTRICT HEAD QUARTERS  
O.M.F. 3RD MILITARY DISTRICT  
No. 16/10/322

DEFENCE  
A. I. F.  
239  $\frac{4}{2}$  629

S.O. INVALIDS - -

Forwarded for transmission to C.I.C. CASE RECORDS

please.

*H Murray*

Lieut.

For A.A.G. 3rd M.D.H.Q. Camp Staff.

25/1/16  
GC/RL

P.M.O.C.S.

Returning herewith Attestation papers and Medical Board proceedings on :- Pte J.T.Wells D/24 Btn. Royal Park. Please have answer to question 26 adjusted and return to this office.

*J. Keath*

Capt. A.A.M.C.  
Staff Officer for Invalids.

27/1/16.

S.M.O. Broadmeadows. ---- For correct answer to question 26. and return. 28.1.1916.

*J. Keath*  
Major A.A.M.C.  
P.M.O.D.H.Q.C.S.

6

P.M.O. D.H.Q.C.S. Vic Barracks.....Question 26 adjusted and returned.

*Gray Nicholls*

B'meadows.  
29-1-16

Capt. A.A.M.C. S.M.O.  
O.C. Clearing Hospital.

S.O.I. ---- Adjustment made. Forwarded. 1.2.1916.

*J. Keath*  
Capt  
Major A.A.M.C.  
P.M.O.D.H.Q.C.S.

RECEIVED  
FEB 2 P.M.  
D.O.R. 3RD M.F.

8.

Sec. of Defence --- Forwarded.

D.G.M.S.

*R.S. Williams*

Col.

Brig.General.

P.M.O. 3rd M.D.

a/Commandant 3rd M. D.

GC/RF.

3/2/16

5/2/16

*Olmo*  
8/2/16

DEPARTMENT OF DEFENCE  
RECEIVED  
11 AM - 5 FEB 16

*BR*  
11/2/16  
*BR*

3rd MILITARY DISTRICT  
HEADQUARTERS CAMP STAFF

DISTRICT HEADQUARTERS  
C.M.F. 3RD MILITARY DISTRICT  
No. 216/10/322

No. 15/8/2131  
D.H.Q.C. STAFF.

To District Headquarters Camp Staff.

Discharge of Pte Wells, John Thomas

Provisionally Confirmed.

20/11/1915.

*Stratton*  
Major A.A.M.C.  
P.M.O. 3rd M.D. H.Q. Camp Staff.

To S. O. Invalids,  
3rd Military District,  
Melbourne.

Discharge confirmed and approved. C.M.D. Fortes

forwarded for your information and transmission to Base Records.

.....  
A.A.G. 3rd M.D.H.Q.C.S.

/ / 1915

## CERTIFICATE OF ATTESTING OFFICER.

The foregoing questions were read to the person enlisted in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to by him.

~~I have examined his naturalization papers and am of opinion that they are correct.~~

(This to be struck out except in the case of persons who are naturalized British Subjects.)

Date 12. 11. 15

R. Deubner Capt  
Signature of Attesting Officer.

## OATH TO BE TAKEN BY PERSON BEING ENLISTED.\*

3, John Thomas Wells swear that I will well and truly serve our Sovereign Lord the King in the Australian Imperial Force from 12. 11. 15 until the end of the War, and a further period of four months thereafter unless sooner lawfully discharged, dismissed, or removed therefrom; and that I will resist His Majesty's enemies and cause His Majesty's peace to be kept and maintained; and that I will in all matters appertaining to my service, faithfully discharge my duty according to law.

SO HELP ME, GOD.

John Thomas Wells

Signature of Person Enlisted.

Taken and subscribed at Melbourne in  
the State of Victoria

this Twelfth day \_\_\_\_\_ of  
November 1915, before me—

R. Deubner Capt  
Signature of Attesting Officer.

\* A person enlisting who objects to taking an oath may make an affirmation in accordance with the Third Schedule of the Act, and the above form must be amended accordingly. All amendments must be initialed by the Attesting Officer.

B. H. G.  
Melbourne

12-11-15-

This is to Certify that

John Thomas Wells  
has registered under Section  
142 of Defence Act 1953-15 this  
day

pro

L. Jackson

<sup>in. H.</sup>  
his Staff Clerk

11/13/609

A.M.F. 3RD. MILITARY DISTRICT  
HEADQUARTERS CAMP STAFF  
No. 15/8/2131

NO. R16/10/322

MILITARY FORCES OF THE COMMONWEALTH - 3RD MILITARY DISTRICT.

...oocOoco...

A.I.F. Headquarters Camp Staff.

VICTORIA BARRACKS 24/11/1915.

MELBOURNE.

Sm. Royal Park

APPROVAL FOR DISCHARGE.

To O.C. .... Camp.

APPROVAL IS GIVEN for the discharge forthwith of

Pte. J. J. Wells 9/24 Battalion.  
who has been Medically Boarded.

REASON FOR DISCHARGE.....

Old accident to shoulder joint (R)

(This form, completed below, to be returned) C.M. or attached  
Geo. H. ... Capt.

For A.A.G. 3rd M.D.H.Q. Camp Staff.

o-o-o-o-o-o

(2)

To DISTRICT HEADQUARTERS CAMP STAFF.

Noted. Attestation Papers completed and

returned herewith. DATE OF DISCHARGE 20/12/1915

RECEIVED CAMP D.H.Q.  
20/12/1915  
JAN 24 1916

O.C. ... Camp.  
Geo. H. ...

Description of WELLS, John Thomas on Enlistment.

Age 70 years 5/12 months.  
 Height 5 feet 7 inches.  
 Weight 10<sup>st</sup> lbs.  
 Chest Measurement 33 1/2 inches.  
 Complexion Dark  
 Eyes Grey  
 Hair Dark  
 Religious Denomination R.C.

## DISTINCTIVE MARKS.

1 Scar L  
Scars L arm & shoulder  
Tattoo R arm.

## CERTIFICATE OF MEDICAL EXAMINATION.

I HAVE examined the above-named person, and find that he does not present any of the following conditions, viz:—

Scrofula; phthisis; syphilis; impaired constitution; defective intelligence; defects of vision, voice, or hearing; hernia; hæmorrhoids; varicose veins, beyond a limited extent; marked varicocele with unusually pendent testicle; inveterate cutaneous disease; chronic ulcers; traces of corporal punishment, or evidence of having been marked with the letters D. or B.C.; contracted or deformed chest; abnormal curvature of spine; or any other disease or physical defect calculated to unfit him for the duties of a soldier.

He can see the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs; and he declares he is not subject to fits of any description.

I consider him fit for active service.

Date November 12<sup>th</sup> 1915

Place Melbourne.

W.D. Bering

Signature of Examining Medical Officer.

Capt H. H. H.C.

## CERTIFICATE OF COMMANDING OFFICER.

I CERTIFY that this Attestation of the above-named person is correct, and that the required forms have been complied with. I accordingly approve, and appoint him to \_\_\_\_\_

Date \_\_\_\_\_

Place \_\_\_\_\_

Commanding \_\_\_\_\_

Statement of Service of No. \_\_\_\_\_ Name \_\_\_\_\_

Unit in which served.	Promotions, Reductions, Casualties, &c.	Period of service in each rank.		Remarks.
		From—	To—	
2nd Depot Bn. Royal Park		12/11/15	2/12/15	Discharged on medical certificate, not due to misconduct (old accident to shoulder joint) 2/12/15.

I have examined the above details, and find them correct in every respect.

*J. De... Lt. Col.*  
G.O. Royal Park Camp



DISCHARGED

WAR CONTINUITY SCHOLARSHIP

AUSTRALIAN MILITARY FORCES.

# AUSTRALIAN IMPERIAL FORCE.

## Attestation Paper of Persons Enlisted for Service Abroad.

No. \_\_\_\_\_ Name WELLS John Thomas <sup>3<sup>rd</sup> MD</sup>  
 Unit Depot  
 Joined on 2<sup>nd</sup> MD

*Postal address  
 Gordon Chambers  
 145 Bourke St.  
 Melbourne*

### Questions to be put to the Person Enlisting before Attestation.

1. What is your Name? ... Wells John Thomas
2. In the Parish of \_\_\_\_\_ in or near the Town of Bollingwood in the County of Victoria
3. Are you a natural born British Subject or a Naturalized British Subject? (N.B.—If the latter, papers to be shown.) ... natural born British Subject
4. What is your age? ... 20 years 5 months
5. What is your trade or calling? ... Labourer
6. Have you ever been an Apprentice? If so, where, to whom, and for what period? ... No
7. Are you married? ... No
8. Who is your next of kin? (Address to be stated) ... Mother / Margaret Wells / Little Wellington St / Richmond Victoria
9. Have you ever been convicted by the Civil Power? ... No
10. Have you ever been discharged from any part of His Majesty's Forces, with Ignominy, or as Incurable and Worthless, or on account of Conviction of Felony, or of a Sentence of Penal Servitude, or have you been dismissed with Disgrace from the Navy? ... No
11. Do you now belong to, or have you ever served in, His Majesty's Army, the Marines, the Militia, the Militia Reserve, the Territorial Force, Royal Navy, or Colonial Forces? If so, state which, and if not now serving, state cause of discharge ... No (1895)
12. Have you stated the whole, if any, of your previous service? ... yes
13. Have you ever been rejected as unfit for His Majesty's Service? If so, on what grounds? ... No
14. (For married men, widowers with children, and soldiers who are the sole support of widowed mother)—Do you understand that no separate allowance will be issued in respect of your service beyond an amount which together with pay would reach eight shillings per day? ... \_\_\_\_\_
15. Are you prepared to undergo inoculation against small pox and enteric fever? ... yes

I, John Thomas Wells do solemnly declare that the above answers made by me to the above questions are true, and I am willing and hereby voluntarily agree to serve in the Military Forces of the Commonwealth of Australia within or beyond the limits of the Commonwealth.

And I further agree to allot not less than two-fifths of the pay payable to me from time to time during my service for the support of my <sup>wife</sup> ~~wife and children~~.

Date 17. 11. 15

John Thomas Wells  
 Signature of person enlisted.

\* This clause should be struck out in the case of unmarried men or widowers without children under 18 years of age.  
 † Two-fifths must be allotted to the wife, and if there are children three-fifths must be allotted.

## CERTIFICATE OF ATTESTING OFFICER.

The foregoing questions were read to the person enlisted in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to by him.

~~I have examined his naturalization papers and am of opinion that they are correct.~~

~~(This to be struck out except in the case of persons who are naturalized British Subjects.)~~

Date 12 . 11 . 15

R. Robinson Capt.  
Signature of Attesting Officer.

## OATH TO BE TAKEN BY PERSON BEING ENLISTED.\*

3. John Thomas Wells swear that I will well and truly serve our Sovereign Lord the King in the Australian Imperial Force from 12 . 11 . 15 until the end of the War, and a further period of four months thereafter unless sooner lawfully discharged, dismissed, or removed therefrom; and that I will resist His Majesty's enemies and cause His Majesty's peace to be kept and maintained; and that I will in all matters appertaining to my service, faithfully discharge my duty according to law.

So HELP ME, GOD.

John Thomas Wells  
Signature of Person Enlisted.

Taken and subscribed at Melbourne in

the State of Victoria

this Twelfth day \_\_\_\_\_ of

November 19 15, before me—

R. Robinson Capt.  
Signature of Attesting Officer.

\* A person enlisting who objects to taking an oath may make an affirmation in accordance with the Third Schedule of the Act, and the above form must be amended accordingly. All amendments must be initialed by the Attesting Officer.

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Description of Wells John Thomas on Enlistment.

Age 20 years 5 months.  
Height 5 feet 7 inches.  
Weight 104 lbs.  
Chest Measurement 33 1/2/36 inches.  
Complexion Dark  
Eyes Grey  
Hair Dark  
Religious Denomination R. P.

DISTINCTIVE MARKS.

1 tue h.  
Scars L arm + shoulder  
Tattoo R arm

CERTIFICATE OF MEDICAL EXAMINATION.

I HAVE examined the above-named person, and find that he does not present any of the following conditions, viz. :—

Scrofula; phthisis; syphilis; impaired constitution; defective intelligence; defects of vision, voice, or hearing; hernia; hæmorrhoids; varicose veins, beyond a limited extent; marked varicocele with unusually pendent testicle; inveterate cutaneous disease; chronic ulcers; traces of corporal punishment, or evidence of having been marked with the letters D. or B.C.; contracted or deformed chest; abnormal curvature of spine; or any other disease or physical defect calculated to unfit him for the duties of a soldier.

He can see the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs; and he declares he is not subject to fits of any description.

I consider him fit for active service.

Date 12. 11. 15

Place Meibourne

W. D. Silliker

Signature of Examining Medical Officer.

Cap Adams

CERTIFICATE OF COMMANDING OFFICER.

I CERTIFY that this Attestation of the above-named person is correct, and that the required forms have been complied with. I accordingly approve, and appoint him to \_\_\_\_\_

Date \_\_\_\_\_

Place York

Commanding \_\_\_\_\_

Statement of Service of No. \_\_\_\_\_

Name \_\_\_\_\_

Unit in which served.	Promotions, Reductions, Casualties, &c.	Period of service in each rank.		Remarks.
		From—	To—	
2nd Depot Batts. Royal Park.		12/11/11	2/13/15	Discharged as medically unfit not due to marched out (old accident to shoulder joint) 2/13/15.

I have examined the above details, and find them correct in every respect.

*Head L. Col*  
O.C. Royal Park Camp

Nov. 12<sup>th</sup> 1915

I certify that my son John Thomas  
Wells can join the Expeditionary  
Force

Believe me

I am

Margaret Wells.

3. Wellington St  
Richmond

I certify that this is my mother's signature

J J Wells