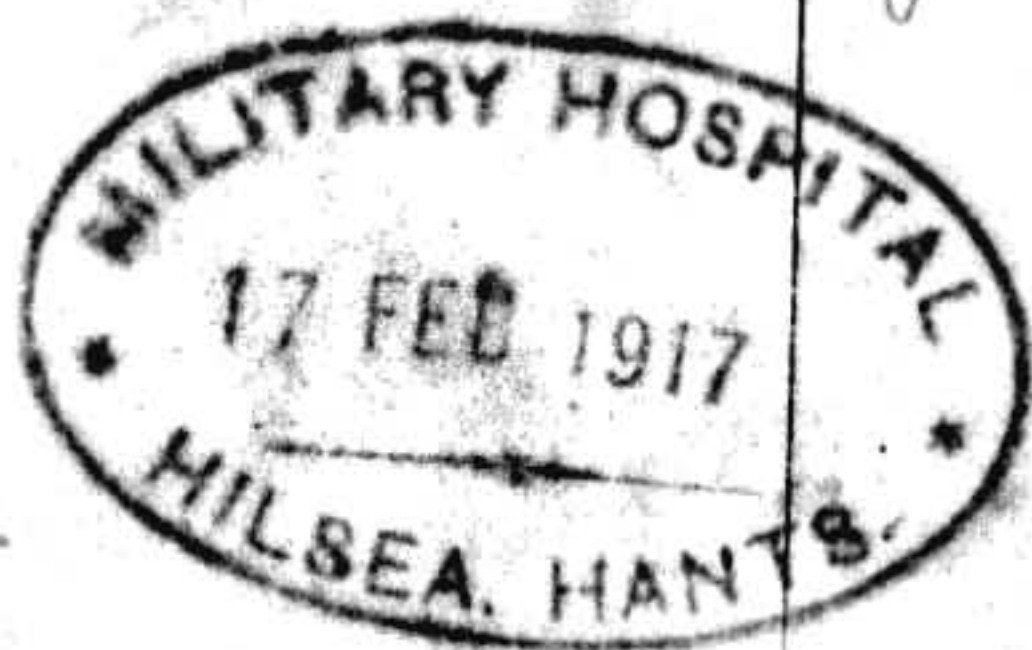


FORM to be used (1) when a Soldier is placed under Medical Surveillance for Venereal Disease, (2) for furnishing information between Medical Officers when cases are transferred from one Station to another.

Corps	Company	Regimental No.	Rank and Name	* Date on which case originally came under treatment
1st R. W. Herts	J.	9891	Pte Frampton P.	11-12-16
				REMARKS



To *C/O R. W. Herts*

Station and date *Hounslow*

[Signature]
Lieut. Colonel, R.A.M.C.

Officer in Charge

The Officer who places the man under surveillance shall fill in this form in duplicate. One copy will be forwarded to the Officer Commanding, and the other to the Medical Officer who will be responsible for the man's treatment. When any circumstances arise likely to interfere with the regular attendance of men on the course, such as transfer to another station, musketry courses, imprisonment, and especially furlough, their Commanding Officers should be notified. The fact that the case was first placed on a syphilis card should be stated.

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