ABSTRACT OF HEALTH RECORD.

Name Bogart Humphrey deGorst During 1st enlistment.
(In full, surname first.) (1st, 2d, etc.)

PLACE.	DATE. Attached.	DATE. Detached.	*DIAGNOSIS AND SICK DAYS. (e. g., Colica, 2; Hernia, 26; etc.)	Physically desirable for service. (Yes or no.)	SIGNATURE OF MEDICAL OFFICER.
U. S. Nav. Training Camp Pelham Bay Park, N. Y.			Cow Pox Vaccination 7/2/18		
U. S. N. Tr. Camp, Pelham Bay Park, N. Y.	7-2-18 NOV 27 1918		Typhoid Prophylaxis completed 9/4/18 NO SICK DAYS	Yes	E. P. Field
U. S. S. LEVIATHAN DEC 1 9 1918		2-15-19	None	Yes	
U. S. S. Santa Olivia	2-15-19	4-14-19	Influenza Typhoid prophylaxis completed triple Lipo MAR 22 1919	?	

4—2684 *Also note in this space "Cowpox vaccinations" and "Typhoid prophylaxis" (and date of administration). Make this entry in red ink.

(BEGIN ON REVERSE SIDE.)

ABSTRACT OF HEALTH RECORD—Continued.

PLACE.	DATE. Attached.	DATE. Detached.	*DIAGNOSIS AND SICK DAYS. (e. g., Colica, 2; Hernia, 26; etc.)	Physically desirable for service. (Yes or no.)	SIGNATURE OF MEDICAL OFFICER.

4—2684 *Also note in this space "Cowpox vaccinations" and "Typhoid prophylaxis" (and date of administration). Make this entry in red ink.

Vaccination record of Bogart Humphrey de Forst Rate Lieu-2nd
(Name in full, surname first.) (In which enlisted.)

[1] COWPOX.			[1] TYPHOID PROPHYLAXIS.			
PRIOR TO THIS ENLISTMENT: (NUMBER OF SCARS)			[2] DATES ADMINISTERED.			SIGNATURE OF MEDICAL OFFICER.
[2] Date.	Result.	Signature of medical officer.	1st.	2d.	3d.	
5-28-18	Pos.	F. F. FIELD	7/3/18 Triple Lipo	7/9/18	7/16/18 MAR 22 1919	F. F. FIELD J.L. Shipley

4—2684

[1] Enter record of vaccination on "Abstract of Health Record" also. [2] Enter date as follows: For October 27, 1914, 10-27-14.

Marks, scars, etc., since enlistment or not previously noted:

TERMINATION OF SERVICE.

Name of ship or station U. S. S. Santa Olivia

Place

Date 4-14-19

By reason of Desertion

Physical defects disqualifying for reenlistment (if any):

Examining surgeon at time of discharge:

Surgeon, U. S. Navy.

4—2684

[3,2]

ABSTRACT OF HEALTH RECORD.

Name_____ During _____ enlistment.
(In full, surname first.) (1st, 2d, etc.)

PLACE.	DATE. Attached.	DATE. Detached.	*DIAGNOSIS AND SICK DAYS. (e. g., Colica, 2; Hernia, 26; etc.)	Physically desirable for service. (Yes or no.)	SIGNATURE OF MEDICAL OFFICER.
RECEIVING SHIP AT NEW YORK	JUN 17 1919	JUN 18 1919	No Sick Days	Yes	W. F. Krause
3rd Naval District	9-30-21		Hon. Dis. Alien 67		W. F. Olsen
			TO INACTIVE DUTY		

*Also note in this space "Cowpox vaccinations" and "Typhoid prophylaxis" (and date of administration). Make this entry in red ink.

(Begin on Reverse Side.)

ABSTRACT OF HEALTH RECORD—Continued.

PLACE.	DATE. Attached.	DATE. Detached.	*DIAGNOSIS AND SICK DAYS. (e. g., Colica, 2; Hernia, 26; etc.)	Physically desirable for service. (Yes or no.)	SIGNATURE OF MEDICAL OFFICER.

*Also note in this space "Cowpox vaccinations" and "Typhoid prophylaxis" (and date of administration). Make this entry in red ink.

MEDICAL HISTORY.

Page_____

Name of patient _____

Place _____

Page_____

MEDICAL HISTORY.

Page 1

Name of patient Cogart, Humphrey deForest

Place U. S. S. Santa Olivia

A. FEB 26 1919 Influenza.

Patient admitted
Complaining of characteristic
symptoms. Routine
treatment. T. 100 P. 82 R. 20
with inspiration
3/4/19 - Fit for duty. Well.
[illegible]
Lt. (J.G.) M.C. U.S.N.R.F.

II
6

4—1744

Page

4—1744

MEDICAL HISTORY.

Page_____

Name of patient _____

Place _____

JUN 18 1919

I HAVE NO DISABILITY ENTITLING ME TO COMPENSATION UNDER THE WAR RISK INSURANCE. AMOUNT OF INSURANCE $ 10,000

Humphrey deForest Bogart
Lieut.

Receiving Ship at New York

JUN 18 1919

Examined physically this date, upon his application for release from active service, and found to be free from all physical defects.

C. E. Gray

Lt. (MC) USN.

C. W. Krome

Lt. (MC) USN.

Page_____

[912]

HEALTH RECORD OF

Name Bogart Humphrey DeForest.
(Surname first.)

Enlisted as Seaman 2 cl.

At Granite State New York City

Date June 25 1918, to serve {four years. / during minority.}

Date of birth 12-25-1899

Place of birth New York City N.Y.

Former diseases or injuries (recruit's statement):

Former occupations School

Holds C. S. C. No. _____ {Previous service,} _____ years.

First enlisted _____ (Date.) Last discharged _____ (Date.)

Name and address of nearest relative or friend, Father 245 W 103 New York City N.Y.

Religion, Prot.

DESCRIPTIVE LIST

Eyes, Brown Hair Dk Bro; Complexion Ruddy

Height, 69 inches; Weight, 145 pounds.

Vision: R., 20/20; L., 20/20.

Hearing: R., 16/15; L., 15/15.
(Whispered voice: Distance in feet.)

Circumference of chest: mean, 32 inches;

expansion, 3 inches.

	Right.	Left.
Upper:	M M M B B C I I	I I C B B M M M.
Lower:	M M M B B C I I	I I C B B M M M.

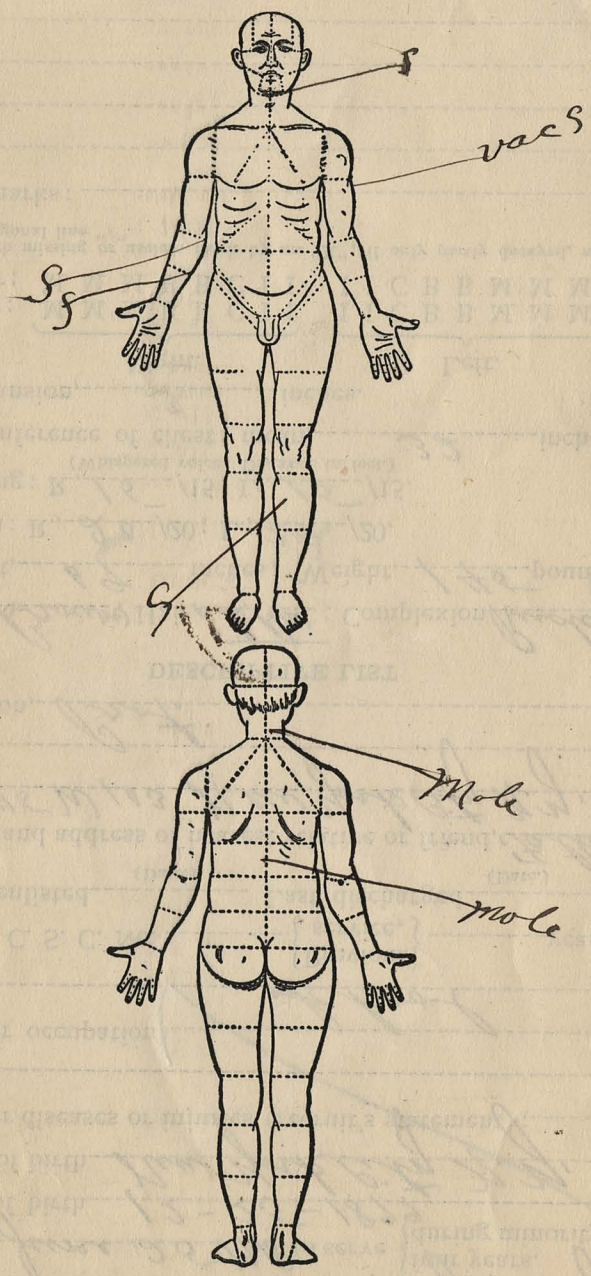
Teeth missing or useless mark by an "X"; if only partly decayed, mark by a diagonal line "/".

Remarks:

(Entries on this page and the next are made by Examining Surgeon at time of enlistment. Corrections to be made in red ink and initialed.)

MARKS, SCARS, ETC.

(Marked in red ink by examining surgeon.)



Date and nature of any waiver:

Surgeon, U. S. Navy, Examining Surgeon.

[13.1]

DENTAL RECORD.

(To be filled in by the Dental Officer.)

INSTRUCTIONS.

This sheet will be inserted in the health record immediately following the sheets for the "Medical History."

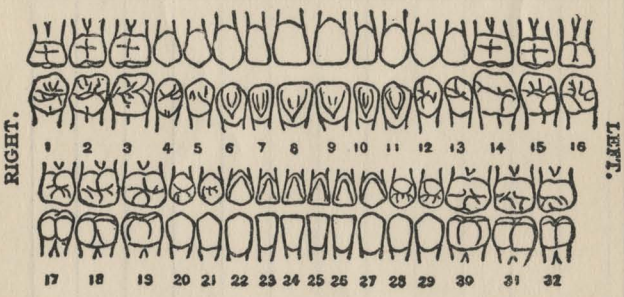
The sheet will be prepared when a man is first treated by a dental officer.

In case a patient has had previous treatment by a dental officer this sheet will be detached from the record and sent to the dental officer, who shall keep the sheet in his possession until he has completed the treatment, and then after signing will return it to the medical officer having the custody of the health record to be again inserted in that record.

Name of patient----------

Grade or rate ----------

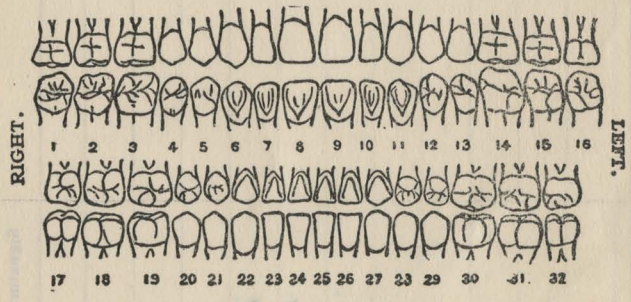
RECORD OF FIRST DENTAL EXAMINATION.



Remarks: ----------

(Date and signature of examining dental officer.)

RECORD OF SUBSEQUENT DENTAL OPERATIONS.



Remarks: ----------

OVER.

To be filled in by the Dental Officer.

PLACE.	DATE.	TREATMENT.	Signature of Dental Officer.

OVER.

[8,8]

Vaccination record of_____ **Rate**_____

(Name in full, surname first.) (In which enlisted.)

[1]COWPOX			[1]TYPHOID PROPHYLAXIS			
Prior to this enlistment: (Number of scars).....			[2]Dates Administered			Signature of Medical Officer.
[2]Date	Result	Signature of medical officer	1st.	2d.	3d.	

[1]Enter record of vaccination on "Abstract of Health Record" also. [2]Enter date as follows: For October 27, 1914, 10-27-14.

[63]

Marks, scars, etc., since enlistment or not previously noted:

Termination of Service.

Name of ship or station 3rd Naval District

Place NYK.

Date 9-30-21

By reason of Alien (6)

Physical defects disqualifying for reenlistment (if any):

Not present

for Exam

W. F. Olsen

Examining surgeon at time of discharge:

Surgeon, U. S. Navy.

DENTAL RECORD.

(To be filled in by the Dental Officer.)

INSTRUCTIONS.

This sheet will be inserted in the health record immediately following the sheets for the "Medical History."

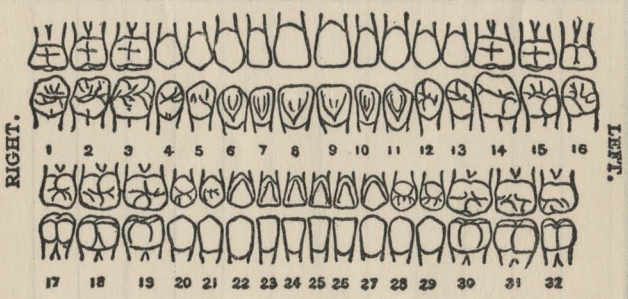
The sheet will be prepared when a man is first treated by a dental officer.

In case a patient has had previous treatment by a dental officer this sheet will be detached from the record and sent to the dental officer, who shall keep the sheet in his possession until he has completed the treatment, and then after signing will return it to the medical officer having the custody of the health record to be again inserted in that record.

Name of patient----------

Grade or rate ----------

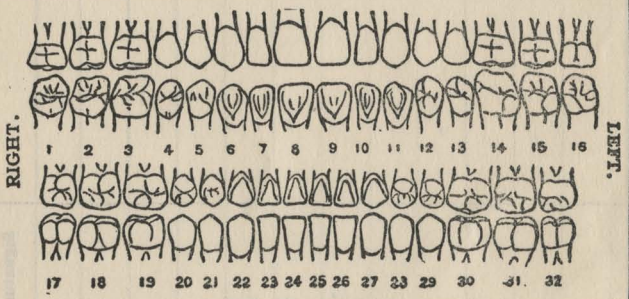
RECORD OF FIRST DENTAL EXAMINATION.



Remarks: ----------

(Date and signature of examining dental officer.)

RECORD OF SUBSEQUENT DENTAL OPERATIONS.



Remarks: ----------

OVER.

To be filled in by the Dental Officer.

PLACE.	DATE.	TREATMENT.	Signature of Dental Officer.

OVER.

[3,8]

682516

82

HEALTH RECORD OF

Name Bogart Humphrey de Forest
(Surname first.)

Enlisted as

At New York

Date 5-29-18; to serve { four years. / during minority.

Date of birth Dec-25-1899

Place of birth N.Y. City

Former diseases or injuries (recruit's statement):

Measles-Mumps

Former occupations: Student

Holds C. S. C. No. — { Previous / service, } — years.

First enlisted (Date.) Last discharged (Date.) —

Name and address of nearest relative or friend, Father
Belmont de Bogart
2457 W. 103 St. City

Religion, Epis.

DESCRIPTIVE LIST.

Eyes Brown; Hair Brown; Complexion Fair

Height, 67½ inches; Weight, 136 pounds.

Vision: R., 20/20; L., 20/20.

Hearing: R., 15/15; L., 15/15.
(Whispered voice: Distance in feet.)

Circumference of chest: mean, 30½ inches;
expansion, 4 inches.

	Right.	Left.
Upper:	~~M~~ M M B B C I I	I I C B B M M ~~M~~
Lower:	~~M~~ M M B B C I I	I I C B B M M ~~M~~

Teeth missing or useless mark by an "X"; if only partly decayed mark by a diagonal line "/".

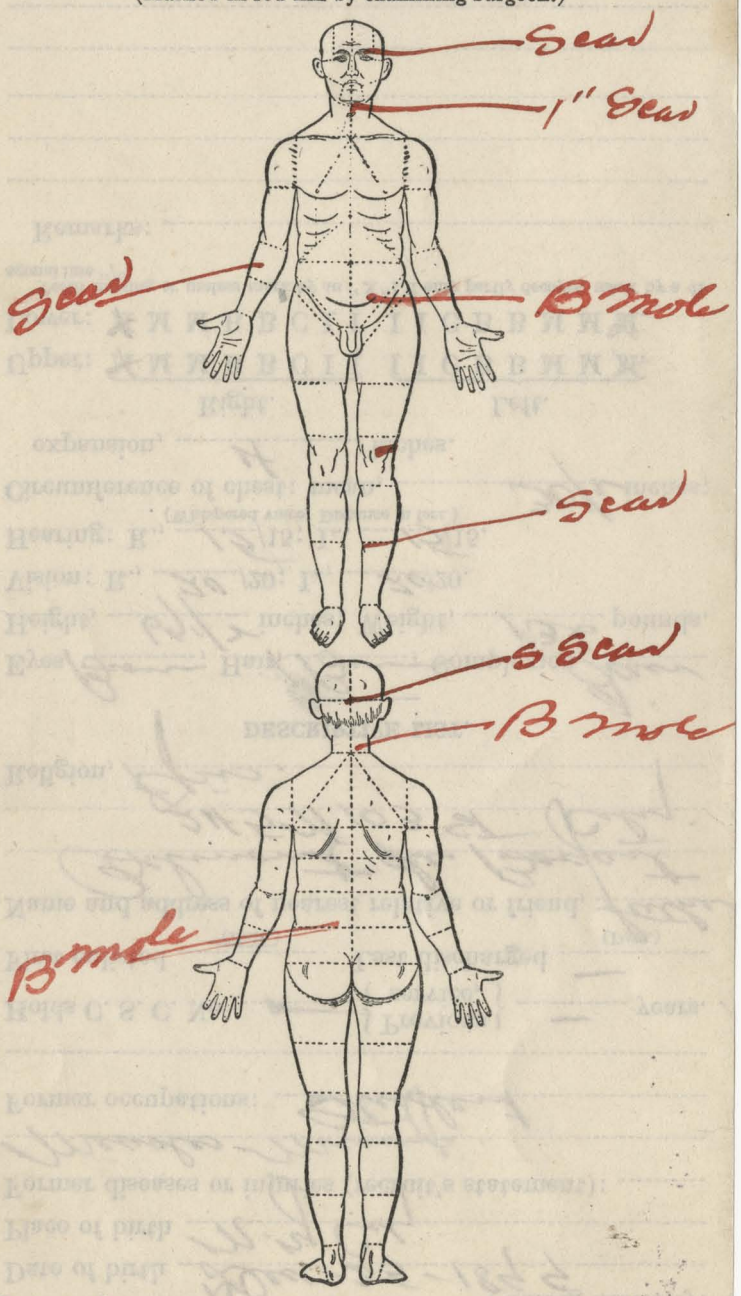
Remarks:

(Entries on this page and the next are made by Examining Surgeon at time of enlistment. Corrections to be made in red ink and initialed.)

4—2684

MARKS, SCARS, ETC.

(Marked in red ink by examining surgeon.)



Date and nature of any waiver:

G H Elder
R.A. N.M.V.
Surgeon, U. S. Navy, Examining Surgeon.

4—2684

[3,10]