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**NAA: B884, V371517**

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SHIEL JAMES : Service Number - V371517 : Date of birth - 01 Aug 1888 : Place of birth - SYDNEY NSW :  
Place of enlistment - KILMORE VIC : Next of Kin - SHIEL ISABEL

AUSTRALIAN



MILITARY FORCES.

**CLASS V**

**MOBILIZATION ATTESTATION FORM**

To be filled in for all Persons at the Place of Assembly when called out under Parts III. or IV. of the Defence Act.

Army No. V 371517

Surname S. SHIEL (BLOCK CAPITALS) Christian Names James

Unit 9 Platoon 6<sup>th</sup> Coy 16<sup>th</sup> Battrn V.D.C.

Enlisted for war service at Kimmore (Place)

Victoria (State) 21/3/42 (Date)

**A**

Questions to be put to persons called out or presenting themselves for enlistment.\*

1. What is your name? .. .. . } 1. Surname S. SHIEL  
(BLOCK CAPITALS)  
Other names James
2. Where were you born? .. .. . } 2. In or near the town of Sydney  
In the state or country of N. S. W.
3. Are you a British Subject? .. .. . } 3. Yes
4. What is your age and date of birth? .. .. . } 4. Age 54  
Date of Birth 1/8/1888
5. (a) What is your normal trade or occupation? Grade if any? .. 5. (a) Contractor  
(b) Present occupation? .. .. . } (b) do.
6. (a) Are you married, single or widower? .. .. . } 6. (a) Married  
(b) If married state date of marriage? .. .. . } (b) 2/6/1912
7. (a) Have you had previous naval, military or Air Force service either in peace or war? If so, where and in what arm? .. 7. (a) 1st A.I.F.  
(b) What was the reason for your discharge? .. .. . } (b) Imprisoned
8. Who is your actual next of kin? (Order of relationship.—wife, eldest son, eldest daughter, father, mother, eldest brother, eldest sister, eldest half-brother, eldest half-sister) .. .. . } 8. Name Hazel Shiel  
Address Wandong  
Relationship Wife
9. What is your permanent address? .. .. . } 9. Wandong
10. What is your religious denomination? (This question need not be answered if the man has a conscientious objection to doing so) .. 10. Presbyterian
11. Which, if any, of the following Educational Qualifications do you possess? .. .. . } 1. Certificate for entry to Secondary School  
2. Intermediate  
3. Leaving  
4. Leaving Honours  
5. Technical  
6. University Degree  
7. Other Diplomas
12. Have you ever been convicted by a Civil Court? .. .. . } 12. No  
If so—(a) What Court? .. .. . } (a)  
(b) For what offence? .. .. . } (b)

I, James Shiel do solemnly declare that the above answers made by me to the above questions are true.

Witnessed by Higgins L.P. (Signature of Attesting or Witnessing Officer.)

J. Shiel (Signature)

\* The person will be warned that should he give false answers to any of these questions he will be liable to heavy penalties under the Defence Acts.

B

MEDICAL EXAMINATION

I have made full and careful examination of the abovenamed person in accordance with the instructions contained in the Standing Orders for Australian Army Medical Services. In my opinion he is—\*

- 1. Fit for Class I.
2. Temporarily unfit for Class I †
3. Fit for Class II.
4. Temporarily unfit for Class II †
5. Unfit for military service †

Place Kilmore Date 21/3/1942
Signature of Examining Medical Officer [Signature]

\* Classifications which are inapplicable to be struck out. † Reason for unfitness to be stated.

C

OATH OF ENLISTMENT †

For persons enlisted or called upon under Part III. or Part IV. of the Defence Act, and not being members of the Active Citizen Military Forces to serve in the Citizen Forces in time of war. Not compulsory for serving members of the Forces or those allotted to the Citizen Forces under Part XII. of the Act, but unless in any case an objection is raised, the oath should be administered to them as part of the ceremony of attestation.

I James Shiel swear that I will well and truly serve our Sovereign Lord, the King, in the Citizen Military Forces of the Commonwealth of Australia for the duration of the present time of war, or until sooner lawfully discharged, dismissed, or removed, 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!

Signature of Person Enlisted J. Shiel
Subscribed at Kilmore in the State of Victoria
this Twenty first day of March 1942
Before me—
Signature of Attesting Officer [Signature]

† Persons who object to take an oath may make an affirmation in accordance with the Third Schedule of the Defence Act. In such case the above form will be amended accordingly and initialled by the Attesting Officer.

**SERVICE AND CASUALTY FORM**

**PART TIME DUTY**

Army No. *V.271519*

Unit *PTD-VDC*

Rank *Pte.* (On Enlistment) Christian Names *James*

Surname *SHIEL* (Block Capital)

Date of Enlistment *21-3-42*  
 Place *Helmere*  
 Date and Place of Birth *1888 Sydney*  
 Trade or Occupation *Contractor*  
 Religion *Pro.*  
 Marital Condition *Married*  
 Next of Kin *Isabel Shields*  
 Address of Next of Kin *Wandong*  
 Relationship *Wife*

Medical Classification—Class I.  
 (On Enlistment) Class II.

Identification—Colour of Hair..... Eyes.....

Distinctive Marks

REPORT		From whom received	Date	Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.).	Date of Casualty	Place of Casualty	Authority W.3011, B.2069, or other Document	Initials of Officer Certifying Correctness of Entries
Date	Medical Classification—Class I. (On Enlistment) Class II.							
<i>23.4.1943</i>	<i>16 Bn. Enlisted Area 580 &amp; posted to 14 Bn. V.D.C. for PART TIME DUTY, R/O 18/43/290</i>				<i>17.2.43</i>	<i>Albury</i>	<i>M.b. 3,</i>	<i>off Augme</i>
<i>6.9.44</i>	<i>off strength. s.o. 9.2.42</i>				<i>6.9.44</i>		<i>W.3011 45/44</i>	<i>off Augme</i>

NOTHING TO BE WRITTEN IN THIS SPACE.

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REPORT		Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.).	Date of Casualty	Place of Casualty	Authority W.3011, B.2069, or other Document	Initials of Officer Certifying Correctness of Entries
Date	From whom received					

# COVER FOR PERSONAL DOCUMENTS.

Army No. Y 371517

Surname SHIEL  
(BLOCK CAPITALS.)

Other names James

Rank Pte Unit \_\_\_\_\_

Army No. \_\_\_\_\_

Surname \_\_\_\_\_

(BLOCK CAPITALS.)

Other names \_\_\_\_\_

Rank \_\_\_\_\_

Unit \_\_\_\_\_

R/O A  
 Timber Industry  
 J. M. Logan  
 R. M. P.O.  
 VDC

CLASS V VDC

A.A. Form D.1.  
 (Revised July, 1940.)

AUSTRALIAN MILITARY FORCES



M.F. VDC CR

Medical History Sheet of (Army No.) V 371577

Surname (in capitals) SHIEL Christian Names James  
 Age 34 years 8 months Date of birth 1/8/1898 Birthplace Sydney  
 Occupation Contractor Religious Denomination Presbyterian  
 Complexion Fair Colour of hair Grey Colour of eyes Grey  
 Distinctive marks, and marks indicating congenital peculiarities or previous disease

TABLE I.

1. Are you now suffering from any disease or disability? No
2. Have you ever suffered from any of the following illnesses?
 

(a) Rheumatic Fever <u>No</u>	(i) Kidney Disease <u>No</u>
(b) Weak Heart or Heart Disease <u>No</u>	(j) Skin Disease <u>No</u>
(c) Tuberculosis or Consumption <u>No</u>	(k) Malaria <u>No</u>
(d) Spitting of blood <u>No</u>	(l) Dysentery <u>No</u>
(e) Pleurisy <u>No</u>	(m) Ulcer of the Stomach or Indigestion <u>No</u>
(f) Asthma or Shortness of breath <u>No</u>	(n) Piles <u>No</u>
(g) Venereal Disease or Stricture <u>No</u>	(o) Have you ever had any other serious illness? <u>No</u>
(h) Neurasthenia or Nervous Breakdown <u>No</u>	
3. Have you had fits of any kind? No
4. Have you had discharge from either ear? No
5. Have you had a broken bone or been seriously injured? No  
 If so, state nature and date
6. Have you been operated upon? No  
 If so, state nature and date
7. Has any member of your family suffered from Pleurisy, Tuberculosis, Diabetes, Stroke, Nervous Breakdown, or Mental Trouble?  
 If so, give particulars (relation and when) (Wife) Stroke
8. Have you been rejected or deferred for Life Insurance? No
9. Have you been rejected or discharged as unfit for service in any branch of His Majesty's Forces? No  
 If so, give date and reason
- \*10. Have you been wounded, suffered from Shell Shock, or Gas Poisoning? No  
 If so, give particulars

†I declare that I have read the answers to the above questions, and that to the best of my knowledge they are true.

Station Kilmore Date 21/3/42 Signature of Recruit J. Shiel

Examined on 21<sup>st</sup> day of March 1942  
 at Kilmore  
 Height 5 feet 7 1/2 inches. Without Glasses { Right 6/9 VISION Left 6/9 With glasses { Right \_\_\_\_\_ Left \_\_\_\_\_  
 Weight 117 lb. Vaccination Marks { Right ✓ Number 3 Left \_\_\_\_\_ Number \_\_\_\_\_  
 Chest Measurement { Girth when full expanded 35 inches. When vaccinated 1915  
 { Range of expansion 2 inches. Blood Pressure, Systolic 150 Diastolic 100  
 Urine N.A.D.

Slight defects, but not sufficient to cause rejection (Details in Table VI.)

Examined by me and classified as follows:—  
 Classification † 11 Signature J. M. Logan Date 21/3/1942  
 Subsequent Medical Examinations:—  
 Classification † \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Only to be answered if the recruit has had active service.  
 †The recruit will be warned that should he give false answers to any of these questions he will be subject to heavy penalties under the Defence Act.  
 ‡In accordance with S.O. A.A.M.S., reason for unfitness to be stated.

**TABLE II.  
MEDICAL HISTORY.**

(1) Name of Hospital or Place of Treatment	(2) PERIOD From— To— No. of Days	(3) Place of Casualty	(4) Date	(5) Disability and Remarks bearing on the case likely to be of future use	(6) Signature of Medical Officer
<p>1. _____ Date _____</p> <p>2. _____ Date _____</p> <p>3. _____ Date _____</p> <p>4. _____ Date _____</p>	<p>From— 1915 To— 1917 No. of Days _____</p>	<p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. _____</p> <p>8. _____</p> <p>9. _____</p> <p>10. _____</p>	<p>1. Are you now suffering from any disease or disability?</p> <p>2. Have you ever suffered from any of the following diseases?</p> <p>(a) Rheumatic Fever</p> <p>(b) Weak Heart or Heart Disease</p> <p>(c) Tuberculosis or Consumption</p> <p>(d) Spitting of blood</p> <p>(e) Phthisis</p> <p>(f) Asthma or Spasms of Breath</p> <p>(g) Venereal Disease or Syphilis</p> <p>(h) Nephritis or Nervous Breakdown</p> <p>3. Have you had fits or any kind?</p> <p>4. Have you had discharge from either ear?</p> <p>5. Have you had a broken bone or been seriously injured?</p> <p>6. If so, state nature and date.</p> <p>7. Have you been operated upon?</p> <p>8. If so, state nature and date.</p> <p>9. Has any member of your family suffered from Phthisis, Tuberculosis, Diabetes, Stroke, Nervous Breakdown, or any other disease?</p> <p>10. If so, give particulars (relation and when).</p> <p>11. Have you been rejected or selected for the Army?</p> <p>12. Have you been rejected or discharged as unfit for service in any branch of His Majesty's Forces?</p> <p>13. If so, give date and reasons.</p> <p>14. Have you been wounded, maimed, killed, shot, or lost Fording?</p> <p>15. If so, give particulars.</p> <p>16. Do you think I have read the answers to the above questions, and that to the best of my knowledge they are true?</p> <p>Signature of Recruit _____ Date _____</p>	<p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. _____</p> <p>8. _____</p> <p>9. _____</p> <p>10. _____</p> <p>11. _____</p> <p>12. _____</p> <p>13. _____</p> <p>14. _____</p> <p>15. _____</p> <p>16. _____</p>

CLASS V

AUSTRALIAN ARMY MEDICAL HISTORY SHEET OF (Army M.H.S.)

Name of Recruit \_\_\_\_\_  
Rank \_\_\_\_\_  
Regiment \_\_\_\_\_  
Branch \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Date of Entry \_\_\_\_\_  
Signature of Medical Officer \_\_\_\_\_



TABLE III.

Record of Medical Boards, Courts of Inquiry on Injuries or Disease, and Issue of Surgical Appliances.

Date	Brief Details	Signature

TABLE IV.—PRESCRIPTION FOR SPECTACLES.

	Vision without glasses	Sph.	Cyl.	Axis Standard Notation	Vision with glasses	Ophth. Centre	Date of Exam.
R						Frame No. (or measurements)	Date of Issue
L							

Signature of M.O. \_\_\_\_\_

**TABLE V.**

(Not required to be filled in at time of Medical Examination on Mobilization.)

Dental condition on first examination:—	Dental Requirements:—																							
<div style="display: flex; justify-content: space-between;"> <span>8 7 6 5 4 3 2 1</span> <span>1 2 3 4 5 6 7 8</span> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>8 7 6 5 4 3 2 1</span> <span>1 2 3 4 5 6 7 8</span> </div>	<p>Place _____</p> <p>Signature _____</p> <p>Date _____ Rank _____</p> <p style="text-align: right;"><i>Dental Officer.</i></p>																							
<p>No alteration or addition will be made to this chart after the dental condition has been recorded.</p>																								
<p style="text-align: center;"><b>Symbols to be used by Dental Officer.</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Dentally fit ..</td> <td style="width: 25%;">Dentally fit</td> <td style="width: 25%;">Gingivitis..</td> <td style="width: 25%;">.. .. G</td> </tr> <tr> <td>Missing ..</td> <td>M</td> <td>Scaling required ..</td> <td>.. Sc.</td> </tr> <tr> <td>Unerupted ..</td> <td>U</td> <td>Dentures—Full Upper</td> <td>.. FU</td> </tr> <tr> <td>Extraction required</td> <td>X</td> <td>.. Full Lower</td> <td>.. FL</td> </tr> <tr> <td>Filling required</td> <td>Y</td> <td>.. Part Upper PU (No. of teeth ..)</td> <td rowspan="2" style="font-size: 2em; vertical-align: middle;">} In Situ Reqd.</td> </tr> <tr> <td>Restored tooth</td> <td>R</td> <td>.. Part Lower PL (No. of teeth ..)</td> </tr> </table> <p style="font-size: 0.8em; margin-top: 5px;">NOTE.—Teeth replaced by a denture to be marked "D."</p>		Dentally fit ..	Dentally fit	Gingivitis..	.. .. G	Missing ..	M	Scaling required ..	.. Sc.	Unerupted ..	U	Dentures—Full Upper	.. FU	Extraction required	X	.. Full Lower	.. FL	Filling required	Y	.. Part Upper PU (No. of teeth ..)	} In Situ Reqd.	Restored tooth	R	.. Part Lower PL (No. of teeth ..)
Dentally fit ..	Dentally fit	Gingivitis..	.. .. G																					
Missing ..	M	Scaling required ..	.. Sc.																					
Unerupted ..	U	Dentures—Full Upper	.. FU																					
Extraction required	X	.. Full Lower	.. FL																					
Filling required	Y	.. Part Upper PU (No. of teeth ..)	} In Situ Reqd.																					
Restored tooth	R	.. Part Lower PL (No. of teeth ..)																						

**TABLE VI.**

Details of defects detected which are not such as to cause rejection.

**TABLE VII.**

Report of X-Ray Examination of Chest

TABLE IV.—PRESCRIPTION FOR SPECTACLES.

Date of Exam.	Date of Exam.	Dental Officer	Vision with Spectacles	Vision without Spectacles	Refraction	Astigmatism	Other