

11:30
11/18/43



SICK CALL
0745
1300
1900

MEDICAL DEPARTMENT
NAVAL TRAINING SCHOOL
LAWRENCE, KANSAS

11-18-43

NAME *Wm. Lee* RATE *AS*

DIV *412* PLAT T P R

COMPLAINT *Muscle strain*

DIAGNOSIS

TREATMENT *Spouse from*

Physical exercise

today only

RETURN FOR TREATMENT AT *R. H. Stewart*

2/23/43