

NAA: B884, MOFFATT ALBERT FRANCIS

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Title: MOFFATT ALBERT FRANCIS : Date of birth - 19 August 1915 : Place of birth - FARINA SA : Place of enlistment - WHYALLA SA : Next of kin - MOFFATT BERTHA RUBY

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Present Occupation Carpenter's Labourer
Employer B. H. P. Coy. Ltd. MOTOR DRIVER Yes
Employer's Address Whyalla RUNNING REPAIRS Yes
Stk, Aust. AUSTRALIAN MILITARY FORCES. RESTRICT.
WHPHills



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, or when voluntarily enlisted.

Army No.
Surname MOFFATT Christian Names Albert Francis
(BLOCK CAPITALS)
Unit
Enlisted for war service at Whyalla (Place)
SOUTH AUSTRALIA (State) 12-3-01 (Date)

A

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

1. What is your name? ... { 1. Surname MOFFATT
(BLOCK LETTERS)
Other names Albert Francis
2. Where were you born? ... { 2. In or near the town of Farina
in the state or country of Stk. Aust.
3. Are you a British Subject? ... { 3. Yes
4. What is your age and date of birth? ... { 4. Age 25
Date of Birth 19th August 1915
5. What is your trade or occupation? ... { 5. Carpenter's Labourer
6. Are you married, single or widower? ... { 6. Single
7. Have you previously served in any Armed Force either in peace or war? If so, where and in what arm? ... { 7. NIL
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 Bertha Ruby Moffatt
Address Farina
Stk. Australia
Relationship Mother
9. What is your permanent address? ... { 9. 8 Donaldson Terrace
Whyalla Stk. Australia
10. What is your religious denomination? (This question need not be answered if the man has a conscientious objection to doing so) ... { 10. Anglican

I, Albert Francis Moffatt, do solemnly declare that the above answers made by me to the above questions are true.

Witnessed by GR Smith
(Signature of Attesting or Witnessing Officer.)

A. F. Moffatt
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 Act.

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

Whyalla

Date

12th March 1941
C. V. Halliwell

Signature of Examining Medical Officer

* Classifications which are inapplicable to be struck out.

† Reasons for unfitness to be stated.

C

OATH OF ENLISTMENT †

For persons voluntarily enlisted or called upon under Part III. or Part IV. of the Defence Act 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, Albert Francis Moffatt, swear that I will well and truly serve our Sovereign Lord, the King, in the Military Forces of the Commonwealth of Australia until the cessation 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

A. F. Moffatt

Subscribed at

Whyalla
12th

in the State of

SOUTH AUSTRALIA

this

day of

March 1941

Before me—

Signature of Attesting Officer

J. V. Williams
Area Officer, Area 43 Z. Lient.

† 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.

CHANGE OF ADDRESS
MUST BE NOTIFIED TO
AREA OFFICER.

MOFFATT

Albert Francis

SX 21030.

AIF
P. DATA EX DATE 19 SEP 1941

SP 21030

COVER FOR PERSONAL DOCUMENTS.

3-6-42 Moffatt Lieut.
A.A. FORM A131
CONTAINING WILL
RECEIVED & RECORDED

Army No. S. 17370

Surname M A C K
(BLOCK CAPITALS.)

Other names CYRIL JOHN

Rank _____ Unit _____

Army No. _____
Surname _____
(BLOCK CAPITALS.)
Other names _____
Rank _____ Unit _____

Army Form I. 5033

Army Number	Rank	NAME	Squadron Battery or Company	UNIT	Age	Date of Enlistment	Period of Engagement
		MOFFATT, Albert Francis.					

Dental Officer.

Place.

Date of First Examination.

Remarks:—Oral Hygiene.

NOTATIONS

R

L

$$\begin{array}{r} 87654321 \\ \hline 87654321 \end{array}$$
$$\begin{array}{r} 12345678 \\ 12345678 \end{array}$$

R

I

Date Fit..



AUSTRALIAN

MILITARY FORCES

Medical History Sheet of (Army No.)

MOFFATT.

Surname (in capitals) MOFFATT. Christian Names Albert Francis.

Age 25 years 7 months Date of birth 19/8/1915 Birthplace Larina, SA

Occupation Carpenter's Labourer. Religious Denomination Anglican

Complexion Dark Colour of hair Brown Colour of eyes Grey.

Distinctive marks, and marks indicating congenital peculiarities or previous disease } Scar Right Shin

8-4

TABLE 1

Area Stamp

A.A.F. MOB 29
(Introduced Oct. 1943)

AREA 43Z

AUSTRALIAN MILITARY FORCES
DECISION OF N.S.O. OR M.P.O.

Surname MOFFATT Other Names Albert. Francis
Present Occupation _____ Employer _____
D.A. Class I Date of Birth 19-8-15 Med. Class A1

a.w. 740m 10/43

Date of Last Review	Decision	Initials of N.C.O. or M.P.O.	For Further Review on	Remarks
6 NOV 1944	M.P.O.K.	[Signature]	NO	
	If so, state nature and date			
	If so, state nature and date			
	If so, state nature and date			
	If so, give particular details and where			
	Have you been recalled or deferred by Life Insurance?		NO	
	Have you been rejected or discharged from service in any branch of U.S. Military Forces?			
	If so, give date and reason			
	Have you been wounded, injured or sick?			
	If so, give date and reason			

Examined on 12th day of March 1941
 at Weyalla. Without Glasses { Right 6/6 | With Glasses { Right _____
 Left 6/6 | Left _____
 Height 5 feet 11 inches.
 Weight 172 lb. Vaccination Marks { Right NIL Number _____
 Left NIL Number _____
 Chest Measurement { Girth when full expanded 39 1/2 inches.
 Range of expansion 3 inches.
 Urine N.A.D. When vaccinated _____
 Blood Pressure, Systolic 130 Diastolic 80
 Slight defects, but not sufficient to cause rejection.

Examined by me and classified as follows :—

Classification† *Class I*
Subsequent Medical Examinations :—
Classification† *A1*

Signature A. Balwit Date 12 Nov. 1944
Signature J. Zimmer Date 2 Nov. 44
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.

Div. 7.
Postcard

432

No. 66232
A.A. Form D-1
(Revised July, 1940.)
1.4.41

AUSTRALIAN



MILITARY FORCES

Medical History Sheet of (Army No.)

Surname (in capitals) MOFFATT Christian Names Albert Francis
Age 25 years 7 months Date of birth 19/8/1915 Birthplace Farina, SA
Occupation Carpenter's Labourer Religious Denomination Anglican
Complexion Dark Colour of hair Brown Colour of eyes Grey
Distinctive marks, and marks indicating congenital peculiarities or previous disease } Scar Right Shin
4

TABLE 1.

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>yes</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>pneumonia</u> |
| (h) Neurasthenia or Nervous Breakdown <u>NO</u> | |
- Have you had fits of any kind? NO
- Have you had discharge from either ear? NO
- Have you had a broken bone or been seriously injured? NO
- If so, state nature and date
- Have you been operated upon? NO
- If so, state nature and date
- Has any member of your family suffered from Pleurisy, Tuberculosis, Diabetes, Stroke, Nervous Breakdown, or Mental Trouble?
- If so, give particulars (relation and when) NO
- Have you been rejected or deferred for Life Insurance? NO
- 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
- 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 Whyalla
Date 12-3-41

Signature of Recruit A. F. Moffatt

Examined on 12th day of March 1941
at Whyalla
Height 5 feet 11 inches
Weight 172 lb.
Chest Measurement { Girth when full expanded 39 $\frac{1}{2}$ inches.
Range of expansion 3 inches.
Urine N.A.D.
Slight defects, but not sufficient to cause rejection.

Without Glasses { Right 6/6
Left 6/6
With Glasses { Right
Left
Vaccination Marks { Right NIL Number
Left NIL Number
When vaccinated
Blood Pressure, Systolic 130 Diastolic 80

(Details in Table VI.)

Examined by me and classified as follows:-

Classification† Class I
Subsequent Medical Examinations:-
Classification‡ A1

Signature C. W. Barrett Date 12th March 1941
Signature J. Zimmer Date 2 Nov. 44
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 unsuitability to be stated.

TABLE II.
MEDICAL HISTORY.

(1) Name of Hospital or Place of Treatment	(2) Period		(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
	From—	To— No. of Days				
					<p>Have you ever suffered from any of the following illnesses?</p> <p>(a) Rheumatic Fever <i>NO</i></p> <p>(b) Weak Heart or Heart Disease <i>NO</i></p> <p>(c) Tuberculosis or Consumption <i>NO</i></p> <p>(d) Spitting of blood <i>NO</i></p> <p>(e) Pneumia <i>NO</i></p> <p>(f) Asthma or Spasms of breath <i>NO</i></p> <p>(g) Venereal Disease or Syphilis <i>NO</i></p> <p>(h) Intoxication or Nervous Breakdown <i>NO</i></p> <p>Have you had fits of any kind? <i>NO</i></p> <p>Have you had discharges from either ear? <i>NO</i></p> <p>Have you had a broken bone or been seriously injured? <i>NO</i></p> <p>If so, state nature and date.</p> <p>Have you been operated upon? <i>NO</i></p> <p>If so, state nature and date.</p> <p>Has any member of your family suffered from Phthisis, Tuberculosis, Diabetes, Stroke, Nervous Breakdown, or any other serious illness? <i>NO</i></p> <p>If so, give particulars (relation and when).</p> <p>Have you been rejected or deferred for Life Insurance? <i>NO</i></p> <p>Have you been rejected or discharged as unfit for service in any branch of His Majesty's Forces? <i>NO</i></p> <p>If so, give date and reason.</p> <p>Have you been wounded, suffered from Shell Shock, or Gas Poisoning? <i>NO</i></p> <p>If so, give particulars.</p> <p>Checkers that I have read the answers to the above questions, and that to the best of my knowledge they are true.</p> <p>Signature of Patient <i>A. F. Moffatt</i></p> <p>Date <i>1952</i></p>	

NAA: B884, MOFFATT ALBERT FRANCIS

National Archives of Australia

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:—																																						
<p>No alteration or addition will be made to this chart after the dental condition has been recorded.</p>																																																								
<p>Symbols to be used by Dental Officer.</p> <table border="0"> <tr> <td>Dentally fit ..</td> <td>Dentally fit</td> <td>Gingivitis..</td> <td>..</td> <td>..</td> <td>G</td> <td rowspan="5">In Situ Req.</td> </tr> <tr> <td>Missing ..</td> <td>M</td> <td>Scaling required ..</td> <td>..</td> <td>..</td> <td>Sc.</td> </tr> <tr> <td>Unerrupted ..</td> <td>U</td> <td>Dentures—Full Upper</td> <td>..</td> <td>..</td> <td>FU</td> </tr> <tr> <td>Extraction required</td> <td>X</td> <td>.. Full Lower</td> <td>..</td> <td>..</td> <td>FL</td> </tr> <tr> <td>Filling required</td> <td>Y</td> <td>.. Part Upper PU (No. of teeth ..)</td> <td>..</td> <td>..</td> <td>PU</td> </tr> <tr> <td>Restored tooth</td> <td>R</td> <td>.. Part Lower PL (No. of teeth ..)</td> <td>..</td> <td>..</td> <td>PL</td> </tr> </table>																		Dentally fit ..	Dentally fit	Gingivitis..	G	In Situ Req.	Missing ..	M	Scaling required	Sc.	Unerrupted ..	U	Dentures—Full Upper	FU	Extraction required	X	.. Full Lower	FL	Filling required	Y	.. Part Upper PU (No. of teeth ..)	PU	Restored tooth	R	.. Part Lower PL (No. of teeth ..)	PL	<p>Place ..</p> <p>Signature ..</p> <p>Date .. Rank ..</p> <p>Dental Officer.</p>	
Dentally fit ..	Dentally fit	Gingivitis..	G	In Situ Req.																																																		
Missing ..	M	Scaling required	Sc.																																																			
Unerrupted ..	U	Dentures—Full Upper	FU																																																			
Extraction required	X	.. Full Lower	FL																																																			
Filling required	Y	.. Part Upper PU (No. of teeth ..)	PU																																																			
Restored tooth	R	.. Part Lower PL (No. of teeth ..)	PL																																																			

NOTE.—Teeth replaced by a denture to be marked "D."

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.	Optic Centre	Visual axis	Axis of rotation	Opt.	Sp.	Vision without glasses
Date of Exam.	Optic Centre	Visual axis	Axis of rotation	Opt.	Sp.	Vision without glasses

3504—40 †

Victorian Railways Printing Works North Melbourne.