

KALICHUK

ALEXANDER
EDWARD

REGIMENTAL DOCUMENTS

405-K-14,020

H.Q. FILE No.....

NAME.....

REGIMENTAL No..... H 77067

UNIT OF ENLISTMENT..... 18TH MAN. RECCE. BATTALION..... RANK..... PTE

CONTENTS

NON-EFFECTIVE BY

COMBINED DECLARATION FORM OR ATTESTATION AND MEDICAL HISTORY (M.F.M.1 & 1A) OR (M.F.M.2 & 2A)

DEATH

SERVICE AND CASUALTY FORM (M.F.M.4 & 4A) (A.F.B. 103)

DATE

PARTICULARS OF FAMILY (M.F.M.5)

CAUSE

FIELD CONDUCT SHEET (M.F.M.6) (A.F.B.122)

AUTHORITY

CERTIFICATE OF SERVICE (M.F.M.8) COPY OF, OR DISCHARGE CERTIFICATE (M.F.M.7) COPY OF

FORM OF WILL (M.F.M.10 OR M.F.M.10A)

DENTAL RECORD (M.F.B. 465)

DISCHARGE

MEDICAL REPORT OR CASE HISTORY SHEET (M.F.B. 313) or (P. & N.H. 100)

DATE

MEDICAL BOARD PROCEEDINGS (M.F.B. 227)

REASON

TRANSFER CLOTHING STATEMENT (M.F.C. 644)

AUTHORITY

LAST PAY CERTIFICATE (M.F.D.930A)

RETURN TO
WAR SERVICE RECORDS-DVA-
RECORDS CENTRE ANNEX
TUNNEYS PASTURE
OTTAWA, ONT

PROCEEDINGS ON DISCHARGE (M.F.M. 23)

DESERTION

PROCEEDINGS OF COURT MARTIAL (M.F.B. 271)

DATE

DECLARATION OF COURT OF ENQUIRY (Copy of Record from M.B. 68)

AUTHORITY

PAY SHEETS

CARDS

SUNDRY

MICROFILMED
FILM REEL
WSR 6632-2

CANADIAN ARMY PROCEEDINGS ON DISCHARGE



Regimental No. H-77067 Rank PTE

Surname KALICHUK

Christian names ALEXANDER EDWARD

NOTE.—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Unit or Corps Date of Enlistment (CA)

Date of Discharge Total Service (CA) yrs. days

C.A.A.

Place of Discharge Military District No.

1. DESCRIPTION AT DATE OF DISCHARGE

Age years months

Descriptive marks:

Height feet inches

Complexion

Eyes

Hair

Intended place of residence

(Street and Number)

SIFTON

(P.O., City or Town, etc.)

(Province)

(To be given as fully as practicable: i.e., mailing address)

2. The above-named is discharged in consequence of

Authority for discharge

(N.B.—The cause of discharge must be worded in accordance with Canadian Army Routine Orders as may be published. If discharged by superior authority, the number and date of the letter to be quoted.)

No reference to Conduct is to be made on the discharge certificate.

3.

(a) Decorations and Gallantry Awards awarded during previous wars.

(b) Medals and Decorations earned during the present war.

(To be copied by the Commanding Officer on to the Discharge Certificate.)

NOTE:—If not at present entitled to any medals or decorations, leave space blank, do not show "NIL".

4.

Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances, and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted in para. 6 and that I have received:—

My discharge certificate.

*War Service Badge "General Service Class" No.....

*(Strike out if not applicable).

(Place).....(Signature of Soldier)

(Date).....(Signature of Witness)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

5. I have impartially enquired into all matters concerning this discharge brought before me in accordance with Regulations, and the discharge is hereby confirmed.

(Place).....(Signature).....

(Date)..... Commanding.....

6.

Reservations referred to at Para. 4

(To be signed by the soldier. When there are none, it is to be stated, and signed by the soldier.)

(Signature of Soldier)

AWARDS - CANADIAN ARMY (ACTIVE)

M

KALICHUK, Alexander Edward		H-77067	Pte.	FILE NO.
SURNAME (in Block Letters)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
WAR SERVICE	ELIGIBLE			
BADGE (CLASS)	G.S.C. NO.	735391(21-1-46) DD10		DATE DESPATCHED:

ADDRESS: _____

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
1939-45 Star	
France-Germany Star	
Defence Medal	
CVSM & Clasp	827
War Medal 1939-45	21-10-49

(The Reverse to be used for Estate Purposes)

000004

MEDALS AND MEMORIALS & DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS
PERSON
ENTITLED TO

(1)

ADDRESS:

(2) MEMORIAL CROSS
WIDOW

(2)

ADDRESS:

(3) MEMORIAL CROSS
MOTHER

(3)

ADDRESS:

Surname..... *KALICHUK*

Christian Names..... *ALEXANDER, EDWARD.*
(Show Christian Names in full)

Service No. *H-77067* Rank on Discharge..... *PTE.*

Kindly forward Medals to which I am entitled by reason of my service during the War 1939-45, to:—

No. & Street..... *146 MARKET*

NAVY

Town..... *BRANT FORD.*

ARMY

Province..... *ONT.*

R.C.A.F.

SIGNATURE..... *Alex Kalichuk*
(Write in block letters and in ink)

(Designate by an "X" the branch of the service from which you obtained your final release)

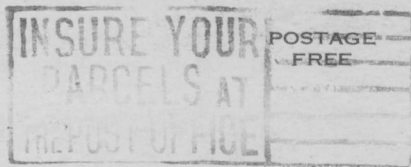
I AM ALREADY IN POSSESSION OF

OTHER SERVICES..... *Army*

(Name Organization with which served) 000006

.....Medals.

O. H. M. S.



DIRECTOR OF WAR SERVICE RECORDS
(AWARDS)

DEPT. OF VETERANS AFFAIRS

OTTAWA, ONT.

000007

CANADIAN ARMY (ACTIVE)
DISCHARGE CERTIFICATE

M.F.M. 7 (PAPER)
500M-245 (6061)
H.Q. 1772-39-1653

This is to Certify that No. **H-77067** (Rank) **Private**

Name (in full) **KALICHUK, Alexander Edward** enlisted or was

~~enlisted~~ in the **18th Manitoba Reconnaissance Battalion**

the **CANADIAN ARMY (ACTIVE)** at **Winnipeg, Man.** on the **21st**

day of **May** 19**41**

~~She~~ He served in Canada - - **UNITED KINGDOM - - CONTINENTAL EUROPE - -**

and is now discharged from the service under Routine Order **1029(5)(c)(1)** by reason of

"To return to Civil Life - on demobilization."

Medals, Decorations, Mentions, } **1939-45 Star. France and Germany Star.**
awarded in respect of service }
during this war } **Canadian Volunteer Service Medal and Clasp.**

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

Age **22 years, 2 months.**

Height **5 feet, 5½ inches.**

Complexion **Fair**

Eyes **Gray**

Hair **Brown**

Marks or Scars **Small scar right clavicle.**

Other Active Army Service (This War)

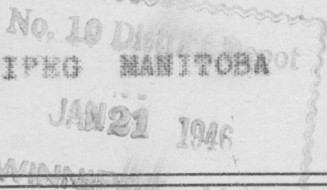
A. E. Kalichuk

Signature of Soldier

A. J. Robinson

Date of Discharge **21st January 1946**

PLACE: **WINNIPEG MANITOBA**



(A. THOMPSON) Issuing Officer
COMMANDING OFFICER
#10 DISTRICT DEPOT (CA)
Rank

Date **21st January** 19**46**

N.B.— As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Director of Records (Army), Department of National Defence, Ottawa, Canada.

000008

I HEREBY ACKNOWLEDGE RECEIPT OF:-

- (a) Discharge Certificate MEM 7
- (b) War Service Badge "General Service Class" No.....735391.....
- (c) Priority Suit Purchase Certificate and application for civilian ration book.

and that Discharge Proceedings have been carried out to my satisfaction subject to reservations noted below.

G-E Kalichuk

Signature of Soldier

Place Winnipeg, Man.

Date 21 January 1946 Strike out where not applicable

Reservations.....

1. That discharge certificate must be carried when wearing uniform;
2. That uniform can be worn only thirty (30) days after discharge, or when duly authorized in writing.

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
500M-8-39 (1700)
H.Q. 1772-45-18

RCASC

Unit 18th Manitoba Reconnaissance Battalion (AF) Regimental Number H-77067

<p>1. Surname..... <u>Kalichuk</u></p> <p>2. Christian Names..... <u>Alexander Edward</u></p> <p>3. *Substantive Rank and Appointment.....</p> <p>*Acting Temporary or Local Rank..... <u>PL</u></p> <p style="text-align: center;">giving date.....</p> <p style="text-align: center;"><small>*To be entered in pencil to facilitate alteration.</small></p> <p>4. Place of birth..... <u>Sifton, Manitoba, Canada</u></p> <p>5. Date of birth as declared on attestation..... <u>November 3, 1923</u> (A)..... <u>(Pl. II # 132 d/28-11-41)</u></p> <p>6. Date of enlistment..... <u>May 22, 1941</u></p> <p>7. Place of enlistment..... <u>Winnipeg, Manitoba, Canada</u></p> <p>8. Residence at time of enlistment..... <u>Sifton, Man., Canada</u></p> <p>9. (B) Special conditions (if any) of enlistment or rate of pay.....</p> <p>10. (C) Any subsequent variations of conditions of service.....</p> <p>11. Religion..... <u>Roman Catholic</u></p> <p>12. If married, state date..... <u>Single</u></p> <p>13. Trade on enlistment..... <u>Farmer</u></p> <p>14. Corps, trade and grade..... <u>Inf mech mk - E - 8</u></p> <p>15. (D) Qualifications.....</p> <p>16. (E) Miscellaneous entries..... <u>Nov 26</u> <u>M/B</u></p>	<p>(17) Regiment or Corps RCASC R.C.A.S.C.</p>	<p>Unit (Battn., etc) <u>7 Lt A.A. Regt. PI</u></p>																		
<p>(18) Medical</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Category</th> <th style="width: 20%;">Date</th> <th style="width: 50%;">Authority</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">A</td> <td style="text-align: center;">21-5-41</td> <td>Medical Board</td> </tr> <tr> <td style="text-align: center;">A</td> <td style="text-align: center;">17-6-42</td> <td>M.F.M. 2</td> </tr> <tr> <td style="text-align: center;">A</td> <td style="text-align: center;">29-3-43</td> <td>M.F.M. 2</td> </tr> <tr> <td style="text-align: center;">A</td> <td style="text-align: center;">25-5-43</td> <td>M.F.M. 2</td> </tr> <tr> <td style="text-align: center;">A</td> <td style="text-align: center;">11-7-43</td> <td>M.F.M. 2</td> </tr> </tbody> </table>			Category	Date	Authority	A	21-5-41	Medical Board	A	17-6-42	M.F.M. 2	A	29-3-43	M.F.M. 2	A	25-5-43	M.F.M. 2	A	11-7-43	M.F.M. 2
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A	29-3-43	M.F.M. 2																		
A	25-5-43	M.F.M. 2																		
A	11-7-43	M.F.M. 2																		
<p>(19) Next of kin (entries to be made in pencil)</p> <p style="text-align: center;"><u>Agnes Kalichuk (Mother)</u> <u>Sifton, Manitoba, Canada</u></p>																				
<p>(20) E</p> <p>(21) E</p> <p>(22) E</p>																				

NOTES—

- (A) Here enter particulars of any subsequent claim as to actual age after verification of birth certificate.
- (B) Whether for home service only, enlisted at special rates of pay, etc.
- (C) If to be retained on home service, period if specified to be stated; also authority and on what grounds: see (A) above.
- (D) Signaller, Farrier, etc.
- (E) Instructions regarding allotment of these sub-heads will be made as may be necessary after mobilization.

CFEP	1st	2nd	3rd	4th	5th	Score
MD	R	0	5	115		
10	10	10	23	115	115	115
			YOJ		23	Disp

(a) Report		(b)	(c)	(d)	(e)	(f)	(g)
Date	From whom received	Unit	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.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry to be shown
			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.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I				
			R.Q.S. CASP (CANADA) ON EMBARKATION AT ON 23 July 43				
			T.O.S. CASP (CANADA) ON EMBARKATION AT ON 24 July 43				
			T.O.S. 1 CDN. A.S.C. REIN. UNIT FROM Canada 29 July 43				
			Qual. class III Dvr 1/c Wheel	Canada	24-4-43	Pte	183-30 Jul 43
			Qual. class III M/c Rider	Canada	24-4-43	Tpr	105 30-4-43
			Dvor of pay 9/1.50	Canada	1-3-43	Tpr	11 2-5-43
			SOS to 52 AA Bde Coy	UK	10 Aug 43	"	145-16-6-43
			T.O.S. from 63 Cdn Coy	"	11 Aug 43	Pte	190-10 Aug 43
			R.Q.S. To L. Reet PI	"	SEP 26 1943	"	35 17 Aug 43
			T.O.S. From Coy	"	SEP 22 1943	"	42 EP 22 1943
			awarded (acc) Good Conduct Badge	"	28 May 43	"	43 EP Sep 43
			Short Pack Battery course of 100	"	67 Sep 43	"	45 13 Oct 43
			to 63 Cdn Coy	"	1 Dec 43	"	53 20 Dec 43
			Shorted duty into pay of 1	"	10 Dec 43	"	53 20 Dec 43
			Sign 2 car A.C.S.	"		"	
			Rec'd 2 C.A.C.S.	"		"	
			AWARDED CDN. VOL. SER. MEDAL & CLASP	Exp'd	15 JAN 44	"	4 28 Jan 44
			Awarded on 1st day of training course	"	10 Mar 44	"	
			att to 54 Cdn Coy. Tpt Coy RCASC	"	12 Mar 44	"	12 24 Mar 44
			SOS to 63 Cdn Gen Tpt Coy RCASC	"	19-3-44	"	12-24 Mar 44
			TOS from 7 Lt AA Regt PI RCASC	"	20 Mar 44	"	1-30 Mar 44
			Unit re-design as 63 Army Tpt Coy	"	11 Mar 44	"	3-14 Apr 44
			Proc on course B. Vek. (M.A.P. course)	"		"	
			att to 1 CERN	"		"	
			Embarked U.K. 7 July	"	9 Jul 44	"	17-18 Jul 44
			Disembarked France	"	10 Oct 44	"	24-26 Oct 44
			att to 18 C.A.C.S.	"	16 Oct 44	"	38-18 Nov 44
			Rec'd att to 18 C.A.C.S. (50)	"	16 Oct 44	"	38-18 Nov 44
			Idam PL to VK	"	9-20 Mar 45	"	13-31 Mar 45
			Qual. class III Mech M/c	"	4 Jun 45	"	22 - July 45
			Granted T.P. Mech M/c	"	4 Jun 45	"	22 - July 45
			Proc on 1st day PL to VK	"	23 Jul 45	"	26/45
			Rel from 11 Regt PI to VK	"	7 Aug 45	"	29/45
			AWARDED THE FRANCE & GERMANY STAR	"		"	35/45
			AWARDED THE 1939/1945 STAR	"		"	35/45
			SOS to 565 CD-MD 10	"	25 Oct 45	Pte	1/45
			TOS from 63 Bde AA Tpt Coy	"	26 Oct 45	Pte	1/45
			SOS edw Army Overseas	"	DEC 2 1945	"	8

IF DISCHARGE
IS REPATRIATED
PRISONER OF WAR
MARK "POW"

IN HOSPITAL

CONFIDENTIALATTENTION
EMPLOYMENT, SPECIAL,
V.L.A.

1. SURNAME VALICHUK	FIRST NAME Alexander	INITIALS F.	RANK Pte.	NUMBER H-77067	SEX Male
2. DATE OF COMMENCEMENT OF ACTIVE SERVICE:- 21 May 41			PLACE Winnipeg, Manitoba		YR. OF BIRTH 1923
3. SERVICE OUTSIDE CANADA:-	YES X	NO	IN WHAT SERVICE? Army		
4. CAUSE OF DISCHARGE:- C.A.R.O. 1029 (5.c.i.)					

5. PRE-ENLISTMENT EDUCATION:-

1. Completed grade IX in 1940 in country school (West Bay) near Sifton, Man.

6. LANGUAGES:-

English, Polish (spoken), Ukrainian (spoken).

7. OCCUPATIONAL HISTORY:-

1. See Section 8.

8. IMMEDIATE PRE-ENLISTMENT EMPLOYMENT:- 1940-41 Farm hand on father's horse operated mixed farm. (WITH NAME AND ADDRESS OF EMPLOYER) **F. Valichuk, Sifton, Manitoba.**

9. SHORT ACCOUNT OF SERVICE, TRAINING AND DUTIES:-

Trained in R.C.A.S.C.
Total service 56 months with 28 months overseas, including the U.K. and N.W. Europe.

Employed on general duties and as an N.C.O. instructor in Canada and as a driver overseas.

10. EDUCATIONAL COURSES WHILE IN SERVICE:-

Nil.

11. MEDICAL OFFICER'S STATEMENT OF PHYSICAL LIMITATIONS (IF ANY):-

1. To D.V.A. re tonsillitis, otherwise fit.

13. DISCHARGEES OWN STATEMENT OF FUTURE PLANS (IF ANY):-

Plans to apply for a farm under V.L.A.

14. POST-DISCHARGE MAILING ADDRESS:-

R.R. #1, Sifton, Manitoba.

15. BASIS FOR COUNSELLOR'S RECOMMENDATIONS:-

Age twenty-two. Kalichuk is a very neat appearing, quiet spoken young man who was born and raised on a farm. After leaving school, he worked on his father's farm, for a year before enlistment. He now intends to go farming on his own and is going to apply for V.L.A. settlement.

He seems to be a capable, reliable man who indicated, that he can accept responsibility, by becoming an N.C.O. Instructor, in the army. His farming experience seems to be somewhat limited, and he may be well advised to work on a farm for a year or so, where he has an opportunity to study and learn farm operation and management. After such a period, he should be suitable for V.L.A. settlement.

He could, if necessary, seek employment as truck driver as he has had over two years army driving experience.

16. ACTION RECOMMENDED:-

Primary: Farming - seek employment as a farm hand.

Supplementary: Report to D.V.A. as per D.V.A. 163.

17. OTHER POSSIBILITIES SUGGESTED BY COUNSELLOR:-

1. Settlement under V.L.A. full time farming.
2. Seek employment as a truck driver.

18. REFERRED TO:-

1. National Employment Service, Dauphin, Manitoba.
2. Department of Veterans Affairs (Treatment), Winnipeg, Manitoba.
3. Veterans Land Act, Dauphin, Manitoba.

19.

PLACE

DATE

#10 District Depot

19 Jan 46

SIGNATURE OF COUNSELLOR

J.S.R. O'Malley, Captain.

RANK OR APPOINTMENT

Army Counsellor.

000013

JSRO/CMS

NOTE:- COUNSELLOR WILL CHECK TO SEE THAT THIS FORM HAS BEEN COMPLETED AS REQUIRED.

Received

Occupational History Form Complete
Photographed & Finger Printed
Identification Card Delivered 10/3-43

ORIGINAL
DUPLICATE
TRIPLICATE

M.F.M. 2
A.F.B. 271
200M-3-41 (9720)
H.Q. 1772-39-1635

(To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.)

RCASC

Unit 18th Manitoba Reconnaissance Battalion (AR) Regimental Number H-77067

ACTIVE FORMATIONS AND UNITS OF THE CANADIAN ARMY

77067 / 01 PTE

ATTESTATION PAPER

Photographed & Finger Printed 15-10-42

- Surname: KALICHUK
- Christian Names: ALEXANDER EDWARD
- Present address: Sifton Manitoba Canada
- Date of birth: November 3rd, 1923 *Pl. II O.#132 d/28-11-41 P.B.*
- Place of birth: Canada (Country), Manitoba (County or Province), SIFTON (Town or Township)
- Religion (state denomination): Roman Catholic
- Trade or Calling: Farmer
- Married, Widower or Single: Single
- Name of next of kin: Agnes Kalichuk
- Relationship: Mother
- Address of next of kin: Sifton Manitoba Canada
- Do you belong to, or have you served in a Reserve Formation or Unit of The Canadian Army? No.
- Have you served in (a) an Active Formation or Unit of The Canadian Army? No. (Yes or No)
(b) Any other Naval, Military, or Air Force? No. (Yes or No) (If Yes, specify Unit and Period of Service)
- Did you serve during the Great War 1914-1918? No. (If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, Alexander Edward Kalichuk, do solemnly declare that the above particulars are true, and I hereby engage to serve in any Active Formation or Unit of The Canadian Army so long as an emergency, i.e., war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after said emergency ceases to exist, and in any event for a period of not less than one year, provided His Majesty should so require my services.

Witness H-36792 J. B. Bichon, A. E. Kalichuk
Date May 21st, 1941 (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, Alexander Edward Kalichuk, do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

A. E. Kalichuk (Signature of Recruit)

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

The Recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers were then read to the recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me,

at Winnipeg Manitoba this 21st day of May 1941

Wm. H. Sartor Capt. District Recruiting Officer M.D.10 (Signature of Magistrate, Justice or Attesting Officer. Office or Rank and Unit or appointment.)

N.B.—ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT

SET:

000014

Record of Service of KALICHUK (Surname) ALEXANDER EDWARD (Christian Names) Regimental Number H-77067

QUALIFICATIONS

Military N11
 Business or Professional N11
 Trade or Civil Farmer
 Technical ~~Farmer~~ N11
 Languages SPEAKS English Polish

EDUCATIONAL QUALIFICATIONS

High School } 1 year High School } Graduation }
 or } (years completed) } or } N11
 Collegiate } } Matriculation } (specify)
 *College N11
 *University N11
Grade IX.
 *(Name of institution, courses or years completed, and degrees obtained to be shown)

All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Report		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Canadian Army. (Active)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
6000-		Joined on appointment Taken on strength	Pte.	21-5-41	18(M) Rec	Wpg.	Part II # 2.	23-5-41
-	3	Awarded 4 days' C.B. and forfeits 3 days' pay for AWL from 0100 hrs. 3-11-41 to 0230 hrs. 5-11-41 (2 days, 1 hour, 30 mins.)	"	5-11-41	"	Camp Borden	II #113	6-11-41
-		Granted furlough & Christmas Leave 9-12-41 to 28-12-41 inclusive	"	9-12-41	"	"	II #138	5-12-41
-		Issued Furlough Transport Warrant #25898	"	6-12-41	"	"	II #141	9-12-41
1		Returned from furlough, tattoo	"	28-12-41	"	Otter Pt. Camp	Part II #157	31-12-41
		18th (MAN) REGT. BN. C.A. RE-DESIGNATED 18th (MAN) ARMD. CAR REGT., C.A. EFFECTIVE 0001 HRS. 5-2-42 (AUTHORITY PT. II D.O. NO. 29 D/4-2-42 & PT. II D.O. NO. 33 D/9-2-42),						
		S.O.S. 18th (Man.) Armd. C. Regt. C.A.C. on transfer to No. 10 D.D., C.A.	Tpr.	9-7-42	18th (Man) Armd. Car	Debert	Part II #157	9-7-42
		T.O.S. #10 DD CA on Tfer from 18th Man. Arm'd Car Reg't (CA) Debert, N.S.	"	10 Jul 42	10 DD	Winnipeg	Part II #167 ✓	15 Jul 42
		RePosted to D Coy.	"	17 Jul 42	"	"	D.O. 169 ✓	17 Jul 42
		Part II Order No. 169 d/17 Jul 42 para 31 (i) Sec. B is amended to read: Posted to B Coy.	"	17 Jul 42	"	"	D.O. 170 ✓	18 Jul 42
		Posted to "C" Coy.	"	24 Jul 42	"	"	D.O. 175 ✓	24 Jul 42
		Appointed to the rank of A/L/Cpl with pay of rank eff 26 Aug 42 to complete establishment of No 10 DD CA A/L/Cpl 26-8-42	"		"	"	D.O. 203	26 Aug 42

For additional entries use M.F.M. 1 and 2 (a)

Name KALICHUK, Alexander Edward

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
		Granted Furlough and New Year's Leave from Tattoo 29 Dec. 42 until Tattoo 17 Jan. 43, subject to the exigencies of the service. Is entitled to ration allowance, 19 days.						
		Transportation Warrant No. 4-181597. Granted New Year's Leave from 29-12-42 until Rev. 3-1-43. Entitled to ration allowance, 5 days.	A/L/Cpl.	29 Dec. 42	10 DD	Winnipeg	D.O. 295	11 Dec. 42.
		Under the provisions of R.O. 2772 and Art. 144 FR&I. (Can) and G.O. No. 486 1942 is to receive increase of pay 55¢ per diem 10¢ per diem 10¢ per diem 10¢ per diem is to receive \$1.60 per diem.	"	1 Jan. 43	"	"	D.O. 24	29 Jan 43
		Pt II Order No. 24 d/ 29 Jan 43 paras 45(i) & (ii) Sec "B" are cancelled. (Increase of pay for L/Cpls is Statutory)	"		"	"	D.O. 30	5 Feb 43
		SOS #10 D.D.(CA) on t/fer to A-20 C.A.S.C.T.C. Red Deer, Alberta. Auth: W. 70-2-1(A4) d/24 Mar 43	"	31 Mar 43	"	"	D.O. 74	29 Mar 43
		Under the provisions of R.O. 1340, is reverted to his substantive rank, Trooper, and is to receive pay of rank up to and including 31 Mar 43.	Trooper	31 Mar 43	"	"	D.O. 74	29 Mar 43
		T.O.S. A20 CASC (Reinf) from XXXXXX Posting No. 10 D.D. Winnipeg.	"	1-4-43	A20 CASC	Red Deer	#81	2-4-43
		Qualified Class III Driver (L.C. Wheeled)	"	24-4-43	"	"	D.O. # 105.	30-4-43
		Qualified Class III Motorcycle Driver (solo)	"	29-4-43	"	"	# 111	7-5-43
		Granted furlough from 3-6-43, to 16-6-43, and is auth to draw allow. of 50% per diem T.W.A/392183.	"	3-6-43	"	"	D.O. # 134	3-6-43
		Auth to draw Increase Rate of Pay of \$1.50 per day. Increase Rate of Pay, \$1.50 per diem	"	1-4-43	"	"	D.O. # 135,	4-6-43,
			"	1-3-43	"	"	# 145	16-6-43
		SOS A20 CASC TC CA Reinf on Posting to No. 1 CASC R.U.		JUL 16 1943	A20 CASC TC	Red Deer	DC 171	JUL 16 1943

Statement

Service of No.

H-77067

Rank

A/L/Cpl
XPRIVAX

Sheet No.

2

M.F.M. 1 & 2 (a)
20 M-11-36 (9359)
H.Q. 1772-45-18

Name

KALICHUE

Alexander Edward

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
		Admitted to Station Hospital	DD CA A/L/Cpl	9 Sep 42	10 DD	Winnipeg	D.O. 217	11 Sep 42
		Subject to Hospital Stoppages of pay under Art. 222 (1) (b) (ii) from 9 Sep 42	A/L/Cpl	9 Sep 42	"	"	D.O. 219	14 Sep 42
		Admitted to Station Hospital 9 Sep 42 and discharged 8 Oct 42. Is subject to Hospital Stoppages of pay under Art. 222 (1) (b) (ii) (FR&L) from 9 Sept 42 until 8 Oct 42 30 Days.	"	8/10/42	"	"	D.O. 240	8 Oct 42
		Pt II Order No. 223 d/18 Sept 42 para. 24 Sect "B" is cancelled. Auth: G.O. 377.1942 Appendix to CARO #2442	"		"	"	D.O. 243	12-Oct 42
		Pt II Order No. 219 d/14 Sep 42 para 24 Sect "B" is cancelled.	"		"	"	D.O. 255	26-10-42
		Pt II Order No. 223 D/ 18-9-42 para 24 Sect "B" is cancelled.	"		"	"	D.O. 257	28-10-42
		P t II Order No. 243 d/ 12-10-42 para 64 Sect. "B" is cancelled. Auth: G.O. 377)42 Appendix C.A.R.O. No. 2442.	"		"	"	D.O. 259	30-10-42
		Att'd f.a.p. except pay to A-15 C.I.T.C. Camp Shilo, Manitoba.	"	6-11-42	"	"	D.O. 264	5-11-42
		Attached A15 C.I.T.C. f.a.p. e.p.	"	7-11-42	A15CITC	Shilo	P.T.O. #270	10-11-42
		Ceases to be Attached to A15 CITC FAP EP on return to Unit.	L/Cpl	5-12-42	"	"	PTO # 292	5-12-42
		Ceases to be att'd FAP to the A15 CITC Camp Shilo Man. on return to No. 10DD(CA) "EE" Coy. eff: 6-12-42 A15	"	6-12-42	#10DD	Wpg	D.O. 291	7-12-42
		Pt II Order No. 292 d/5-12-42	"		"	"	D.O. 293	9-12-42
		Pt II Order No. 291 d/7-12-42 para 75-Sec "B" is amended to read "Ceases to be att'd FAP except pay"	"		"	"		

000017

Statement of the Service of No. Rank

Sheet No.

Name C. E. Kalichuk

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
		SOS CASP (CANADA) ON EMBARKATION AT <u>Canada</u> ON <u>23 Jul 43</u>						
		CASFOYRBEAR ON TRANSFER ON <u>24 Jul 43</u> DIS EMBARKED AT <u>Canada</u> ON <u>27 Jul 43</u>						
	✓	T.O.S. 1 CDN. A.S.C. REIN. UNIT FROM <u>Canada</u>	<u>Plt</u>	<u>JUL 29 1943</u>	<u>125 CRU</u>	<u>UK</u>	<u>183</u>	<u>29 Jul 43</u>
<u>S.O.S.</u>		<u>S.O.S. to 82 AA B. Coy.</u>	<u>Pte</u>	<u>10 Aug 43</u>	<u>CASO Plt</u>	<u>UK</u>	<u>192</u>	<u>10 Aug 43</u>
		<u>T.O.S. from 1 CASO.</u>	<u>Pte</u>	<u>11 Aug 43</u>	<u>52 C.A. Adv. Coy.</u>	<u>U.K.</u>	<u>35</u>	<u>12 Aug 43</u>
		<u>SOS to 7 Lt. AA Rgt. A.</u>	<u>Plt</u>	<u>16 Sep 43</u>	<u>82 AA Bde Coy.</u>	<u>U.K.</u>	<u>42</u>	<u>22 Sep 43</u>
<u>SOS</u>		<u>TOS from 82 AA Bde Coy.</u>	<u>Plt</u>	<u>17 Sep 43</u>	<u>82 AA Bde Coy.</u>	<u>U.K.</u>	<u>42</u>	<u>20 Sep 43</u>
		<u>TOS</u>						
		<u>Awarded 1 Good Conduct Badge</u>	<u>Pte</u>	<u>22 May 43</u>	<u>82 AA Bde Coy</u>	<u>U.K.</u>	<u>43</u>	<u>29 Sep 43</u>
		<u>Admit to 2 CCS</u>	<u>Pte</u>	<u>19 Dec 43</u>	<u>7 Lt. AA Rgt A</u>	<u>U.K.</u>	<u>53</u>	<u>20 Dec 43</u>
		<u>Qual 2 CCS.</u>	<u>Pte</u>	<u>10 Dec 43</u>	<u>82 AA Bde Coy</u>	<u>U.K.</u>	<u>53</u>	<u>20 Dec 43</u>
		<u>AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP</u>						
<u>SOS</u>		<u>SOS to 63 Gen Tpt Coy</u>	<u>Pte</u>	<u>19 Mar 44</u>	<u>82 Arty Coy</u>	<u>USA</u>	<u>12</u>	<u>24 Mar 44</u>
		<u>TOS from 7 Lt AA Rgt Plt</u>	<u>Pte</u>	<u>20 Mar 44</u>	<u>63 Gen Coy</u>	<u>USA</u>	<u>1</u>	<u>30 Mar 44</u>
		<u>34 Corps Tpt Coy to 12 Mar 44</u>						
		<u>Proceed on W-proofing & Wading exercise at'd</u>	<u>Pte</u>	<u>10 Mar 44</u>	<u>82 Arty Coy</u>	<u>USA</u>	<u>12</u>	<u>24 Mar 44</u>
		<u>Qual "E" on Waterproofing Exercise PERU</u>	<u>Pte</u>	<u>24 May 44</u>	<u>63A Tpt Coy</u>	<u>U.K.</u>	<u>9</u>	<u>31 May 44</u>
		<u>Embarked at... U.K. on... 7. Jul. 44.</u>	<u>Pte</u>		<u>R.C.A.S.C.</u>			
		<u>Disembarked at... FRANCE... on... 9. Jul. 44.</u>			<u>63 Tpt. Coy.</u>	<u>21. A.G.P.</u>	<u>17</u>	<u>18. Jul. 44.</u>
		<u>attd to 18 CRAse. (SU).</u>	<u>Pte</u>	<u>10 Oct 44</u>	<u>63 Tpt Coy</u>	<u>Can.</u>	<u>34</u>	<u>21 Oct 44</u>

Name

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
	e135	e/att to 18 CRASC (SU) (Ba)	Pte	16 Oct 44	63 CA Tpt Coy	2194	38	18 Nov 44

Regimental No. **H-77067** Rank **Pte.**

Name **KALICHUK A.E.**

Sheet No.

M.F.M. Form 2 (A)
300M-11-44 (5977)
H.Q. 1772-39-1646

Record of Promotions, Reductions, Transfers, Casualties, Reports, etc.—	Rank Shown	Effective Date	Unit	Place	Authority	
					D.O. Number	Dated
TOS from Cdn. Army O/S	Pte.	3 Dec. 45	DD 10	Wpg.	305	21 Dec. 45
Reported for Duty	"	10 Dec. 45	"	"	305	21 Dec. 45
Dis-em Lve. to 15 Jan. 46	"	11 Dec. 45	"	"	305	21 Dec. 45
SOS on disch. RO 1029(5ci)	"	22 Jan. 46	" 2 "	"	17	21 Jan. 46

RECORD OF SERVICE

No.: G.S. 477067
No.: NRMA

1. CHRISTIAN NAMES **ALEXANDER EDWARD**

SURNAME **KALICHUK**

2. Date of Birth **3 NOV 23**
 3. Date of enrolment NRMA
 4. Date of enlistment G.S. **21 MAY 44**
 5. N. of Kin
 Relationship
 6. Address of N. of Kin:
 7. Marital Status: **S**
 8. Occupation on enlistment: **FARMER**

15 TRANSFERS, POSTINGS etc	WEF	UNIT	DO
SOS to 565 CD MD 13 and Att Fap 3 Cdn repat TCS from 63 ATC	25 Oct 45	565 ATC	
SOS CDN ARMY OVERSEAS and cease to be Att Fap 3 Cdn Repat Depot	26 Oct 45	565	1
	DEC 2 1945		8

9. RANK ACTING OR CONFIRMED	WEF	AUTH:
PTE		

10. SERVICE (Country)	FROM	TO	DAYS
CAN	21 MAY 44	23 JUL 43	794
UK	24 JUL 43	7 JUL 44	350
FRANCE	8 JUL 44		267
W/H			794
O/S			617

11. HONOURS AND AWARDS	WEF	AUTH:
AWARDED THE CANADIAN VOLUNTEER SERVICE MEDAL AND CLASP AWARDED THE 1939-45 STAR Awarded France and Germany Star		

12. QUALIFICATIONS AND COURSES	PLACE	WEF	RESULT	AUTH.

13. HOSPITALIZATION	WEF	UNIT	DO or CL	16. MED CAT OR PULHEMS																																								
				<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td>Y</td><td>O</td><td>B</td><td>P</td><td>U</td><td>L</td><td>H</td><td>E</td><td>M</td><td>S</td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td colspan="10">23.</td> </tr> <tr> <td colspan="10">CAT "A" 11/4/43.</td> </tr> </table>	Y	O	B	P	U	L	H	E	M	S											23.										CAT "A" 11/4/43.									
Y	O	B	P	U	L	H	E	M	S																																			
23.																																												
CAT "A" 11/4/43.																																												
17. M.D. PREFERENCE:																																												
18. RE-ALLOC. PREFERENCE																																												
1.																																												
2.																																												
3.																																												

14. PUNISHMENTS W/H -3-	WEF	UNIT	PLACE	D.O.	POINTS:
					115

CERTIFICATE OF MEDICAL EXAMINATION

Name in full Alexander Edward Kalichak Place Winnipeg, Manitoba
 Place Sifton, Manitoba Date 21-5-41

Part 1. Information obtained from the recruit.

1. Age 19 2. Have you ever suffered from any of the following diseases?
- | | | | |
|------------------------------|------------|---|-----------|
| a. Rheumatism | <u>NO</u> | k. Ear disease | <u>NO</u> |
| b. Tuberculosis or pleurisy | <u>NO</u> | l. Eye disease | <u>NO</u> |
| c. Bronchitis or asthma | <u>NO</u> | m. Fits | <u>NO</u> |
| d. Heart disease | <u>NO</u> | n. Nervous or mental disease | <u>NO</u> |
| e. Kidney or bladder disease | <u>NO</u> | o. Syphilis | <u>NO</u> |
| f. Stomach or bowel trouble | <u>YES</u> | p. Gonorrhoea | <u>NO</u> |
| g. Rupture | <u>NO</u> | q. Have you ever worn glasses? | <u>NO</u> |
| h. Varicose veins | <u>NO</u> | r. Are you now or have you in the past received disability pension or compensation? If so, give details | <u>NO</u> |
| i. Foot trouble | <u>NO</u> | | |
| j. Nasal trouble | <u>NO</u> | | |

A. E. Kalichak
Signature of Applicant

Part 2. Information obtained by medical examination. THE RECRUIT MUST BE STRIPPED

1. Identification marks or scars. (If operative obtain history).
Appendectomy scar 1938. Vacc.mark left deltoid. Small scar over right clavicle
2. Height 5 feet 5 1/2 inches. 3. Weight 126 pounds.
4. Complexion Fair Eyes Grey 5. Development Fair
- Hair Brown
6. Chest measurement—Girth on full expansion 34 1/2 inches.
 Range of expansion 32 1/2 inches.
7. Vision, right 20/20 left 20/20 8. Hearing, right CV20 left CV20
 With Glasses— right _____ left _____
9. Condition of mouth and teeth Fair
10. The abnormalities (congenital and pathological) found on examination are as follows
(f) 1938 Appendectomy

Good
Fair
Minimum

Part 3. We, the examiners, find no evidence of the diseases mentioned in Question 2, Part 1, except as reported in the remarks. We have examined the Recruit in accordance with the pamphlet "Physical Standards and Instructions for the medical examination of recruits" and he is found fit for Category B.
 Special remarks when category lower than A _____

A.M. Davidson *F. J. McLean* *J. A. Findlay*
 A.M. Davidson, Lt. Col. F. J. McLean Member J. A. Findlay, Lt. Member
 VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
22-5-41	Normal Otic, Ears, Reflexes. (A) <i>A.M. Davidson</i>	29 Dec 43	Re-Examined - Category Unchanged <i>J. A. Findlay</i>
22-5-41	XRAY CHEST NEGATIVE <i>A.M. Davidson</i>	11-7-43	Category <u>B</u> Confirmed <i>A.M. Davidson</i>
10-6-41	T.A.B.T.		
30-6-41	T.A.B.T.		
19-7-41	T.A.B.T.		
19-7-41	Vaccination		
17-6-42	Cal. B Confirmed <i>J. A. Findlay</i>		
9-10-42	T.A.B.T. 1/2 cc <i>A.M. Davidson</i>		

Regtl. No. H-77067

Rank Private

Surname KALONICK

Christian Name ALEXANDER EDWARD

STATION	Date of Arrival at the Station	DATES OF						DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.	Signature of Medical Officer
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				

For additional entries use M.F.M. 1 and 2 (b)

H-77067

KALICHUK

Alexander

Edward

81 CAN. MA Coy.

Soldiers Qualification Card

CONFIDENTIAL

A. 1956

Reg't. No. **2** Nationality **Can.** Last Name (Block letters) **KALICHUK** First Name **Alexander** Middle Names **Edward**

By Birth **-** By Naturalization **-** Country of Birth **Canada**

3 Father Racial Origin **Can.** 4 Language spoken in home: French **-** English **-** Other **-**

5 Age **19** 6 Height **5-11-1923** 7 Weight **140** 8 Silhouette **1 2 3 4** 11 Colour Vision **1 2 3 4**

12 Hearing: Acuity **1 2 3** 13 Speech Defects **-**

14 Handedness **R L A** 15 Med. Category **a.**

Attitude to own health **-** To Medical attention **-**

Health History **-**

Test	Score	S.M.	Test 9 Score
50 "M"			
1	17		Sub-total 37
2	8		
3	12		Sub-total 18
4	7		
5	11		Sub-total 29
6	8		
7	9		Sub-total 84
8	12		
Tot.	84	S.M.	Grade

Unit **63 gen. Troop Coy.**

1 Corps **R.C.A.S.C.**

25 Second Most Important Occupation: Description: **-** Estimate of skill **-** Weekly Wage **-**

Duration (from-to) **-** Employer's Name and Address **-**

26 Third Most Important Occupation: **-** Estimate of skill **-** Weekly Wage **-**

Duration (from-to) **-** Employer's Name and Address **-**

Trade Union or Professional Society **-**

16 Education Level: Illiterate **-** El. **8** (16) Sec. **-** (Grade completed)

Conduct during school life **-**

Vehicles: 27 Heavy Truck **-** 28 Light Truck **-** 29 Auto **-** 30 Motorcycle **-**

31 Farm Tractor **-** 32 Tracked Vehicle **-** 33 Power Launch **-** 34 Aeroplane **-**

17	University or Institution	Course Taken	Years completed	Degree	Year
18	Professional				
19	Post Graduate	Course	From-To	Degree	Year

51 OTHER MENTAL

Test **-** Score **-** Grade **-** Date **-**

35 Accident Prone **-**

Farming Experience: Wide **-** Limited **-** None **-**

District **-** Type **-**

20 Specialized Training:

1. (Course) **-** At **-** From-To **-** Completed? **-**

21 2. (Course) **-** At **-** From-To **-** Completed? **-**

22 3. (Course) **-** At **-** From-To **-** Completed? **-**

52a MECHANICAL APT.

Test **-** Score **-** Grade **-** Date **-**

Job promised after discharge? **-** By whom? Name **-** Address **-**

Other provision for post-discharge occupation **-** Type of work desired **-**

Other trades papers, Diplomas, Certificates or Qualifications **-**

23 Languages: Spoken fluently **English** Written well **-**

52b CLERICAL APT.

Test **-** Score **-** Grade **-** Date **-**

36 Marital Status: M **-** S **-** W **-** D **-** Sep **-**

Marital Problems **-** Age of wife **-** Wife's attitude to Service **-** Wife's Health **-**

24 Main occupation: Description **Handland** Estimate of skill **-** Weekly Wage **-**

Duration (from-to) **-** Employer's Name and Address **-**

53 TRADE TESTS

Trade and Grading	Date

37 No. of Children **-** 38 No. of Dependents **-**

Relationship of Dependents **-** No. of Brothers **-** No. of Sisters **-** Position in family **-**

Status of home in childhood **-**

"1" CARD COMPLETE

54 OTHER

Test **-** Score **-** Grade **-** Date **-**

39 Hobbies: Photography **-** M **-** S **-** Radio **-** Engines **-** Mechanics **-** Other **-**

40 Sports: (1) **-** (2) **-** (3) **-**

Team Games and Position (1) **-** (2) **-** (3) **-**

41 Ability to Entertain: Music: String **-** Brass **-** Woodwind **-** Percussion **-** Piano **-** Vocal **-** Theatrical **-** Other **-**

000024

ARM or CO	Type (C.E.F., N.P., etc.)	Years	Highest Rank	Last Discharge (Yr.)	Special Training Received

43 CURRENT SERVICE: Date Enlisted 21-5-41 Place Enlisted _____

Date From—to	Country	Corps	Unit and Sub-unit	Rank 44	Principal Duty	Performance
				Pfc		

COURSES ATTENDED	PLACE	Date: From—to	Qualified as	Rating

46 Crime: Courts Martial Convictions _____ Major Offences _____ Minor Offences _____
 Civil Convictions _____ Fines _____ Hospitalization _____

49 Psychiatric

Designation	Degree of Proficiency	Date	Authority
Plur I/C W	Qual Class III	24-4-43	105
M/C MUR	Qual Class III	29-4-43	111

55 Type of Service Desired (1) _____ (2) _____

Remarks re Outstanding or Limiting Factors	
Department	
Disposition	
Appearance (grooming)	
Physical appearance	
Map Reading	
Military Knowledge	
Mechanical Knowledge	

Attitude to Interview: Antagonistic _____ Overanxious _____ Co-operative _____ Indifferent _____
 Reason for Joining Cdn. Army (if ascertainable) _____

48 Suggested Possibilities for Employment (1) _____
 (2) _____

Tests Indicated: 2nd Mental _____ Mech. Apt. _____ Clerical Apt. _____
 Other Apt. _____ Pers. _____ Trade Test as _____

Interviewed by _____ Date _____
 Reviewed by _____ Date _____

CANADIAN ARMY IDENTIFICATION BUREAU

Department of National Defence, Ottawa, Canada

Surname..... KALICHUK
Christian Names..... Alexander Edward
Date of Birth..... 1923 November 3.
Place of Birth..... Sifton, Manitoba, Canada.

NEXT OF KIN

Name..... Mrs. Agnes KALICHUK
Relationship..... Mother
Address..... Sifton, Manitoba, Canada.

Scars and Marks..... Small scar over right
..... clavicle

Height..... 5' 5 1/2" Weight..... 126

Hair..... Brown Eyes..... Grey

Complexion..... Fair

Appointed or Enlisted..... 21-5-41.

At..... Winnipeg, Manitoba.

Discharged.....

Effective December 1st, 1941, this form will be forwarded to the Canadian Army Identification Bureau, National Defence Headquarters, Ottawa, in the following instances.

CANADIAN ARMY:—

Active:—All Appointed or Enlisted Personnel.

Reserve :—All Appointed or Enlisted Personnel called out for service under provisions of G. O. 139.

Home Defence:—All Personnel.

CANADIAN WOMEN'S ARMY CORPS:

All Appointed or Enlisted Personnel.

THIS FORM MAY BE USED FOR:

Canadian Army (Reserve)
not called out for Service,
and Civilian Personnel
when specially provided.

This form is to be completed in every detail and notations re amputated or injured fingers are to be made in the space provided for the impression so "amputated" or "injured."

This form is not to be pinned, perforated, folded or creased.

FINGERPRINT SECTION

③

MASTER

15113

23

Change of service

Name KALICHUK, Alexander Edward

Unit #10 DD Rank A/L-Cpl

No. H-77067 Sex Male

Classification 9U

6U 60001 L 16

REVISED MASTER RIGHT HAND

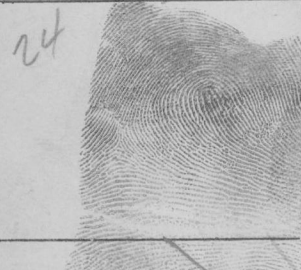
1. Thumb

2. Index finger

3. Middle finger

4. Ring finger

5. Little finger



-16-

-8-

LEFT HAND

-2-

-1-

6. Thumb

7. Index finger

8. Middle finger

9. Ring finger

10. Little finger



a a Helms

(Signature of official taking prints)

Classifier WWS

Verifier WWS

Rank WWS Date 15, 10, 42

Date NOV 2 - 1944

A. E. Kalichuk

(Signature of person fingerprinted)

Four fingers taken simultaneously

Four fingers taken simultaneously

Left Hand

Left thumb

Right thumb

Right Hand



AUG 25 1956
AUG 15 1956

Sak

Buller

JUL 22 1956

10-180

000027

Statement of the Service of No. Rank

Sheet No.

Name

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
		SOS CASB (CANADA) ON EMBARKATION AT..... ON <u>23 Jul 43</u>						
		TQS DATE (OVERSEAS) ON TRANSFER ON <u>24 Jul 43</u> AND DISEMBARKED AT..... ON <u>27 Jul 43</u>						
		T.O.S. 1 CDN. A.S.C. REIN. UNIT FROM <u>Canada</u>		JUL 29 1943	ASLAV	UK	183	30 Jul 43
		Reverts to rank of Pte	Pte	29-7-43	PSC/P4	H.A.	183	30 Jul 43

OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEE ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

Section A—GENERAL INFORMATION

1. (a) Print name in full Edward Alexander Kalichuk (b) Reg'l. No. H-77067
 2. (a) Arm of service Army (b) Unit 18th (Mont) Recce. Bn. (c) Rank Pte.
 3. (a) Date of birth 2-11-23 any dependents? No (c) Place of residence Sifton
 4. (a) Place of enlistment Winnipeg, Man. (b) Date of enlistment May 21st 1941

PLEASE
LEAVE
BLANK

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school 15 yrs. old (b) Were you attending school or college up to the time of enlistment? No
 6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.) 1 yr. high school.
 7. If you attended a university, give name of university and standing or degree secured. N.A.
 8. (a) Did you ever enter upon a trade apprenticeship? No (b) If so, for what occupation? None (c) Did you finish it? no (d) If you did not finish it, how long did you serve at it? N.A.
 9. (a) What languages do you speak fluently? English (b) What languages do you read well? English.

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below) Working (b) At time of enlistment of what trade union or professional society were you a member? None.

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

11. Had you ever been employed fairly regularly since leaving school?.....
 12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked..... (b) State how long you had worked at this trade or occupation.....
 13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified.....
 14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment.....
 15. Give details of last employer, if any: Name..... Address.....
 16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.).....
 17. (a) If your last employment was in a business of your own, state nature and address of business..... (b) Date of discontinuing it.....

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer Frank Kalichuk Address Sifton, Manitoba.
 19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.) Farmer.
 20. (a) Your Farmer (b) Number of years' experience at this occupation with any employer 2 1/2 yrs.
 21. (a) Did your employer promise definitely to give you employment on discharge? Yes (b) Did your employer refuse to promise you employment on discharge? No (c) Do you wish to return to your former employment? Yes.

IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23

22. (a) State nature of business, or professional practice..... (b) Where was it located?.....
 23. (a) Number of years engaged in this business..... (b) Have you made, or will you make plans to return to the same or a similar business on discharge?.....

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? Yes (b) Do you feel competent to operate a farm? yes (c) If so, in what kind of farming? Mixed.
 25. (a) Were you born on a farm? yes (b) How many years' actual farming experience have you had? 2 1/2 yrs. (c) In what provinces did you have experience? Manitoba.

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? No
 27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) N.A.
 28. State any employment preference or ambition you may have, other than indicated elsewhere in this form. Motor Mechanic.

DATE 10-10-41. 194

SIGNATURE Rte A. E. Kalichuk

000029

VIII. Summary

Need before standard necessary for armed. Regt. No much aptitude apparent. Suitable for routine duty or regular drill in R.C.A. garrison.

IX. Suggestions

Return to D. Depot. Underage for re allocation

X. Signature of Interviewer

J. W. ...

N.C.O.

W. ... Officer

P. ...

XI. Action Taken

Date of Action

Follow-up

H 77067 Tpr. KALICHUK, A.

8 July 42.

1. "M" test indicates:
 - (1) Average army ability, 35/61 on non-language sub-tests.
 - (2) Limited educational achievement.
2. Education Grade 9 in Manitoba rural school at 16. Began Grade 10.
3. Occupation Farm labourer on dad's farm.
4. Military History
 - (1) Enlisted on 21-5-41. 18th Manitoba Recce.
 - (2) Trained at Minto Armouries, at Camp Shilo, Camp Borden, and Work Point Barracks, Otter Point, Victoria and Camp Debort, employed in stores most of the time.
 - (3) Returned to D.D. 10 on 10-7-42 as underage.
 - (4) 26-8-42. A/L/Cpl.
 - (5) 7-11-42, A15 C.I.T.C., N.C.O. Course. "This N.C.O. did quite well but would advise that he attend another course. He is good N.C.O. material".
 - (6) Has been instructor with "C" Coy. at #10 D.D.
 - (7) One V.D.G. case. "Learned my lesson".
5. Family One of 3 children of a Man. farmer at Sifton, Man. Got along well with his parents.
6. Physique Small, slight (5'5", 154 lbs.) A1, M.O. states "Good Health", but he feels he has stomach trouble. Never eats breakfast.
7. Interests
 - (1) Likes to listen to radio.
 - (2) No deep mechanical interests. Drove a car and truck. Never owned a truck. Drove very little in C.A.C., (1/2 hr. a day).
 - (3) Reads magazines. Goes to shows. Studies up for next day's work.
 - (4) Regular R.C. attendant.
 - (5) Likes all sports. Best in baseball.
8. Personality Very quiet-spoken lad, who has 22 months service. He has matured a great deal. The statement that he was fit only for routine duties or regular drill is not altogether correct. He did well at N.C.O. school at A15 in Nov 42 and now a L/Cpl in "C" Coy. Received "good" on Military efficiency, conduct and leadership. Reliable and apparently stable.
9. Preference Wants to be in R.C.A.S.C. with his cousin.
10. Suggestions (1) R.C.A.S.C.
Non-Tradesman. Driver i.c. or stores helper.
(2) Despatch to Advanced Training Centre.

No. 10 District Depot 12th March 1943.

JELB/SVH

J. E. L. Black
Captain,
J.E.L. Black,
AE #10 DD

I. Regt. No. H-77067 Rank Tpr. Unit: Date 8-7-41
 Name KALICHUK, A. E Age 18 Place of Birth Man.
 Date of Enlistment 21-5-41 Place of Enlistment Wpg. Man. Depot 10
 Languages spoken Eng. R. Recruit A A Med. Cat. A Place Debert, N.S.

II. M. Test		Other Tests Name or Type	Date	Place	Score	Grade
Test	Score S.M.					
1	17	SUB-TOTAL				
2	8					
3	12	SUB-TOTAL				
4	7					
5	11	SUB-TOTAL				
6	8					
7	9	SUB-TOTAL				
8	12					
Total	84	GRADE				
9						

III. Military Background No courses -- storeman, Non tech.

MFM 6 1 AWL.

14 month service. Enlisted 21-5-41 18th Manitoba Recce Bn. Trained at Minto Armouries (Wpg), Victoria, and Camp Debert. Employed mostly in stores. Returned to No. 10 DD 10-7-42, underage, appointed A/L/Cpl. and attended N.C.O. course at A15, CITC. One VDG case. Grade VIII started school at 8 and finished at 16.

IV. Educational Background

V. Occupational Background

Farming prior to enlistment.

VI. Arm Desired

Work in Arm Desired

VII.

Not suitable for Armed Regt in any capacity - can be employed on routine duties - storeman (non technical) mess orderly - possibly suitable for regular drill Infantry or R C A gunner.

(Army)

This form will accompany soldier's regimental documents at all times.

Trade (if Tradesman or Trade Trainee)

Work in Arm (if Non-Tradesman)

Personnel Selection Record

I.

Regt. No.	Rank	Name (surname first)	A or R	Age	Med. Cat.
Main Language	Other Language(s)	Place (Unit) Interviewed	Date Interviewed		

II. Revised Examination "M"

Total	Group	Subtests	Place Tested								Date Tested			By Whom	English or French		
			1	2	3	4	5	6	7	8	1-3	4-5	6-8				
			Subtotals														

Other Tests

III. Educational Background

IV. Occupational Background

V. Military Background

VI. Other Personal History and Appraisal

VII. Recommendations

(Signed).....

Army Examiner

FURTHER INFORMATION AND FOLLOW-UP

A20 C.A.S.T.T.C., C.A.

6th, April 1943.

Likes N.C.O. work Allocation Unchanged.

J. Davidson
.....Lieut.
J.R. Davidson, A.E.

H-77067 KALICHUK A.E.

#10 D.D.

8 JULY 42.

Interviewed by A.E. as volunteer for parachute troops.

RECOMMENDATION: Not suitable on grounds of low M score.

A20 CASC TC CA

28 JUNE 1943

J. Davidson
.....
J. R. DAVIDSON LIEUT.,
ARMY EXAMINER.

DEPARTMENT OF NATIONAL DEFENCE

(ARMY)

SUPPLEMENT TO PERSONNEL SELECTION RECORD

(MFM 196A)

To be attached to MFM 196,
and to be initiated only when
MFM 196 is completely filled.

H.77067

Pte

KALICHUK

A.E.

Regtl No.

Rank

Surname

First Name

Additional Follow-up:

INF'M:

Farming for father in Manitoba. Single - grade IX -
Dvr IC with RCASC. Interested in establishing a
farm of his own.

ADVICE:

VLA terms re "full-scale" farms thoroughly explained.

CDN ADVICE:

Counsel needed to help Kalichuk take benefits under the
VLA and to forward his application to the Regional
Supervisor of the Land Act.

/TY - 20 Jul 45

(Sgd) G.A. Burrow, Capt
SPO A Tps Area
First Cdn Army

H-77067 Pte. KALICHUK A.E. 23-1111111

1. Discharged at #10 District Depot, Winnipeg, Manitoba. Jan 46. under
authority: C.A.R.O. 1029 (5.c.i.).
2. W.D. 12 created at #10 D.D. 19 Jan 46.

#10 District Depot
JELB(MM)

22 Jan 46.

J. E. L. Black Major.
(J.E.L. BLACK) S.A.E.

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE CANADIAN
ARMY (AF) OR R.C.A.F. (ON ACTIVE SERVICE)

INSTRUCTIONS.

- (a) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.
- (b) All questions, etc., must be completed.
- (c) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individual's new unit.

(1) Name of Officer or Other Rank..... KALICHUK ALEXANDER EDWARD
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank..... H-77067 Trooper

(3) Unit..... 18th Manitoba Reconnaissance Battalion (AF)

(4) Are you married?..... No.

(5) If married, state,
(a) Full name of your wife..... N/A

(b) Present postal address of wife..... N/A

(6) If married, have you been regularly supporting your wife? If not—state reasons..... N/A

(7) Are you a widower?..... N/A

(8) Have you any children?..... Nil Number of boys..... Nil Girls..... Nil
Names and ages..... N/A

(9) If Dependents' Allowance is claimed in respect of children—state whether you have been regularly supporting them..... N/A

Give particulars of Guardians to whom Dependents' Allowance should be paid—if authorized.

Name..... N/A

Postal Address..... N/A

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment? **No.**

If so, state her full name and Postal Address **N/A**

(11) Is your father alive? **Yes**

If so, state name and address, occupation **Frank Kalichuk Farmer**
Sifton Manitoba Canada.

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support? **No.**

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living—state what amount per month you have given him prior to appointment or enlistment. **No**

Also state reason he has no other means of support if partially supported by you, what is your reason for not providing full support? **N/A**

(14) Is your mother alive? **Yes**

If so, state name and address. **Agnes Kalichuk**
Sifton Manitoba Canada.

(15) If your mother is a widow, are you her sole or partial support? **No.**

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment. **N/A**

Also state reason why she has no other means of support, if partially supported by you what is your reason for not providing full support? **N/A**

(17) Are you contributing to the support of any dependents, other than those shown above? **No**
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship **N/A**

Full Name **N/A**

Postal Address **N/A**

Amount contributed monthly during the past six months **N/A**

(18) Are you insured? **No.**

If so, in what Company? **N/A**
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? **N/A**
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

I hereby certify that the information given by me on this form is correct in each and every particular.

Date **May 21st. 1941**

A. C. Kalichuk
(Signature of officer or man)

A. C. Kalichuk Major
Officer Commanding 18th Man. Recce. Bn. (AF)

Date **May 23, 1941**

N.B. If parent(s) of the officer or other rank concerned has (have) been replaced by foster parent(s), questions relating to fathers and/or mothers above should be altered and answered as applicable.

M. F. M. 14

4807 3-4 (13-4)

H. O. 1772-39-1662

No. 1 770-7

RANK XXX

NAME KALICHUK, Alexander Edward

*MARRIED PLACE OF ENLISTMENT

*WIDOWER AND DATE

*SINGLE 21-5-41

RATE OF PAY

D. O. No.	DATE	RANK	GROUP	P. F. GR A. S.	DAILY RATE	IF LIABLE PEN. DED.	REMARKS
II	23-5-41	Pte.	—	AS	1.30		
203	26-8-42	AK/OP	—	AS	1.50		
	1-1-43	4CBL	—	AS	1.60		off 1-1-43
74	1-1-43	PTE	—	A.S.	1.30		off 1-1-43
135	4-2-43	PTE	—	AS	1.50		1-1-43

ASSIGNMENTS

ASSIGNEE	EFFECTIVE DATE	AMOUNT	TOTAL
KALICHUK, Agnes	1-6-42	23.00	23.00
KALICHUK, Agnes	Aug/43	23.00	23.00
MOTHER.			
R.R. #1.			
SIFTON, MAN			
TRAPASSO	7-42	20.00	20.00
M.F.M. 18. Submitted 1-9-42. Stopped off 1-9-42			

DEPENDENTS' ALLOWANCES

DATE APPLICATION FORWARDED	RELATIONSHIP	AMOUNT AWARDED	EFFECTIVE DATE
	Voluntary		

OUTFIT ALLOWANCE \$ PAID ON
*DELETE WORDS WHICH ARE INAPPLICABLE

IN RECEIPT OF PENSION UNDER PENSION ACT
OR MILITIA PENSION ACT. (1910) \$

P. A.

000037

CASUALTIES, ETC.

PART II D. O.			
NO.	DATE		
II	23/5/41	T.O.S. 18th Man. Recce. (AF) Eff. 21/5/41	X
II	23/5/41	Sub Allow. Eff. 21/5/41	
6	5-6-41	Ceases Subs. Allow. Eff. 4-6-41	
56	31-8-41	Reported A.W.L. from 0530 hrs 31-8-41	
58	2-9-41	D.O. No. 56 in this regard cancelled in its entirety.	
89	8-10-41	Reported A.W.L. from 0600 hrs 6-10-41	
91	10-10-41	D091 cancelled regarding this man.	
90	2-10-41	Granted leave absent from 10-10-41 to 2-10-41	
111	4-11-41	Reported A.W.L. from 0100 hrs, 3-11-41	
113	6-11-41	Ret'd to Barracks at 0230 hrs, 5-11-41	
113	6-11-41	4 days' C/B-Forf 3 days' pay re AWL- Awarded	
138	5/12/41	Furlough 9/12/41 to 28/12/41	5-11-41
157	31-12-41	Act Furlo 28-12-41	
157	9-7-42	S.O.S. - 18th (Man.) Armd. Car Regt, C.A. to 10 th DIST. DEPOT. 9-7-42	
167	15-7-42	+05 NO 1019. 10: Eff. 10-7-42	
203	26-8-42	App'd Acting Lance Cpl. with pay of Rank Eff. 26-8-42.	
205	28-8-42	Gr. harvest & WO PVA from Sat. 30-8-42 to Sat 13-9-42	
219	14/9/42	Subj to Harp Stopp eff 9/9/42	000038
243	12-10-42	Subj to Harp Stopp from 9-9-42 to 8-10-42.	

PTE

No. 11 77067

RANK ~~Pvt.~~ Cpl.

NAME Kalichuk, A. B.

CASUALTIES, ETC.

PART II D. O.		NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
No.	DATE		
259	30.10.42	DD 243 is cancelled re temp. stoppage	
264	5-11-42	att S.A.P. on pay to A15 Shilo (Sch. of In) eff 6-11-42	
291	7-12-42	leave to be att Htl to A15 on return to DDCCA eff 6-12-42	
295	11-12-42	Surl. & ^{29 days} leave 1st 29-12-42 to 1st 17-1-43. Rat allow 19 days	
74	29 mar 43	Reverts to rank of 2pr eff 31 mar 43. to receive pay of rank up to & including 31 mar 43.	
74	29 mar 43	S.O.S. #10 S.O. (C.A) on file to A-20 C.A.S.C.T.C. Red Serv acts. eff 31 mar 43.	
81	2-4-43	TOS A 20 CASO TC CA (REINETS) POSTED NO. 1 COY. EFF. 1-4-43.	
105.	30-4-43.	Qual. class III, Driver (i.e. wheeled) eff. 24 apr 43.	
134.	3-6-43.	Sh. furlough 3 jun 43 to 16 jun 43. T.W. R. allow 14 days.	
135	4-6-43	Pay inc. 1.50 eff. 1-4-43	
171	16-7-43	S.O.S A20 to No. 1. EASE - R.U. oversea eff 16-7-43	
183	30-7-43	"TOS" 1 Cdn. Aso. RU FR. Canada W.E.F. 24-7-43.	
192	10/8/43	SOS/CAS chg to 82 Cdn AA Bde Coy 1 Corps 1943	000039
42	22-9-43	T.O.S. 82 Cdn. A.A. Bde Coy R.C.A.C. eff 11-8-43. S.O.S. 82 Cdn. A.A. Brigade Company R.C.A.S.C. 16-9-43.	

CASUALTIES, ETC.

PART II D. O.

NATURE AND PARTICULARS

IF IN HOSPITAL NOTE NAME

No.	DATE	NATURE AND PARTICULARS	IF IN HOSPITAL NOTE NAME
42	22.9.43	T.O.S. 711. A.A. Regt Pt Kall waf. 17-9-43	
43	29.9.43	Awarded one good conduct badge waf. 22.5.43.	
53	20.12.43	Adm. to 2 C.C.S. waf. 1.12.43.	
53	20.12.43	Disch. from " " "10.12.43.	
4	28.1.44.	Cdn Col. Serv. Medal & Clasp waf. 15.1.44.	
10	7.3.44.	7 days Pl. with R.A. 24 to 24.2.44 24.2.44 to 2.3.44	
12	24/3/44	SOS to 63 Cdn Sea Tpt Coy RCNVR waf. 20.3.44	
1	30-3-44	TOS 63 Sea Tpt Coy RCNVR waf. 21 Mar 44	
9	31/5/44	Qual "G" on Course "B" Vek Ute pfg (Supervisor) from 21/5/44 to 24/5/44	
17	18 July 44	Embarked U.K. waf. 7 July 1944; disembarked France waf. 9 July 44	
13	31 Mar 45	Ystd. 9 days Pl. to UK & RA waf. 9 Mar 45 returned 20 Mar 45	
26	4.8.45	11 days Pl. & RA in UK proceeded 22 July 45	
364	25.10.45	Sos 63 Cdn Army Tpt Coy RCNVR to Cdn Supt Ser 565 C.D. MD 10 waf. 25 Oct 45	
DO	2 Gr.	10 days PL & RA fr. 5 Nov 45 to 14 Nov 45	
DO	8	SOS CAO XUK 252 C.D. 565, MD 10 waf. 2-12-45	

000040

CONTINUATION CARD MFM 14

Regimental No. Name

Part II Order

PARTICULARS OF CASUALTY

No.

Date

DO 5 GR, 7 DAY: P.L. GR. /
WEE 19 NOV → 25 NOV

Part II Order

PARTICULARS OF CASUALTIES

No.

Date

305

DEC 21 45

TOS No. 10 D.D. (G.A.) on Trans. from 1 N.E.T.D.

DEC 3 1945

30 Days Disembark Leave

DEC 11 '45

LA 20 days

6 dys TT

JAN 15 46

000042

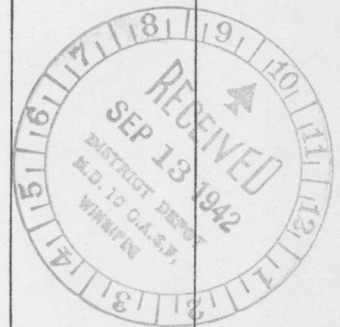
PAY-LIST of { SQUADRON
BATTERY
COMPANY
DETACHMENT } #10 District Depot Regiment or Corps

For the Month of SEPTEMBER 19 42

HOSPITAL STOPPAGES for Officers and Other Ranks Fort Osborne Military Hospital,
at Winnipeg, Man., from the 9th Sept. 1942, to the 19.....

Authority { Article 65A, Pay and Allowance Regulations, 1937,
Article 222, Financial Instructions and Regulations, C.A.S.F. (Canada).
" " " " " for R.C.A.F. on Active Service.

REGTL. No.	RANK AND NAME	Date of Admission to Hospital	PERIOD FOR WHICH STOPPAGES ARE NOW CHARGED			REMARKS
			From	To	No. of Days	
H-77067	L/Cpl. KALICHUK, A.E.	9-9-42	9-9-42			
						Admitted to FORT OSBORNE MILITARY HOSPITAL with V.D.G.



219

1

Station Winnipeg, Manitoba.

[Signature]
Medical Officer in charge.

Date September 9th, 1942.

INSTRUCTIONS (P.G. Bell) Colonel, RCAMC.
D.M.O., M.D. No. 10.

1. To be prepared in duplicate by the M.O. i/c of hospital immediately an officer or soldier is admitted to hospital showing the date from which stoppages are to be enforced and again when the individual is discharged from hospital or ceases to be liable to stoppages while still in hospital and the ceasing date will then be shown.

Distribution:—

- 1 copy to District Paymaster.
- 1 copy to Officer Commanding unit concerned.
(See Article 224—F.R. & I. (Canada))

If a soldier is in Hospital as a prisoner or on account of alcoholism or venereal, an entry (giving dates if necessary) is to be made in column for Remarks by the Medical Officer.

M. F. D. 869

PAY-LIST of { **SQUADRON BATTERY COMPANY DETACHMENT** } #10 District Depot **Regiment or Corps**

For the Month of September - October 19 42

HOSPITAL STOPPAGES for Officers and Other Ranks Fort Osborne Military Hospital,
 at Winnipeg, Manitoba, from the 9th Sept. 1942, to the 8th October 1942.

Authority { Article 65A, Pay and Allowance Regulations, 1937,
 Article 222, Financial Instructions and Regulations, C.A.S.F. (Canada).
 " " " " " for R.C.A.F. on Active Service.

REGTL. No.	RANK AND NAME	Date of Admission to Hospital	PERIOD FOR WHICH STOPPAGES ARE NOW CHARGED			REMARKS
			From	To	No. of Days	
H-77067	L/Cpl. KALICHUK, A. E.	9-9-42	9-9-42	8-10-42	30	
			Admitted to FORT OSBORNE MILITARY HOSPITAL with V.D.G.			



243

Station Winnipeg, Manitoba.

[Signature]
 Medical Officer in charge

Date October 8th, 1942.

INSTRUCTIONS (P.G. Bell) Colonel, RCAMC.
 D.M.O., M.D. No. 10.

1. To be prepared in duplicate by the M.O. i/c of hospital immediately an officer or soldier is admitted to hospital showing the date from which stoppages are to be enforced and again when the individual is discharged from hospital or ceases to be liable to stoppages while still in hospital and the ceasing date will then be shown.

Distribution:—

- 1 copy to District Paymaster.
 - 1 copy to Officer Commanding unit concerned.
- (See Article 224—F.R. & I. (Canada))

If a soldier is in Hospital as a prisoner or on account of alcoholism or venereal, an entry (giving dates if necessary) is to be made in column for Remarks by the Medical Officer.

M. F. D. 869

**CANADIAN DENTAL CORPS
MEMORANDUM**

M.F.B. 465B
10M pads of 100-8-45 (7042)
H.Q. 1772-49-950

Dental Coy. No. 30

Date 21 Jan 1946

Reg. No. H-77067 Rank Pte Name Kalichuk A.E. Unit NO. 10 D.D.

Detail work completed during this appointment. Refer to abbreviations on reverse side. Specify laboratory instructions and enter remarks in the space provided below. Write plainly, indicate treatment using abbreviations and sketch the outline of all restorations.

Patient's right

Patient's left

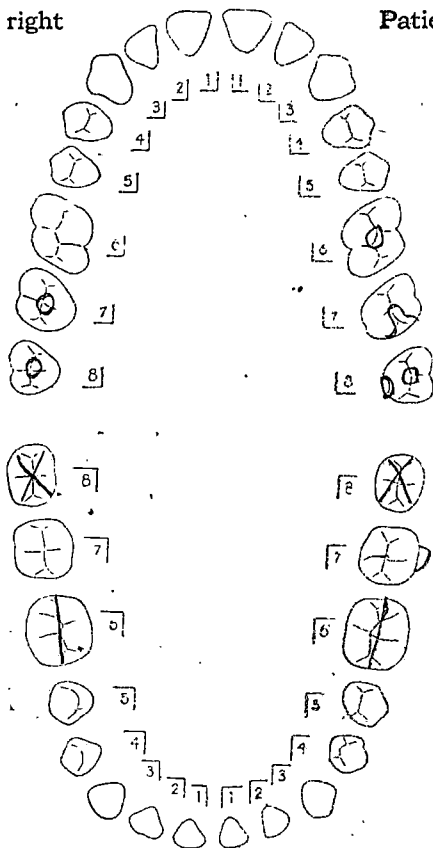
**DENTAL REQUIREMENTS ON RETIREMENT
OR DISCHARGE. - R.O. 4306**

Shade

Mould

Shade

Mould



Ra. _____

2 X. _____

7 A. _____

S. _____

G.I.
Bridges _____

Dentures - _____

2 Pe. TREATS

Prophy. _____

Ra.	_____
2 X.	_____
7 A.	_____
S.	_____
G.I. Bridges	_____
Dentures -	_____

Palenchy
Signature of Operator

NO. 30 CCY. - C. D. C. (1000045)

Mesial — M
Distal — D
Incisal — I

Labial — La
Buccal — Bu
Lingual — Li

Occusal — O

ABBREVIATIONS:—

X Extraction
A Amalgam
Ce Cement
S Synthetic Porcelain
F Foil

GI Gold
PI Porcelain
GC Gold
PC Porcelain
RC Richmond
JC Jacket

Inlay
Crown

TREATMENT
RC Root Canal
V's Vincent's Angina
Pe Periodontia
Misc. Miscellaneous

Br Bridge
PD Partial Denture
CU Complete upper
CL Complete lower
Ra X-Ray

Describe
with
sketch
Denture

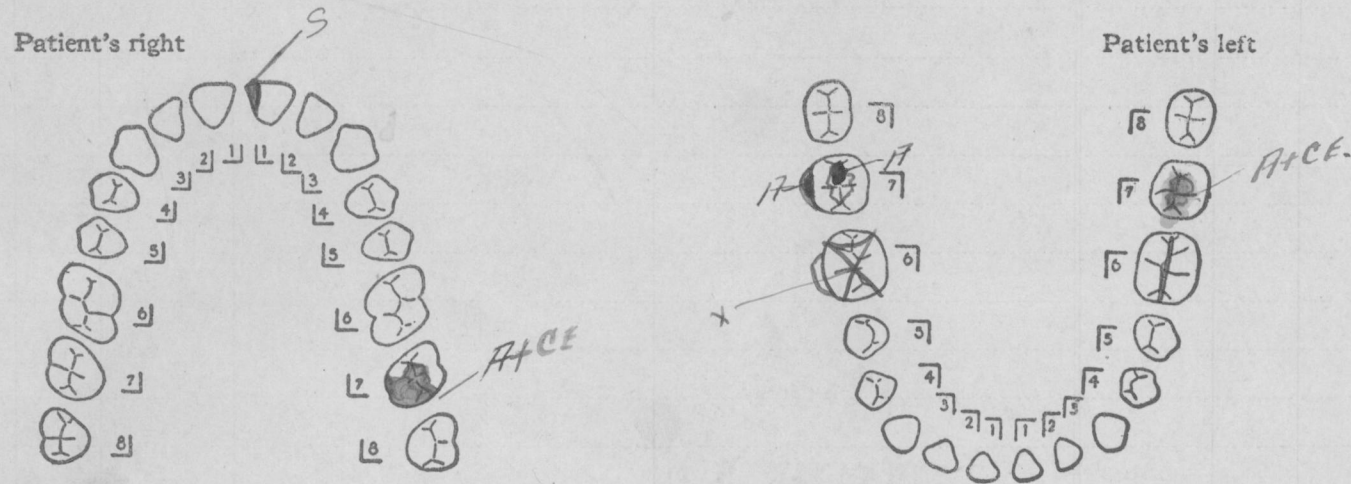
NAME KALICHUK, Alexander Edward RANK Trooper *2/cpl* AGE 19 REG. No. H-77067
RCASC
 UNIT 18th Manitoba Reconnaissance Battalion (AF) *415* DATE May 22, 1941

Strike out inapplicable number and words.

ORAL HYGIENE { ~~Good~~
Fair
Neglected

PROPHYLAXIS required { Yes
No

MUCOSA
(Describe any pathological condition briefly)



Abbreviations:—

- X Irreparable teeth—extraction
- A Amalgam
- Ce Cement
- S Synthetic Porcelain
- F Foil

- GI Gold } Inlay
- PI Porcelain }
- GC Gold } Crown
- PC Porcelain }
- RC Richmond }
- JC Jacket }

- RC Treatment
Root Canal
- V's Vincent's
- Pu Pulpitis
- PO Post Operative
- Pe Periodontia
- Ra X-ray

- Describe with sketch
 - Br Bridge
 - PD Partial
 - CU Complete upper
 - CL Complete lower
 - DA Adjustment
- } Denture

Irreparable tooth—Mark with an X drawn through diagram of tooth.
 Caries—Outline defective tissue. Do not fill in space.
 Edentulous Space—Indicate by a line drawn mesio-distally through diagram of missing teeth.
 Restoration—Sketch outline and block in shape of all serviceable restorations and write description in space adjoining diagram of teeth.
 All existing dental conditions must be charted. Use ink, write plainly and abbreviate as indicated above.

① For first examination after enlistment. ② Subsequent examination and treatment.

[Signature]
 Signature and unit of examining officer

Indicate surfaces of teeth as follows:

Mesial — M Labial — La
 Distal — D Buccal — B
 Incisal — I Lingual — Li
 Occlusal — O

Indicate tooth by the notation below.

8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8
8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8
Patient's right	Patient's left

Date	Op. No.	Notation Symbol	Description of Treatment	Signature of Operator	Date	Op. No.	Notation Symbol	Description of Treatment	Signature of Operator
2-9-41	1	LL	Synthetic + Propyl	W. + Bennett Capt					
25/2/42		67	Extraction	W. Rully St					
16/11/42		L.M.O.W.	A + CE	Ha Sutter Dent					
16/11/42			PROPHYLAXIS	Ha Sutter Dent					
17/11/42		77	A + CE	Ha Sutter Dent					
13 April 43		77	A	St. Hippo Dent					

NAME KALICHUK, Alexander Edward RANK Trooper AGE 19 REG. No. H-77067
 UNIT 18th Manitoba Reconnaissance Battalion (AF) DATE May 22, 19 41

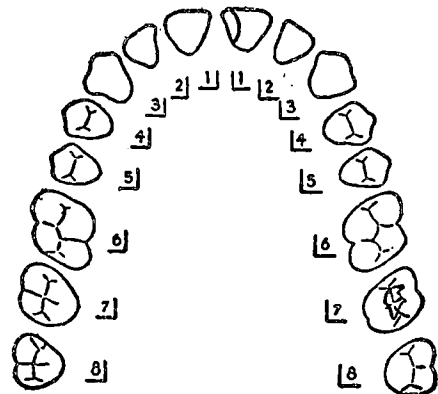
Strike out inapplicable number and words.

ORAL HYGIENE { ~~Good~~
Fair
Neglected

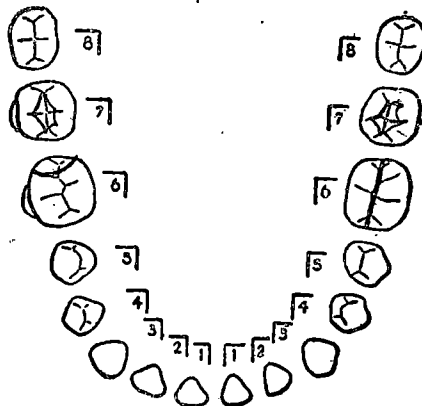
PROPHYLAXIS required { Yes
~~No~~

MUCOSA
(Describe any pathological condition briefly)

Patient's right



Patient's left



Abbreviations:—

- X Irreparable teeth—extraction
- A Amalgam
- Ce Cement
- S Synthetic Porcelain
- F Foil

- GI Gold } Inlay
- PI Porcelain }
- GC Gold } Crown
- PC Porcelain }
- RC Richmond }
- JC Jacket }

- Treatment
- RC Root Canal
- V's Vincent's
- Pu Pulpitis
- PO Post Operative
- Pe Periodontia
- Ra X-ray

- Describe with sketch
- Br Bridge

- PD Partial } Denture
- CU Complete upper }
- CL Complete lower }
- DA Adjustment }

Irreparable tooth—Mark with an X drawn through diagram of tooth.

Caries—Outline defective tissue. Do not fill in space.

Edentulous Space—Indicate by a line drawn mesio-distally through diagram of missing teeth.

Restoration—Sketch outline and block in shape of all serviceable restorations and write description in space adjoining diagram of teeth.

All existing dental conditions must be charted. Use ink, write plainly and abbreviate as indicated above.

- ① For first examination after enlistment.
- ② Subsequent examination and treatment.

[Signature]
Signature and unit of examining officer 000049

Indicate surfaces of teeth as follows:

Mesial — M
Distal — D
Incisal — I

Occlusal — O

Labial — La
Buccal — B
Lingual — Li

Indicate tooth by the notation below.

8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8
Patient's right	Patient's left

Date	Op. No.	Notation Symbol	Description of Treatment	Signature of Operator	Date	Op. No.	Notation Symbol	Description of Treatment	Signature of Operator

REGT 'L NO

H 77067

NAME

KALICHUK A E

CASUALTIES

ATT FAP TO 3 REPQT DEP

RANK
PTE

WEF
2 NOV45

UNIT
CD 565

DO & YEAR
2-45

000051

E. Coy.

Squadron
Battalion
Company
Detachment

*Distinct Post-10
Sept-94*

Unit or Battalion

MORNING SICK REPORT

19 *42*

Regt'l No.	RANK AND NAMES (Christian Name in full)	Age	Religion	Whether for duty a prisoner or defaulter	Married or Single	DISEASE	Medical Officer's Remarks and Initial
<i>A. 77067</i>	<i>S/Sp. Kalichuk A.E.</i>	<i>18</i>	<i>R.C.</i>	<i>D</i>	<i>S.</i>	<i>A.I.D. G. Smear Positive Blunt [Signature]</i>	<i>F.O.M.H.</i>

131

Fort Osborne Military Hospital
 R. C. A. M. C. W. D. 10
 SEP 9 1942
 WINNIPEG, MANITOBA.

(217)

[Signature]
Medical Officer

[Signature]
Orderly N.C.O.

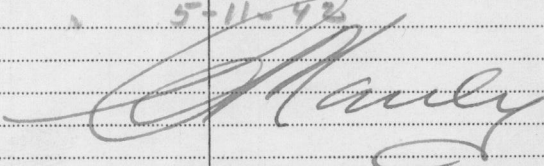
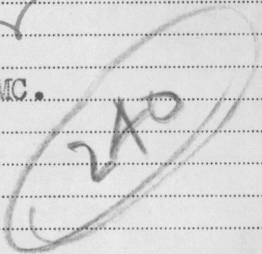
M. F. B. 292

5000M-9-41 (1885-6-7-8-9)
H.Q. 1772-39-248

000052

(OV)

TO BE DISCHARGED FROM HOSPITAL TO-MORROW

Troop, Battery, or Company	Corps	Reg't No.	RANK AND NAMES	
	#10 D.D.	H-77067	L/Cpl.	KALICHUK, A.E.
			Admitted to	F.O.M.H. 9-9-42
			Discharged	" " " " 8-10-42
	EXCUSE DUTY AND C.B. 5 DAYS			
	To report for smear in 1 week - THUR. 15-10-42			
		2 weeks	"	22-10-42
		3 weeks	"	29-10-42
		4 weeks	"	5-11-42
	Fort Osborne Military Hospital R.C.A.M.C. M.D. 10 OCT - 8 1942 WINNIPEG, MANITOBA		 (C.C. Manly) Captain, RCAMC.	
				C Coy 

ADMITTING FORM

Fort Osborne Military Hospital
Hospital..... Date and Hour Admitted **1130 hrs.** **9-9-42**
Reg'tl. No. **H-77067** Rank **L/Cpl** Name **KALICHUK. A.E.**
Unit **# 10. D.D.** Age **18**
Next of Kin **Mother.** Religion **RC**
Admitted from **# 10. D.D.**
Previous Military Hospital Admissions **No**

Previous attendance at a Consultation Clinic **No**
Previous X-Ray Examinations { yes **No** Where done?
no
Diagnosis on M.F.B. 292 **VDG** Temp

Signature of Admitting Clerk

J. Johnson Cpl

THE ABOVE TO BE FILLED IN BY ADMITTING CLERK

History, including any information on M.F.B. 292.....

*Report 31-8-42
Discharge started 8-9-42.*

Physical Findings.....

Diagnosis of Admitting Officer **VDG**

Admit to Ward *Ward 20*

Admission Orders *Ward 20 sulfathiazole*

Should M.O. be immediately informed of admission?.....

J. Summell

LABORATORY

**FOIT OSBORNE
MILITARY HOSPITAL**

Hospital.....
 Regimental No. H-77067 Rank L/cpl Name Kalichuk, A.E. Ward R. Ho. Isolation
 Unit * 10 D D Date Admitted 9-9-42 Age 18

	DATE	SEPT	10	42																
URINE EXAMINATION	Type of sample	AM 2 bottles	*1	*2																
	Amount		3/4	1/2																
	Reaction																			
	Specific gravity																			
	Albumin																			
	Sugar																			
	Ketones: S.N.P.																			
	FeCl3																			
	Bile																			
	Urobilin																			
	Blood																			
	Casts: Hyaline																			
	Granular																			
	Cellular																			
	R.B.C.																			
W.B.C.					150	400	20	35												
Epithelium																				
Centrifuged																				

	DATE																			
HAEMATOLOGICAL EXAMINATION	Haemoglobin																			
	R.B.C.																			
	Colour Index																			
	Volume Index																			
	W.B.C.																			
	Eosinophiles																			
	Eosinophiles Myelocytes																			
	Neutrophiles																			
	Neutrophiles Myelocytes																			
	Myleblasts																			
	Basophiles																			
	Bas. Myelocytes																			
	Endothelial																			
	Lymphocytes																			
	Platelets																			
	Anisocytosis																			
	Macrocytosis																			
	Microcytosis																			
	Poikilocytosis																			
	HB. Content																			
	Polychromasia																			
	Reticulation																			
	Normoblasts																			
	Megaloblasts																			
	Bleed. Time																			
Coag. Time																				

	DATE																			
BLOOD CHEMISTRY	N.P.N.																			
	Urea N.																			
	Creatinin																			
	Chlorides																			
	Cholesterol																			
	Sugar (fasting)																			
Sulphonamide																				
V.D.B.																				

Bacteriology and Serology		DATE							
Blood									
Faeces									
Serous fl.									
Urine									
Sputum									
Wasserman Bl.	NEGATIVE								
Wasserman G.S.F.									
Widal									

Miscellaneous		DATE							

PATHOLOGICAL REPORT

M.F.B. 1477
 500M-6-41 (721)
 H.Q. 1772-39-1831

PORT OSBORNE

CLINICAL CHART

Hospital **MILITARY HOSPITAL**

Service **Army**

Ward **R.H. Isolation**

Reg't No. **H-77067** Rank **L/Cpl**

Name **Kalichuk A.E.**

Age **18**

Unit **#10 District Depot**

Date of Admission

9-9-1942

DATE		9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5	6	7	8					
Pulse	Temperature	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME	TIME				
		a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.				
160	107																																			
150	106																																			
140	105																																			
130	104																																			
120	103																																			
110	102																																			
100	101																																			
90	100																																			
80	99																																			
70	98																																			
60	97																																			
Respirations		18	16	17	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16		
Stools		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Fluid Intake, 8 a.m.-8 a.m.																																				
Blood Pressure																																				

Admission

Discharge

VENEREAL DISEASE CASE-SHEET

M.F.W. 101
100M-2-42 (3388)
H.Q. 1772-39-1053

(GONORRHOEA)

Reg. No. H-77067 Rank L/cpl Name Kalichuk, A.E. Unit #10.D.D.
 Diagnosis Admitted 9-9-42 Discharged
 Medical Officer i/c [Signature]

HISTORY

Number of previous attacks? None
 Where and when acquired?
 Is this attack acute or a recurrence? acute
 Date and character of first symptoms 8-9-42 Discharge
 Source of infection including all available particulars, address and name of town or location, etc.
Mary (?) Sifton, Man. Exposed 31-8-42
 Can the patient identify the source of infection? ? Doubtful
 Does the patient know of other cases infected from the same source? No
 Had either the patient or source of infection indulged in alcohol at the time of infection? Yes, patient
 What venereal prophylaxis was used, when, exactly, was it used and by whom was it administered?
None used

NOTE.—IT IS IMPORTANT TO INCLUDE ALL AVAILABLE INFORMATION

DATE Day of Disease	Smear	Urine	Other Lab. Tests	Compli- cations	Medicine	Irrigation	Operations
9-9-42			WR	Disch	Sithingale gm 6.	-	-
10-9-42	+++ Eus.	2 bottles	-	heavy	" "	-	-
11	++			light	Sithingale gm 6.	-	-
12-9-42	+		WR. NEG.	"	" "	-	-
13-9-42	++			"	gm 4	-	Sitz baths.
14-9-42	±			Moist	" "	-	" "
15-9-42	++			"	Sithingale gm 6.	-	" "
16-9-42	+			"	" "	P.P. 1-800 aug 5%	" "
17-9-42	+++			light	" "	" "	" "
18-9-42	+			Moist	" "	" "	" "
19-9-42	+++			"	-	" "	" "
20-9-42	+++			"	Sithingale gm 6.	" "	" "
21-9-42	++			"	" "	" "	" "
22	+++			light	" "	" "	" "
23	-			-	" "	" "	" "
24	±			-	" "	" "	" "
25	++			light	" "	" "	" "
26	++			"	" "	" "	" "
27	-			-	gm 4	" "	" "
28	-			-	-	-	-

X-RAY INSPECTION OF CHEST

D9424

SECTION 1

A radiograph of the chest of

Film No.....

Rank..... PTE Name..... KALICHUK Alexander Edward

Reg. No..... H-77067 Unit..... #10 D.D.....

Civilian Address as per Registration Card

..... Age Height Weight

Signature of Recruit.....

is reported as follows:—

- (a) Radiological examination does not disclose evidence of tuberculous disease of the lungs of such a nature as to indicate rejection for service in the Canadian Armed Forces except as stated below.
- (b) The transverse diameter of the heart is.....cms. as compared with a transverse diameter of the chest of.....cms.
- (c) Pathological conditions or congenital abnormalities of importance seen in the film are as under-noted. (In each instance an opinion should be expressed as to whether such was present prior to enlistment.)

DISCHARGE

Place..... WPG. MAN.

Date..... 16 JAN 46

NEGATIVE
APPROVED

(F.G. Stuart)

Maj.
Radiologist

If a pathological condition or congenital abnormality is not observed by this method of examination, record "negative" after (c).

SECTION 2

Remarks of the Internist, Surgeon or Specialist in Tuberculosis. (State whether in your opinion the lesion present antedated enlistment.)

SECTION 3

Opinion of Consultant Physician and Radiologist as may be indicated by Section 2.

Conclusion.

Place.....

Date.....

Sig.....

Sig.....

FIELD MEDICAL CARD.

No. M-75063 Rank Pte
 Name KALICHUK, H.E.
 Unit 82 Cdn. H.H. Sde Coy RCHSE.

~~Battle Casualty. Accidentally Wounded. "Sick."~~

~~(Strike out description which does not apply).~~

Diagnosis of Unit M.O.—

Date seen by him—

No. of Field Ambulance—18 Cdn. Field Amb H.D.S.

Date of admission—1 Dec 43.

Field Ambulance diagnosis—Influenza
Paul Robert Capt

C.C.S. or M.C.S. diagnosis (if altered from above)—

General or other Hospital diagnosis (alterations or additions)—

000062

3083
48

Date of Admission to C.C.S., M.C.S. or General or other Hospital and designation of medical unit to which admitted must be recorded hereunder immediately on admission. Brief clinical notes should be added later, dated and signed by the M.O.

NO. 20, S. & R. O. A. M. O. DEC 1 1943

His nose overleaf.

Exam. T = 103.0°

Pharynx reddened. Cervical glands slightly enlarged. not tender. chest clear. abdomen negative.

Prev. diag: Influenza.
gastrointestinal.

6 Dec 43

Temp normal. may be up. yet.

7 Dec 43

Improving up. gastroint. may.

9 Dec. 43

Discharge to unit.

Jaworski

This F.M. Card must not be destroyed. It must be transmitted with the patient if he is evacuated to U.K. Temperature charts or additional clinical notes may be sent with it, either in the same or in another envelope attached to the patient.

000063

Additional Notes by Unit M.O. and Field Ambulance.

Morphia— Dose. Time and date given—	A.T. Serum— Dose and date given—
Date of Wound or onset of illness	Religion— <i>R.C.</i>
	<i>20 S.</i>

Disease*	Microscopic Diagnosis*			
Malaria	B.T.	M.T.	Q.	Clin.
Dysentery	B.Ex.	Ehyst.	Indef. Ex.	

Malaria Treatment							
Days	1	2	3	4	5	6	7
Ateb. grms							
Quin. grs.							

NOTES.

T-12-43
 187ld Amb. A.D.S. — Patient caught cold last night on map reading. Has been coughing for the whole night.
 Actually several malaria, aching all over his body, headache.
 Painful cough
 F. 102.4.
 Chest clear. Throat slightly reddened.
 Impression. Influenza with tracheitis
 To be evacuated to 2 ccs

Paul Robert 000064

* Strike out where inapplicable.

VENEREAL DISEASE CASE-SHEET

M.F.W. 101
100M-2-42 (3388)
H.Q. 1772-29-1053

(GONORRHOEA)

Reg. No. H-77067 Rank L/cn Name Kalichuk AE Unit 10 D D
 Diagnosis Gonorrhea Admitted 9-9-42 Discharged 8-10-42
 Medical Officer i/c [Signature]

HISTORY Sheet #2

Number of previous attacks?.....
 Where and when acquired?..... See Previous Sheet.
 Is this attack acute or a recurrence?.....
 Date and character of first symptoms.....
 Source of infection including all available particulars, address and name of town or location, etc.....

 Can the patient identify the source of infection?.....
 Does the patient know of other cases infected from the same source?.....
 Had either the patient or source of infection indulged in alcohol at the time of infection?.....
 What venereal prophylaxis was used, when, exactly, was it used and by whom was it administered?.....

NOTE.—IT IS IMPORTANT TO INCLUDE ALL AVAILABLE INFORMATION

DATE Day of Disease	Smear	Urine	Other Lab. Tests	Compli- cations	Medicine	Irrigation	Operations
29-9-42	Gc. Pub. - +			-	-	-	
30-	- -			-	-	-	
1-10-42	- +			-	-	-	
2-	- +++			Mucous Discharge	-	PP. 1-8000 ampyl 5%	
3-	- -			-	-	::	
4-	- +			-	-	"	
5-	- -			-	-	-	-
6-	- -			-	-	-	-
7-	- -			-	-	-	-
8-10-42	- -			Dry	Discharged	-	

18th Recce
Camp

DEPARTMENT OF PENSIONS AND NATIONAL HEALTH

CANADA

This form will be used for all cases entering hospital and also for class I outpatients, and will be kept during hospitalization on the patients chart board in the Ward Office. All forms and reports must be handed to local Pension Examiner. Specially noting any new or changed diagnosis. Report of all examinations including Specialists reports are to be rendered on this form. If further pages are required the fact must be noted, stating number of pages attached.

M.D.

- 1. Hospital.....Dauphin General Hospital.....2. Date of admission...October 5, 1941.....
- 3. Surname...KALICHUK.....4. Christian Name...Alexander.....5. Age...19.....
- 6. Birthplace...Sifton, Manitoba.....7. New of kin...Father - Frank Kalichuk.....
- 8. Address...Sifton, Manitoba.....
- 9. Regimental Numbers { C.A.S.F.H-77067..... Pte.
C.E.F.10. Rank { 11. Unit { Camp Shilo, 18th Man. Reconnaissance
Other
- 12. Personal address...Camp Shilo, 18th Man. Reconnaissance.....13. Height...5' 5".....14. Weight...140.....
- 15. Present pensionable disability.....
-16. Amount per month.....
- 17. Other disabilities not pensionable.....
- 18. Dates of last or other hospital periods.....
- 19. Authority for hospitalization...C.M.O......20. Class...19.....
- 21. Statement of present complaints in patients own language on admission to hospital.....
Man complains pain stomach.
- 22. Date of discharge...9-10-41.....23. Reason for discharge...Further hospital treatment not required.
- 24. Condition of patient on discharge...See inside reports.
- 25. Is further treatment needed at home?...Yes.
- 26. Final Diagnosis...Acute Gastritis due to drinking Home-brew.
- 27. Disposal of case...Discharged from Hospital.
- 28. Remarks, etc., dissatisfaction or complaints of patient or Medical Officer...None.

A. R. Taylor

A. R. Taylor, M.D.

Signature of C.M.O.

A. E. Kalichuk

Pte. A. E. Kalichuk.

Signature of Patient.

CONFIDENTIAL

Immediate history preceding this hospitalization. Present condition and clinical notes during hospitalization. (EMD)

The M.O. will make a general physical examination and arrange for specialists examination. Originals of later reports will be kept on District files, but synopsis of their findings will be filled in below.

Admitted to Dauphin General Hospital Oct. 5 at 11.40 p.m.,
pain in stomach, headache, nauseated with emesis of undigested
fluid. Ole Ricini at 1 p.m. Oct. 6. Abdomen still sore.
Out of bed Oct. 8 - feeling improved. Discharged Oct. 9 feel-
ing fine.

(Sgd.) Dr. R. E. Dicks.

Unknown at 18 p.m.

MEDICAL HISTORY OF AN INVALID

INSTRUCTIONS TO MEDICAL OFFICERS

1. In using this Form, Medical Officers will be guided by instructions issued at N.D.H.Q.
2. This Form will be used for all ranks, at home and abroad, when change in Category or discharge from His Majesty's Forces is contemplated.
3. All sections must be answered in full.
4. A definite diagnosis of all diseases or injuries recorded must be made, and the "Standard Morbidity Code for Canada" must be followed.
5. The Medical Officer in charge of the case is responsible for the completion of pages 1, 2 and 3. The President and Members of the Medical Board are responsible for the completion of page 4.

STATION Shilo DATE 25-8-41

1. (a) Unit 18th Man Recce Bn. (b) Regimental No. #77067 (c) Rank Pte.
 (d) Surname KALICHUK (e) Christian names Alexander Edward
(Use block letters)
 (f) Home address Sifton Man.
 (g) Next of Kin Agnes Kalichuk (h) Relationship Mother
 (i) Address of Next of Kin Sifton Man.
2. Age last birthday 17 Date of birth Nov 3 1923
3. Enlistment, or Appointment: (a) Place Winnipeg (b) Date 21-5-41
 (c) Category on enlistment A (d) If lower than A on enlistment, give reason

4. Personal description: (a) Height 5' 5 1/2 (b) Weight 126
 (c) Complexion Fair (d) Colour of hair Brown (e) Colour of eyes Grey
 (f) Identification marks, scars, etc. Appendectomy Scar 1938
Vacc mark - left: Small scar over Rt clavicle.
5. Former civilian trade, profession or occupation Farmer

6. Service (The information should be secured from personal Military documents if available. If not, a statement from the member of the forces may be taken, and note made to that effect.)
- (a) Length of service. Years 0 Days 97
 (b) Periods of service: u/a
 (c) Trade on enlistment Farmer.

	From	To
Former Wars.....	<u>nil.</u>	<u>nil.</u>
War 1939—Canada.....	<u>21-5-41</u>	<u>26-8-41</u>
Abroad.....	<u>nil.</u>	<u>nil.</u>
Canada on return from abroad.....	<u>u/a</u>	

7. Diseases or injuries with Code Nos. under age.
(To be filled in when examination has been completed)
- (a) Dates of origin u/a
 (b) Places of origin u/a
 (c) Causes u/a

8. Present Condition—(a) Subjective no complaints
(In the individual's own words)

[Dotted lines for handwritten input]

(b) Objective (Before completing this section, the member of the forces should be stripped and subjected to a thorough physical examination. All defects, no matter how trivial, should be recorded. Specialists' reports will be obtained when necessary to ensure a definite diagnosis. For R.C.A.F. Personnel when the category is higher than A4B, a B2 examination is to be completed and the results entered in this section.)

Healthy young man. No apparent disease or infirmity.

[Dotted lines for handwritten input]

9. History (This section should contain a detailed history of the origin of all diseases and injuries described in Section 8. Date and place of treatment should be recorded, and if pre-enlistment in origin, the name and address of the attending Physician or institution, if available, should be included. Special care should be taken as to history in respect of injuries incurred during service. Copies of Medical Case Sheets, D.P. & N.H. Forms 100, and Consultant opinions should be attached.)

n/a.

10. Were the diseases or injuries caused or aggravated:

(a) By intemperance or improper conduct: or (b) by unreasonable refusal to accept treatment?.....

(a) n/a

(b) n/a

11. What is the probable duration of the diseases or injuries?.....

n/a

12. Is further treatment in hospital, convalescent home, etc., likely to be of material benefit?.....
(If the answer is "yes" state nature of treatment required and probable duration)

n/a

13. Can the former civilian trade, profession or occupation be resumed?.....
(If not, briefly state why)

yes.

14. Recommendations.....
(This section should contain only the M.O.'s recommendation as to treatment, convalescence, or reference to Medical Board for categorization)

To be re-boarded.

At Every Cape Plans
Medical Officer by whom the case is brought forward.

STATEMENT OF THE INVALID

(Sections 8 (a) and 9 are to be read to the member of the forces and either "satisfied" or "not satisfied" struck out.)

I, the undersigned *A.E. Kalichuk* having heard the contents of Sections 8 (a) and 9 read, am satisfied (or not satisfied) with it. (If dissatisfied, statement should follow.)

I complain in addition of *Nothing*

A.E. Kalichuk Rank
Signature of member of the Forces.

OPINION OF THE MEDICAL BOARD

15. Does the Board concur with the preceding report? If not, give differing opinions with reasons.....

see earlier

16. It is certified that the invalid,—

(a) ~~Does require treatment~~ (give nature of treatment required and probable duration.)

(b) Does not require treatment.

Categories hereunder are defined for information only.

(1) NAVY—

- A. General service.
- D. Temporarily unfit.
- E. Unfit for Category A.

(2) ARMY—

- A. General service.
- B1 } Service abroad (not general service).
- B2 }
- C1 } Home service (Canada only).
- C2 }
- D. Temporarily unfit.
- E. Unfit for A, B, C.

(3) R.C.A.F.—

- A1B Fit for full flying and ground duties anywhere and under any conditions.
- A1HBH Fit for full flying and ground duties in Canada.
- A2B Fit for limited flying duties and all ground duties anywhere and under any conditions.
- A2HBH Fit for limited flying duties and all ground duties in Canada.
- A3B Air Crew (other than pilots) fit for their full flying duties and full ground duties anywhere and under any conditions.
- A3HBH Ditto but Canada only.
- A4B Fit for passenger flying and full ground duties anywhere and under any conditions.
- A4HBH Ditto but Canada only.
- ATB Unfit for flying temporarily but fit for full ground duties anywhere.
- ATBH Unfit for flying temporarily but fit for full ground duties in Canada.
- ATBT Temporarily unfit for any form of duty.
- APB Permanently unfit for flying, fit for ground duties anywhere.
- APBH Ditto but only in Canada.
- APBT (Permanently unfit for flying, temporarily unfit for any form of duty).
- APBP Unfit for any form of duty.

17. Recommendations of the Medical Board as to category, treatment or convalescence.

Category... *A - (underage)*

Place... *Camp Shilo*

Date... *August 26 - 1941*

S. J. Bennett } President.

W. E. ... } Members.
A. Mumpell

TO BE COMPLETED WHEN TREATMENT IS REFUSED

I, the undersigned..... understand the nature of the treatment recommended, and I refuse to accept it, for the following reasons.....

Witness..... Signed.....
(Should the refusal appear unreasonable, or should he decline to sign the statement, the Board of Officers should so state.)

Place..... President.

Date.....
} Members.

APPROVED BY

APPROVED BY

D.M.O. or P.M.O.

D.G.M.S. or D.M.S. (Air)

Date.....

Date.....

MEDICAL BOARD PROCEEDINGS

INSTRUCTIONS TO MEDICAL OFFICERS

BOARD
TO
C. P. C.

- This form will only be used in connection with the retirement of an officer or the discharge of another rank or when specially required by N.D.H.Q. If Medical Board of three members acts, all sections will be completed by them.
- It is the responsibility of each medical officer concerned to ensure that his part of the proceedings is properly carried out, that the individual examined is correctly and completely described.
- If space on form is insufficient, report may be carried over to an overflow sheet, which will be numbered to correspond to the section concerned, and the overflow sheet will be signed as well as the corresponding section on the form.
- Sections 1 to 10 inclusive may be completed in Orderly Room.
- Sections 12 to 15 inclusive will be completed by the medical officer instituting the proceedings.
- Sections 16 to 19 inclusive will be completed by the appropriate examining officers.
- Every section is essential and each must be completed in full. Be relevant and concise. Write legibly.

JAN 17 1946
Army Reception Centre
19 District Depot
C. A.

Station Winnipeg Date 17 Jan 46

- State reasons and/or authority for proceedings RC 1029 (52)
- Regimental No. 2477067 Rank Pte Unit 7010 Sd Religion P.C.
- Name KALICHUK ALEXANDER EDWARD
(Surname in block letters) (Christian Names)
- Home Address 702 3rd Ave SE Dauphin man. Canada
Dauphin man. Country of Birth Canada
- Place of enlistment or enrolment Winnipeg Date 21 May 41
- State whether G.S., N.R.M.A., C.W.A.C., G.O. 139, P.F., etc. G.S.

- Category or PULHEMS Profile on Enlistment or Enrolment A
Date of Birth 3 Nov 1923

Y	O	B	P	U	L	H	E	M	S

- Occupation in civilian life Farmer
in Army Sr Mech M.V. "C"

- Length of Service, this war:
 - Canada 21 May 41 to 23 July 43
 - Abroad 24 July 43 to 2 Dec 45
 - Canada (on return) 3 Dec 45 to Present

- Length of Service, former wars: (Rank and Regimental No. if available)
 - Canada
 - Abroad
 - Canada (on return)

11. Present Diseases or Injuries (to be filled in by the President of the Board):

Cause	Present Diseases or Injuries	Place of Origin	Date of Origin	Code No.
<u>Infection</u>	<u>Tonsillitis</u>	<u>Definite</u>	<u>Definite</u>	<u>0902</u>

UNIT MEDICAL OFFICERS SECTION

12. Present complaints (in individual's own words).....

M.S.

13. History of present and past disability, including functional enquiry:

This Section should outline in detail the history of the various symptoms or complaints described in Sec. 12, special consideration being given to any illness or injury suffered during army service. In the case of injuries, inquiry should be made as to whether or not M.F.M. 371 was completed or Court of Inquiry held. Give dates and other essential data such as hospitals where treated, and names of doctors or medical officers rendering treatment. Findings of physical examination will be entered in this section when made by the Unit Medical Officer, or his equivalent, when such examination is indicated.

*Enlisted Lt. A. unchanged.
Pre-enlistment - Appendectomy 1938.
Post-enlistment - hosp.*

- 1.) F.O. 17/14. 1941. V.D.G.
- 2.) D.C.C.S. 1. 12.43 to 9. 12.43. Influenza.

*No accidents or injuries.
No V.D.C.*

June bug - would like tonsils removed. Gets frequent sore throats.

Date.....

17 Jan 46

J.G. Hunter, Capt.
(Signature of Medical Officer)

R.C.A.M.C.

14. Statement of Individual being examined:

(a) I, the undersigned, *Pt. Kalichuk, A.C.* having had Sections 12 and 13 read to me, am satisfied that they are correct to the best of my knowledge and belief.

Witness.....

J.G. Hunter, Capt.
J.G. Hunter, Capt.

Pt. Kalichuk A.C.
(Rank) (Name)

Date.....

17 Jan 46

15. (a) Ht. *5' 5 1/4* Wt. *141* Wt. on enlistment *126*

(b) Urinalysis: Albumen *neg.* Microscopic (if albumen positive)..... Sugar *neg.*

(c) Chest X-Ray No. *D-9424* Laboratory *FOMH* Report *neg.*

(d) Blood: Serology: *taken 17 Jan 46*

SPECIALIST EXAMINERS SECTION

16. This Section will be completed by E.E.N. and T. Examiner.

(a) History, Functional Inquiry and Examination.

As in Sec. 1.3 Exam - Tonsils, suppurative, no acute inflam.

fu Vision O.D. 20/20 O.S. 20/20 Corrected O.D. O.S.
Hearing A.D. CV 20 A.S. CV 20

(b) Disabilities with Morbidity Code numbers, treatment advised, if any, remarks, etc.:

Tonsillitis 0902
To DVA for treatment Recommended Grades: P 1 H 1 E 1

M. B. Maclean, Capt. R.C.A.M.C.
(Signature of E.E.N. and T. Examiner)

N.B. Maclean, Capt.

17. This Section will be completed by the SURGEON EXAMINER.

(a) History, Functional Inquiry and Examination.

Very Neg

(b) Disabilities with Morbidity Code numbers, treatment advised, if any, remarks, etc.:

None

Recommended Grades: P 1 U 1 L 1

A. I. Lerner, Capt. R.C.A.M.C.
(Signature of Surgeon Examiner)

A. I. Lerner, Capt.

18. This Section will be completed by INTERNIST EXAMINER.

(a) History, Functional Inquiry and Examination: B.P. Syst.

125 75 Dias

History - r.d. 5-1941. Cured.
Complaints - none
Exam - Cathartic type
not thin & sclerae clear.
Heart & abd neg.
Reflexes equal & active.

(b) Disabilities with Morbidity Code numbers, treatment advised, if any, remarks, etc.:

NAD

Recommended Grades: P 1 M 1 S 1

S. S. Avren, Capt. R.C.A.M.C.
(Signature of Internist Examiner)

S. S. Avren, Capt.

19. This Section will be completed by the PSYCHIATRIST EXAMINER.

(a) History, Functional Inquiry and Examination.....
.....
.....
.....

(b) Disabilities with Morbidity Code numbers, treatment advised, if any, remarks, etc.:

Recommended Grades: P.....M.....S.....

R.C.A.M.C.

(Signature of Psychiatrist Examiner)

20. This Section will be completed by the PRESIDENT of the Medical Board.

(a) Recommendations of Medical Board as to treatment and disposal.....

R.O. 1029 (5011)

Disposal to P.V.A. re Tonsillitis

(b) Approved PULHEMS Profile

YOB	P	U	L	H	E	M	S
23	1	1	1	1	1	1	1

Date 18 Jan 46 M.H. Smith-Windsor, Capt. R.C.A.M.C.
President Medical Board

21. Approved by: E. Kliffer Capt.

E. Kliffer, Capt.

for W.M. Musgrove Lt. Col. R.C.A.M.C.

Confirmed by (when indicated)

for B.H. Young, Lt. Col.

~~XXXX~~ D.M.O., ~~XXXX~~

D.G.M.S.

Date 18 Jan. 46

Date.....

22. Certified True Copy of the Original Proceedings:

Date 18 Jan 46

Signature..... R.C.A.M.C.

23. Re-examined and PULHEMS Profile confirmed.

YOB	P	U	L	H	E	M	S

Remarks.....

Date.....

(Signature of Examining Officer)

R.C.A.M.C.