

Your story, our history

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Title: O'HARA REGINALD : Service Number - Q217748 : Date of birth - 28 Jun 1895 : Place of birth - TOWNSVILLE QLD : Place of enlistment - TOWNSVILLE QLD : Next of Kin - O'HARA J

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Fact sheet 7 – Citing archival records

Fact sheet 8 – Copyright

Special Qualifications or Experience—

For previous service see B 103

REPORT		Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, etc., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty, Clearing Stations, etc. Date of disembarkation and embarkation from a theatre of war (including furlough, etc.).	Date of Casualty	Place of Casualty	Authority W.3010 R.2069 or other document	Initials of Officer certifying to correctness of entries
Date	From whom received					
25.3.43	C.A.G.	To be LIEUT 16 Bn V.D.C. &	9.2.43	8'ed	PHO 2/12/45	
10.8.43	16 Bn V.D.C.	Resignation of appl. is accepted	1.7.43	✓	CAG 66A/43	W.H.K.
					PHO 2/72/45	62
TERMINATION APPOINTMENT <i>1-7-44</i>						



MOBILIZATION ATTESTATION FORM

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

Army No. Q217748
Surname OHARA (BLOCK CAPITALS) Christian Names REGINALD
Unit 16th Batt. (BLOCK CAPITALS) V.D.C.
Enlisted for war service at TOWNSVILLE (Place)
QUEENSLAND (State) 17th May 1942 (Date)

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

1. What is your name? ... } 1. Surname OHARA (BLOCK CAPITALS)
Other names REGINALD
2. Where were you born? ... } 2. In or near the town of TOWNSVILLE
In the state or country of Q.L.D.
3. Are you a British Subject? ... } 3. Yes.
4. What is your age and date of birth? ... } 4. Age 46 years
Date of Birth 28th June 1895
5. (a) What is your normal trade or occupation? Grade if any? } 5. (a) Building Contractor
(b) Present occupation? ... } (b) Married
6. (a) Are you married, single or widower? ... } 6. (a) 15-7-20
(b) If married state date of marriage? ... } (b) A.I.F. 1914-1918
7. (a) Have you had previous naval, military or Air Force service } 7. (a) End of war
either in peace or war? If so, where and in what arm? } (b) Mrs J.E. O'Hara
- (b) What was the reason for your discharge? ... } 8. Name Mrs J.E. O'Hara
Address Princes Road, Hyde Park
Townsville
Relationship Wife
9. Who is your actual next of kin? (Order of relationship— } 9. No 10, Princes Road, Hyde Park
wife, eldest son, eldest daughter, father, mother, eldest } Townsville
brother, eldest sister, eldest half-brother, eldest half-sister) } Presbyterian
10. What is your permanent address? ... } 10. Presbyterian
11. Which, if any, of the following Educational Qualifications do } 1. Certificate for entry to Secondary School no
you possess? ... } 2. Intermediate X
3. Leaving X
4. Leaving Honours X
5. Technical X
6. University Degree X
7. Other Diplomas X
12. Have you ever been convicted by a Civil Court? ... } 12. no
If so—(a) What Court? ... } (a) 1
(b) for what offence? ... } (b) 1

I, Reginald O'Hara do solemnly declare that the
above answers made by me to the above questions are true.
Witnessed by R. O'Hara (Signature of Attesting or Witnessing Officer.)
Signature: R. O'Hara

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

217748

B

MEDICAL EXAMINATION

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

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

Signature of Examining Medical Officer _____

* Classifications which are inapplicable to be struck out.

† Reasons for unfitness to be stated.

C

OATH OF ENLISTMENT †

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

I, REGINALD O'HARA swear that I will well and truly serve our Sovereign Lord, the King, in the Citizen Military Forces of the Commonwealth of Australia for the duration of the present time of war, and for a period of twelve months thereafter, or until sooner lawfully discharged, dismissed, or removed, and that I will resist His Majesty's enemies and cause His Majesty's peace to be kept and maintained, and that I will in all matters appertaining to my service faithfully discharge my duty according to law.

So Help Me God!

Signature of Person Enlisted _____

Subscribed at Townsville in the State of Qld
this Seventeenth day of May 1942

Before me—

Signature of Attesting Officer _____

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

17-5-42

Class II. Age only.

AS Nelson
Munro
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COVER FOR PERSONAL DOCUMENTS.

Army No. 217748
Surname O'HARA
(BLOCK CAPITALS.)
Other names Reginald
Rank _____ Unit YDC PTD

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

PART TIME DUTY

V.D.C. (OLD)

SERVICE AND CASUALTY FORM

A.F.B. 103-1 (Adapted)

Army No. **Q217748**
Unit **166th V.D.C. (Q)**Surname **O'HARA**
(Block Capital)Rank **PLT** Christian Names **REGINALD**

(On Enlistment)

Date of Enlistment **17.5.45**Place **Townsville**Date and Place of Birth **28.6.1895 Townsville**Trade or Occupation **Building Contractor**Religion **Baptist**Marital Condition **Married**Next of Kin **Mrs J. E. O'Hara**Address of Next of Kin **Princes Road****Townsville**Relationship **wife**Medical Classification—Class I.
(On Enlistment) Class II.Identification—Color of Hair **Brown** Eyes **Grey**

Distinctive Marks

Record of all casualties regarding promotions (acting temporary, leave or substitute), appointments, transfers, postings, attachments, etc., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, etc., Date of disembarkation and embarkation from a theatre of war (including furlough, &c.).

Initials
of
Certificate
Correctness
of EntriesAuthority
Wherein
B 200
or other
documentPlace of
CasualtyDate of
Casualty

17.5.42 Townsville Nom Rec W9

TAKEN ON STRENGTH

16.2.45

TERMINATION
APPOINTMENTAppointed to commissioned rank
for subsequent service see B 199 (a)

1-7-44

NOTHING TO BE WRITTEN IN THIS SPACE

NOTHING TO BE WRITTEN IN THIS SPACE

[illegible]

A.W. 400m 7/42



Medical History Sheet of

Army No. 9217748

Surname (in capitals) O'HARA Christian Names Reginald
Age 46 years 0 months Date of birth 28/6/1895 Birthplace Townsville
Occupation Building Contractor Religious Denomination Anglican
Complexion Ruddy Colour of hair Brown Colour of eyes Grey
Distinctive marks, and marks indicating congenital peculiarities or previous disease { }

TABLE I.

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

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

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

Station Townsville Signature of Recruit R.O. Lane
Date 17.5.1942

Examined on 19 day of May 1942
at Townsville
Height 5 feet 7 1/2 inches
Weight 11 st 4 lb
Chest Measurement { Girth when full expanded 40 1/2 inches. When vaccinated 1918.
Range of expansion 2 inches.
Urine Clear
Blood Pressure, Systolic 135 Diastolic 90.
Slight defects, but not sufficient to cause rejection (Details in Table VI.)

Examined by me and classified as follows:—

Classification† Class II Signature B.E. Wilson Date 17.5.42
Subsequent Medical Examinations:—
Classification‡ _____ Signature _____ Date _____
Signature _____ Date _____
Signature _____ Date _____

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

TABLE II.

[illegible][illegible]

	Vision without glasses.
R	
L	

Sign

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

TABLE IV.—PRESCRIPTION FOR SPECTACLES.

Signature of M.O. _____

TABLE V.

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

Dental condition on first examination:—																		Dental Requirements:—																	
8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8 Right Left																																			
No alteration or addition will be made to this chart after the dental condition has been recorded.																																			
Symbols to be used by Dental Officer.																																			
Dentally fit .. Dentally fit .. Gingivitis G Missing .. M .. Scaling required Se. Unerupted .. U .. Dentures—Full Upper .. FU Extraction required X .. " Full Lower .. FL Filling required Y .. " Part Upper PU (No. of teeth.....) Restored tooth R .. " Part Lower PL (No. of teeth.....)																		Place .. Signature .. Date .. Rank .. Dental Officer.																	
NOTE.—Teeth replaced by a denture to be marked "D."																																			

TABLE VI.

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

TABLE VII.

Report of X-Ray Examination of Chest.

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APPOINTMENT

1-7-44

Placed on R List.

Govt. Printer, Brisbane

ADVICE OF PART TIME ENLISTMENT

AREA 81 A

To..... Q.C. 16 Bn V.D.C., TOWNSVILLE.....
 Name..... O'HARA Reginald.....
 Address..... 10 Princess Rd., Hyde Park, TOWNSVILLE.....
 Medical Classification..... II.....
 Manpower Classification..... Reserved Occupation.....
 D.A. Class..... V.....

The above-named has been this day enlisted in the Australian Military Forces (Part Time Service), allotted Army Number..... 217748..... and drafted to..... 16 Bn V.D.C.
 Date..... 17/5/48.....
 Area Officer.
 L.H.Q. Press—571—9/43—25m.