

ARMY AIR FORCES
PERSONNEL DISTRIBUTION COMMAND
Convalescent Hospital, Fort Logan, Colo.

No. _____

Orlando, Nicholas A S/Sgt

NAME OF SOLDIER (TYPED)

RANK

ASN

Nicholas A 38717953

SIGNATURE OF SOLDIER

AGE 22 YRS. HEIGHT 5 FEET 3 INCHES BUILD Medium

EYES Brown HAIR Brown COMPLEXION Ruddy

SOLDIER ON PASS IS AUTHORIZED TO VISIT DENVER AND VICINITY NOT TO EXCEED A RADIUS OF FIFTY (50) MILES, WHEN SUCH ABSENCE DOES NOT INTERFERE WITH HIS PRESCRIBED DUTIES. SOLDIER MUST CARRY THIS PASS AT ALL TIMES WHEN ABSENT FROM THIS POST.

SIGNATURE OF SECTION CHIEF

NAME

HAROLD C BROWN? Capt

RANK

Captain, Air Corps

DATE OF ISSUE

DATE OF EXPIRATION

27 Aug 45

31 Dec 45

The bearer has permission to reside off Post
with family.

NUMBER

STREET

CITY

STATE

SIGNATURE OF COMMANDING OFFICER D.O.P.

AUTHORIZED MEDALS AND AWARDS

I acknowledge on receipt of this Convalescent Pass, that I accept responsibility for any failure to comply with existing regulations, regarding conduct and appearance.

H. A. Orlando

CONVALESCENT'S SIGNATURE

I certify that the name on the front and back of this Pass is the name of the bearer, and that in my opinion, medically, this bearer is eligible to receive and use the privileges contained hereon.

SIGNATURE OF PERSONAL PHYSICIAN

NAME

RANK

This Pass must be delivered to the Commanding Officer of the D.O.P. upon transfer from this station.