

Questionnaire for first report of medical professions

The questionnaire encompasses the following medical professions: physicians, pharmacists, dentists, licensed dental technicians, doctors' aides, midwives, nurses, masseurs, masseuses, ambulatory aides, lab technicians, disinfecting personnel.

The questionnaire must be filled out clearly and conform to true facts.
Prior to filling out, read over all the questions.

Health Department of : District of *Galicja*

Regional Office: *Lwów*

Province: *Lwów*

Type of medical profession: *physician*

1. Last name (for women, married and maiden names) *Frey Gottesman*
2. First name (underline main name): *Łucja*
3. Permanent place of residence: *Lwów, ul. Balonowa, 6 m. 12*
4. Place of professional practice: *Lwów*
 - a. for independent professions, place of practice: - -
 - b. for independent professions, place of work (name of employer, hospital, etc.)
2nd Jewish Clinic
5. Legal residence: *Lwów*
6. Day, month and year of birth: *Lwów, Province of Lwów*
7. Marital status (single, married, widowed or divorced): *married (husband arrested by KGB)*
8. Number and ages of children (mention deceased in parenthesis): *1 child born in 1930*
9. Religion: *Jewish*
10. Citizenship on 1 September 1939: *Polish*

11. a. Reporting party:

	Last name	First name	Religion	Nationality
Father's father:	<i>Frey</i>	<i>Abraham</i>	<i>Jewish</i>	<i>Jew</i>
Father's mother:	<i>Frey</i>	<i>Róża</i>	<i>Jewish</i>	<i>Jew</i>
Mother's father:	<i>Weinreb</i>	<i>Aron</i>	<i>Jewish</i>	<i>Jew</i>
Mother's mother:	<i>Weinreb</i>	<i>Hendel</i>	<i>Jewish</i>	<i>Jew</i>

b. Spouse:

Father's father:	<i>Gottesman</i>	<i>Marek</i>	<i>Jewish</i>	<i>Jew</i>
Father's mother:	<i>Gottesman</i>		<i>Jewish</i>	<i>Jew</i>
Mother's father:	<i>Wechsler</i>		<i>Jewish</i>	<i>Jew</i>

12. When (day, month, year) and where did you take your examinations:
3 June 1923, in Warsaw
13. Precise date you received license to practice your profession: *10 June 1925*
14. Place where you received the license: *Warsaw*
15. If license to practice was awarded abroad, do you have a license to practice in Poland? Date: and identification of ministerial record:.....
16. When and in which institution did you train in your profession:
17. Were you previously employed by the state, self-employed, in the military; which professional organizations were you active in, or did you work officially in your professional organizations? *Yes*
 In what capacity? *Senior assistant in a neurological clinic of the Warsaw University*
18. Did you take a special examination? *No*
19. Are you practicing your medical profession? *yes*
20. Were you deprived of your right to practice your profession?.....
21. Did you renounce your right to practice your profession?.....
 (Resignations must be handed in to the Health Department in Cracow, in writing)
22. Did you participate in the 1914-1918 world war? *No*
 Which army?.... Your military rank at the time?.....
23. Were you in the Polish army? *No*
 Your latest rank in that army:
24. Are you a war invalid?
 Loss of earnings in % :.....
 Do you collect disability or retirement pension?
25. Were you awarded the title of specialist? *Yes*
 Which specialty? *Neurology* Since when? *Since I started working in the neurological clinic, i.e. since 1925*
26. When did you establish yourself to practice your profession?
 Do you own a medical establishment? Where?
- Who is the owner of the establishment?
27. Do you also hold another position?
28. Are you employed in a Social Insurance institution?
 Which one?
29. Are you employed at the Fraternity Company (Spólka Bracka)
30. Are you working as an employee? *Yes*

In which office: *at the Jewish Congregation*

What is your position: *physician*

In addition to your duties, do you have a private practice? *No*

Do you do scientific work: *no* What kind? ...

31. Do you have an official position? *No*
32. In the industry? ... In another capacity? ...
33. If you do not practice your profession, what do you do? ...

Answer the following questions for the period from 1 October 1939 to 1 July 1941:

- 10a. Your citizenship from 1 October 1939 to 1 July 1941: *Soviet occupation*
- 15a. Did you have a license to practice your profession within the USSR? *No*
Date: ---- and identification of the State Health Deptment record.
- 17a. Were you employed in the Soviet Union during the period from 1 October 1939 to 1 July 1941? *Yes, from January 1940*
In what capacity: *neurologist* Where? *II Polyclinic in Lwów*

- 23c. Were you in the Ukrainian army in 1918-1920? *No*
Your latest rank?
Did you serve in the Soviet army?

30a. Questions to item 30 must be answered for the period from 1 July 1941, with dates

- 32a. What was your pay for 14 days? Total income: *200 rubles*
What did the pay consist of? *1 rate*

34a. What languages are you familiar with? *Polish, German, French*

Note: The questionnaire should be filled out and sent in independently of enclosure of a photograph. If you have no photograph, send the questionnaire without it. Photograph should follow as soon as possible.

The questionnaire is to be filled out in 3 copies in German, Ukrainian or Polish, and sent to a competent regional physician.

Seal

Signature
of person belonging to the medical profession

Place: *Lwów* date: *25 September 1941*