

## STATEMENT OF WITNESSES

[The statement of witness should tell just what the witness saw personally, or, if he did not see the injury occur, just what he knows about it and when and by whom the information was given him.]

None.

Signed this ..... day of ..... 19.....

(Signature of witness)

None

Signed this ..... day of ..... 19.....

(Signature of witness)

## STATEMENT OF GOVERNMENT MEDICAL OFFICER OR PHYSICIAN WHO FIRST EXAMINED CASE

I CERTIFY that James W. Fisher, Civ.Mar.Personnel was given first-aid treatment, or examined, on 20 May, 1968, at 0200 m., and was not disabled for work. Probable length of disability will be — In my opinion disability — due to injury on —, 19—.

Nature of injury as found on examination Contusion of right foot.

Hospitalized — Will return for further treatment —

Discharged — Other disposition —

Remarks —

Signed this 21st day of May, 1968.

at USNS GEN. JOHN POPE, T. AP. 110

  
Lt (MC) USNR  
(Signature of medical officer)

Lt (MC) USNR

(Title)