

DISPENSARY PERMIT

NAVEXOS-107(7-52)

CASE NO.

TO DISPENSARY (Location)		DATE
USNS GEN JOHN POPE (T-AP110)		
EMPLOYEE'S NAME		BADGE NO.
HUTTON, AUTHUR W.		386-3
RATING	TIME LEFT JOB	TIME RETURNED
<i>J. J. Hallinan</i>		
RETURN TO SUPERVISOR (Name)		SHOP

REASON FOR REFERRAL

MASHED FOOT

MEDICAL OFFICER'S REPORT	TIME REPORTED	TIME RELEASED
	0830	
OCCUPATIONAL	OTHER	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> QUESTIONABLE		
DISPOSITION	RETURN FOR FURTHER TREATMENT	
<input type="checkbox"/> RW <input type="checkbox"/> LD <input type="checkbox"/> LT <input type="checkbox"/> SH		
REMARKS		

F.F.D.

SIGNATURE

J. J. Hallinan

M. C., U. S. N.

DATE TO REPORT FOR RE-TREATMENT	TIME			
	SUPERVISOR	DISPENSARY		SUPERVISOR
	LEFT WORK	ARRIVED	LEFT	RETURNED TO WORK
ARGUED, TREATMENT TERMINATED			DATE	HOUR
SIGNED BY _____				
SUPERVISOR IS TO RETURN THIS REPORT TO SAFETY OFFICE IMMEDIATELY UPON TERMINATION OF TREATMENTS.			RECEIVED BY _____	
			SAFETY OFFICER _____	