

DISPENSARY PERMIT

NAVEXOS-307 (7-52)

CASE NO.

TO DISPENSARY (Location)

USNS GEN. POPE (TAD-110)

DATE

9/21/66

EMPLOYEE'S NAME

SMITH, I.

BADGE NO.

380-4

RATING

ENGN. UTIL.

TIME LEFT JOB

0800

TIME RETURNED

0830

RETURN TO SUPERVISOR (Name)

SHOP

REASON FOR REFERRAL

CUT FINGERS

MEDICAL OFFICER'S REPORT

TIME REPORTED

TIME RELEASED

OCCUPATIONAL

☐

YES

☐

NO

☐QUES-
TIONABLE

OTHER

DISPOSITION

☒

RW

☐

LD

☐

LT

☐

SH

RETURN FOR FURTHER TREATMENT

4 days

REMARKS

SIGNATURE

M. C. U. S. N.

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