

DISPENSARY PERMIT

NAVEXOS-107 (7-52)

CASE NO.

TO DISPENSARY (Location)		HUNTER'S POINT USNShipyard		DATE	5 Aug 69
EMPLOYEE'S NAME				BADGE NO.	
JACKSON, JOSEPH F.				29217	
RATING	165-9	TIME LEFT JOB	TIME RETURNED		
AB		1045			
RETURN TO SUPERVISOR (Name)				SHOP	
Mr. SKOVOTH				DELIC	
REASON FOR REFERRAL					
USNS POPE SIDE PAINS - arm pains					
MEDICAL OFFICER'S REPORT		TIME REPORTED	TIME RELEASED		
		1050			
OCCUPATIONAL		OTHER			
<input type="checkbox"/> YES <input checked="" 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					

Bent home to recheck c. P.M.D.

SIGNATURE

R. Ribeiro, R.N. 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 _____	