

## DISPENSARY PERMIT

NAVSO 5100/9 (REV. 10/65)

0104-904-0300

CASE NO.

DISPENSARY (Location)

SFNSY 41P

EMPLOYEE'S NAME

Skovorik Michael

ATING

1st officer

TIME LEFT JOB

0800

RETURN TO SUPERVISOR (Name)

USNS Pope

EASON FOR REFERRAL

Ear Prob.

DATE

6869

SOCIAL SECURITY NO.

291-14-6703

TIME RETURNED

SHOP

## MEDICAL OFFICER'S REPORT

TIME REPORTED

0811

TIME RELEASED

0909

CCUPATIONAL

OTHER

 YES NO QUES-  
TIONABLE

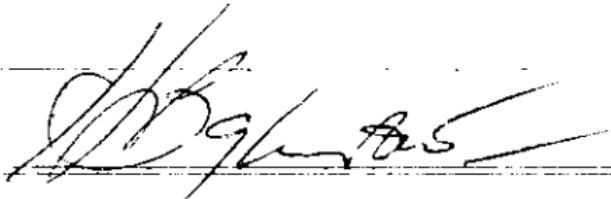
ISPOSITION

RETURN FOR FURTHER TREATMENT

 RW LD LT SH

EMARKS

GNATURE



M. C. U. S. N.

SIGNED BY

**MEDICAL OFFICER**

**SUPERVISOR IS TO RETURN THIS REPORT TO  
SAFETY OFFICE IMMEDIATELY UPON  
TERMINATION OF TREATMENTS.**

RECEIVED BY

### SAFETY OFFICER