

DISPENSARY PERMIT

NAVSO 5100/9 (REV. 10/85)
0104-904-0300

CASE NO.

DISPENSARY (Location)

SENSY HI

EMPLOYEE'S NAME

SKOVOTH MICHAEL

DATING

at office

RETURN TO SUPERVISOR (Name)

USNS POPE

REASON FOR REFERRAL

EAR PROBS.

DATE

6 8 6 9

SOCIAL SECURITY NO.

391-14-6753

TIME LEFT JOB

0800

TIME RETURNED

SHOP

MEDICAL OFFICER'S REPORT

TIME REPORTED

0811

TIME RELEASED

0909

OCCUPATIONAL

☐ YES ☒ NO ☐ QUESTIONABLE

DISPOSITION

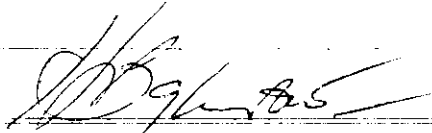
☒ RW ☐ LD ☐ LT ☐ SH

OTHER

RETURN FOR FURTHER TREATMENT

REMARKS

SIGNATURE



M. C. U. S. N.

| DATE TO REPORT FOR RE-TREATMENT | TIME | | | |
|--|------------|------------|-----------------|------------------|
| | SUPERVISOR | DISPENSARY | | SUPERVISOR |
| | LEFT WORK | ARRIVED | LEFT | RETURNED TO WORK |
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| 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 | |