

## DISPENSARY PERMIT

NAVEXOS-107 (7-52)

CASE NO.

Pope

TO DISPENSARY (Location)

NSC Oakland

DATE

2/2/68

EMPLOYEE'S NAME

Clark W J C

BADGE NO.

RATING

OS

TIME LEFT JOB

1100

TIME RETURNED

RETURN TO SUPERVISOR (Name)

R. Collinge

SHOP

REASON FOR REFERRAL

Exam

MEDICAL OFFICER'S REPORT

TIME REPORTED

1100

TIME RELEASED

1105

OCCUPATIONAL



YES



NO



QUESTIONABLE

OTHER

DISPOSITION



RW



LD



LT



SH

RETURN FOR FURTHER TREATMENT

REMARKS

W.F.F.D the day of  
 appointment to a SP4.  
 with 7x of small  
 "finger"

SIGNATURE

J. H. Collins

M.D., 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.		