

## DISPENSARY PERMIT

NAVEXOS-107 (7-52)

CASE NO.

Pope

TO DISPENSARY (Location)		DATE
NSC Oakland		2/2/68
EMPLOYEE'S NAME		BADGE NO.
Clark W J C		
RATING	TIME LEFT JOB	TIME RETURNED
OS	1100	
RETURN TO SUPERVISOR (Name)	SHOP	
<i>R. Collinge</i>		
REASON FOR REFERRAL	Exam	
MEDICAL OFFICER'S REPORT		TIME REPORTED
		1100
TIME RELEASED		1105
OCCUPATIONAL		OTHER
<input checked="" type="checkbox"/> YES <input 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		
<p>W.F.F.D the day of      appeared with a sprain      to the left middle      finger?</p>		
SIGNATURE		
J. H. Morris, U. S. N.		

DISCHARGED, TREATMENT TERMINATED

DATE

## HOUR

SIGNED BY

**MEDICAL OFFICER.**

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

RECEIVED AT

**SAFETY OFFICER.**