

DISPENSARY PERMIT

NAVEXOS-107 (7-52)

CASE NO.

POPE

TO DISPENSARY (Location)

NSC OAKLAND

DATE

1-4-68

EMPLOYEE'S NAME

FRANKLIN, F. F

BADGE NO.

11332

RATING

TIME LEFT JOB

TIME RETURNED

F/WATCH

RETURN TO SUPERVISOR (Name)

SHOP

R. COLLINGE

REASON FOR REFERRAL

EXAM TRMT

MEDICAL OFFICER'S REPORT	TIME REPORTED	TIME RELEASED
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OCCUPATIONAL	OTHER
<input 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

FFD → USPH



SIGNATURE

M. C., 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 BY

SAFETY OFFICER.