

MEDICAL REPORT OF DUTY STATUS

NAME	201771 LEE, CHARLES H	HOSPITAL REGISTRATION NO.
ADDRESS	MSTB : 22 10 N	

INPATIENT	INCLUSIVE DATES OF TREATMENT	
	From:	Through:
OUTPATIENT	DATE	TIME ARRIVED
	1 31 69	
DISPOSITION		A.M./P.M.
	Can resume usual occupation	DATE
	yes	
	Can perform limited duties as specified under REMARKS	DATE
DISPOSITION	To return to clinic	DATE
	as necessary	
	To be hospitalized	DATE
Other (Specify)		

REMARKS

Fit for duty

Imp resolving traumatic urethritis

NAME AND LOCATION OF HOSPITAL OR CLINIC	SIGNATURE OF MEDICAL OFFICER OR MEDICAL RECORD LIBRARIAN	DATE
U.S. Public Health Service Hospital San Francisco, California 94118	<i>[Signature]</i>	