

From Section to Clinic

REQUEST FOR MEDICAL TREATMENT

Date : \_\_\_\_\_

Time Sent to Clinic : \_\_\_\_\_

Name of patient : \_\_\_\_\_

Badge No: \_\_\_\_\_

Trade : \_\_\_\_\_

Section : \_\_\_\_\_

The Bearer is an employee of the company who has reported sick. Please give him or her all necessary medical attention and send your report to the department head.

Reported complaints (for purpose of reference only)

Department head signature: \_\_\_\_\_

From Clinic to Section

MEDICAL INFORMATION

Date : \_\_\_\_\_

Name of Patient: \_\_\_\_\_ Time attended to : \_\_\_\_\_

Trade : \_\_\_\_\_

Badge no : \_\_\_\_\_

Supervisor's/Foreman's Name: \_\_\_\_\_ Section : \_\_\_\_\_

MEDICAL REPORT AND RECOMMENDATION (This report must be sent to the patient's department head irrespective of doctor's/nurse's findings. If patient requires sick off duty, a copy must be sent to Admin. Dept. for necessary information and action.)

Doctor's /Nurse's Signature: \_\_\_\_\_