Dispensary Permit

PRIVACY ACT STATEMENT BELOW

CASE NUMBER

SUPERVISOR'S REPORT	TO DISPENSARY (Location)	DATE OF REPORT	
EMPLOYEE'S NAME	TIME & DATE OF INJURY	TIME LEFT JOB	TIME RETURNED
SOCIAL SECURITY NO.	GRADE, RATE, JOB TITLE	OCCUPATIONAL ☐ YES ☐ NO ☐ QUESTIONABLE	
REASON FOR REFERRAL ☐ INJURY ☐ ILLNESS ☐ EMPLOYEE'S REQUEST ☐ OTHER (Specify)			
REMARKS			
SUPERVISOR'S SIGNATURE	SHOP/OFFICE	TELEPHONE NUMBER	

MEDICAL OFFICER'S REPORT	TIME REPORTED	TIME RELEASED
OCCUPATIONAL ☐ YES ☐ NO ☐ QUESTIONABLE	DEGREE OF INJURY ☐ FIRST AID ☐ MEDICAL TREATMENT ☐ OTHER (Explain)	
DISPOSITION OF EMPLOYEE ☐ RETURN TO PERM. JOB_____ ☐ TEMP. TRANSFER TO ANOTHER JOB ☐ TERMINATION OF EMPLOYMENT ☐ RESTRICT ACTIVITY UNTIL _____ ☐ PERM. TRANSFER TO ANOTHER JOB ☐ SENT HOME BY DISPENSARY ☐ REFERRED TO PRIVATE PHYSICIAN/HOSPITAL ☐ OTHER (Explain)		
REMARKS/DIAGNOSIS		
MEDICAL OFFICER'S SIGNATURE	INITIAL TREATMENT DETERMINATION ☐ DISCHARGED, TREATMENT COMPLETED ☐ RE-TREATMENT REQUIRED	

OPNAV 5100/9 (Rev. OCT 1992)

CLEAR

PRIVACY ACT STATEMENT

Authority: SECNAVINST 5100.10E and OPNAVINST 5100.23C

Principal Purpose: To ensure prompt investigation of occupational injuries, and to initiate any necessary immediate corrective action.

Routine Use: Routinely used by the activity Occupational Safety and Health Office to perform official duties in the investigation of mishaps which may have caused occupational injury or illness.

Disclosure: Voluntary. Treatment will be provided without regard to employee's willingness to divulge all or part of the requested information.