OCCUPATIONAL HEALTH PERMIT

MCBCL 5100/3

INSTRUCTIONS:
1. Complete in Triplicate.
2. Return Original to Supervisor; 1 Copy to Civilian Personnel; 1 Copy to Base Safety Manager.
3. If an Occupational Injury, Form CA-17 with Part A Completed MUST Also be Submitted.

THIS SECTION TO BE COMPLETED BY SUPERVISOR

TO: OCCUPATIONAL HEALTH NURSE, BUILDING 15, CAMP LEJEUNE, N.C. 28542

FROM: (Title of Supervisor, Shop or Office, and Location)

NAME OF EMPLOYEE (First, Middle, Last)	PAYROLL NO.	SOCIAL SEC. NO.
JOB TITLE	TIME LEFT JOB	TIME RETURNED

REASON FOR REFERRAL

☐ INJURY ☐ ILLNESS ☐ EMPLOYEE'S REQUEST ☐ OTHER (Specify)

DATE AND TIME OF INJURY	DATE REFERRED TO CLINIC	OCCUPATIONAL ☐ YES ☐ NO ☐ QUESTIONABLE

REMARKS

NAME OF SUPERVISOR (Print)	SIGNATURE	PHONE	DATE

THIS SECTION TO BE COMPLETED BY MEDICAL OFFICER

TIME REPORTED	TIME RELEASED	OCCUPATIONAL ☐ YES ☐ NO ☐ QUESTIONABLE

DEGREE OF INJURY

☐ FIRST AID ☐ DISPENSARY ☐ HOSPITAL ☐ PERSONAL PHYSICIAN ☐ SENT HOME ☐ OTHER (Explain in Remarks)

DISPOSITION OF EMPLOYEE

	RETURN FOR FURTHER TREATMENT _____ TIME _____ DATE		
	RETURN TO WORK		
	DISCHARGED. TREATMENT COMPLETED		
	RETURN TO LIMITED DUTY AS INDICATED BELOW		
	NO LIFTING, PULLING OR CARRYING IN EXCESS OF LBS.		DESK JOB ONLY
	NO EXCESSIVE WALKING, STANDING OR BENDING		NO DRIVING GOVERNMENT VEHICLE
	NO EXPOSURE TO SOLVENTS, GREASES, OILS, DETERGENTS, ETC.		NO WORKING AROUND MOVING MACHINERY
	NO WALKING ON UNEVEN OR SLIPPERY SURFACES		NO WORKING ON LADDERS, SCAFFOLDING, ETC.
	NO EXPOSURE TO EXTREME TEMPERATURE OR HUMIDITY		ONE HAND JOB ONLY
	OTHER (Explain)		

REMARKS

NAME OF MEDICAL OFFICER (Print or Type)	SIGNATURE OF MEDICAL OFFICER	DATE

PRIVACY ACT STATEMENT
Authority: SECNAVINST 5100.10B and OPNAVINST 5100.14
Principal Purpose: To control and monitor treatment and disposition of civilians of Naval Dispensaries in cases of occupational injury or illness.
Routine Use: To ensure prompt investigation of occupational injuries, and to initiate any necessary immediate corrective action.
Disclosure: Voluntary. Treatment will be provided without regard to employee's willingness to divulge all or part of the requested information.