

MEDICAL EVALUATION OF WORK STATUS / DISPENSARY PERMIT

PRIVACY ACT STATEMENT

Authority: SECNAVINST 5100.10D and OPNAVINST 5100.14.

Principle Purpose: To control and monitor treatment and disposition of civilians at 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.

SUPERVISOR'S REPORT

EMPLOYEE'S NAME			SSN	DATE OF REPORT
POSITION TITLE, SERIES & GRADE				ORGANIZATION CODE
TIME & DATE OF INJURY	TIME LEFT JOB	TIME RETURNED	SUPERVISOR'S IMPRESSION <input type="checkbox"/> NONOCCUPATIONAL <input type="checkbox"/> OCCUPATIONAL <input type="checkbox"/> QUESTIONABLE	THIS REPORT IS <input type="checkbox"/> FIRST <input type="checkbox"/> EXTENSION <input type="checkbox"/> FINAL
DESCRIPTION OF ILLNESS OR INJURY				
SUPERVISOR'S SIGNATURE	PRINTED NAME OF SUPERVISOR	SHOP / OFFICE	TELEPHONE EXT.	

MEDICAL OFFICER'S REPORT

<input type="checkbox"/> CLASS I. QUALIFIED FOR FULL DUTY OF POSITION TITLE.	MEDICAL OFFICER'S SIGNATURE
--	-----------------------------

CLASS II. QUALIFIED FOR LIGHT DUTY OF POSITION TITLE. TEMPORARY RESTRICTIONS ARE RECOMMENDED BELOW:

FUNCTIONAL FACTORS	ENVIRONMENTAL FACTORS
LIFTING, CARRYING UP TO _____ LBS.	INSIDE, ENCLOSED, CRAMPED SPACES
PUSHING, PULLING	OUTSIDE, WEATHER EXPOSURE
REACHING ABOVE SHOULDER	EXCESSIVE HEAT
USE OF FINGERS, DEXTERITY	EXCESSIVE COLD, WIND, DRYNESS
BOTH HANDS, USE OF _____ HAND	EXCESSIVE HUMIDITY, DAMPNESS
STANDING, WALKING	EXCESSIVE DUST, DIRT, SILICA
BENDING, STOOPING, LEANING, CRAWLING	EXCESSIVE NOISE
CLIMBING, USING LEGS ONLY, GUARDED STAIRS, RAMPS	FUMES, SMOKE, GASES, ODORS
CLIMBING, USING ARMS, LADDERS, ROPES, STAGING	SOLVENTS, GREASE, TOXIC CHEMICALS
SITTING	CONTACT VIBRATION
VISUAL ACUITY	INTENSE LIGHT, LIGHT SPECTRA, ARC WELDING
DEPTH PERCEPTION, BINOCULAR VISION	WORKING CLOSELY WITH OTHERS
WORK SPEED, PERFORMANCE RATE	WORKING ALONE
OPERATING POWER MACHINERY, FIXED TYPE	PROLONGED, IRREGULAR HOURS, SHIFT WORK ROTATION
OPERATING POWER MACHINERY, MOBILE CRANE, VEHICLE	WORK AROUND DANGEROUS POWER MACHINERY
ACCURACY, RELIABILITY, SECURITY	WORK ON LADDERS, SCAFFOLDING, RAMPS
	UNENCLOSED HEIGHTS, OPEN DROPS
	EMOTIONAL STRESS OR PRESSURE
	EXPOSURE TO IONIZING RADIATION

BLANK SPACE = FULL CAPACITY

PC = PARTIAL CAPACITY

NC = NO CAPACITY

OTHER REMARKS

DATE FULL DUTY WILL RESUME	DATE FOR RE-EVALUATION	MEDICAL OFFICER'S SIGNATURE
<input type="checkbox"/> CLASS III, NOT QUALIFIED FOR ANY DUTY AT NAES	DATE FOR RE-EVALUATION	MEDICAL OFFICER'S SIGNATURE

ADMINISTRATIVE ENDORSEMENT OF RESTRICTED ASSIGNMENT

LIGHT DUTY ASSIGNMENT IS NOT AVAILABLE

LIGHT DUTY IS ASSIGNED AS RECOMMENDED

DEPARTMENT/DIVISION HEAD SIGNATURE	DATE
------------------------------------	------