

**USCG YARD
CLINIC REPORT**

Shop to complete blocks 1 through 11

1. REASON FOR VISIT: ACCIDENT/INJURY SICK CALL/ILLNESS PHYSICAL EXAM SAFETY GLASSES	2. LAST NAME, FIRST NAME MI		
	3. BADGE NUMBER	4. SHOP AND PHONE EXT.	
	5. OCCUPATION	6. SOCIAL SECURITY NUMBER	
7. DATE	8. TIME OUT	9. TIME IN	10. SHOP SUPERVISOR

11. DESCRIPTION OF INJURY – TIME, DATE, LOCATION, AND NAME OF WITNESS

Clinic to complete blocks 12 through 21

12. ARRIVED AT CLINIC:	13. DEPARTED CLINIC:	
14. DIAGNOSIS		
15. DUTY STATUS: FIT FOR FULL JURY FIT FOR RESTRICTED DUTY NOT FIT FOR DUTY DURATION OF DUTY STATUS _____ DAYS	16. MEDICAL RESTRICTIONS	
17. RETURN TO CLINIC/REFERRED TO <p style="text-align: right;">- AS NEEDED -</p>		
18. TYPE OF INJURY: OCCUPATIONAL NON-OCCUPATIONAL QUESTIONABLE FAIL TO REPORT	19. VISIT INITIAL FOLLOW-UP	20. SIGNATURE OF MEDICAL PROVIDER
		21. SIGNATURE OF MEDICAL OFFICER

DISTRIBUTION

HEALTH RECORD	SAFETY
SHOP	CPO

Privacy Act Statement

This document may contain information covered under the Privacy Act, 5 USC 552(a), and/or the Health Insurance Portability and Accountability Act (PL 104-191) and its various implementing regulations and must be protected in accordance with those provisions. Healthcare information is personal and sensitive and must be treated accordingly. If this correspondence contains healthcare information it is being provided to you after appropriate authorization from the patient or under circumstances that don't require patient authorization. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Redisclosure without additional patient consent or as permitted by law is prohibited. Unauthorized redisclosure or failure to maintain confidentiality subjects you to application of appropriate sanction. If you have received this correspondence in error, please notify the sender at once and destroy any copies you have made.