

APPENDIX D
 AMSEL-TY Form 112, Tobyhanna Army Depot Dispensary Permit

TOBYHANNA ARMY DEPOT HEALTH CLINIC PERMIT FOR OCCUPATIONAL INJURY & ILLNESS <small>Use in accordance with TYAD Regulation 385-1; Proponent Office is AMSEL-TY-RK-S</small>			
SUPERVISOR'S REPORT			
Name:	<i>Joseph Smith</i>	Age:	<i>39</i>
		SSN:	<i>123-45-6780</i>
Grade/Job Title:	<i>Laborer, WG-06</i>		
Time of Injury: (hour/day)	Location of Accident:	Returned to Duty: (hour/day)	
<i>09-12-99 0845</i>	<i>Whse-3 Bay 2</i>	<i>09-12-99 1130</i>	
Mishap Description: <i>Employee smashed finger tip while moving boxes onto pallets.</i>			
Directorate and Division: <i>D/ Public Works, Building & Grounds</i>			
Supervisor's Signature (print and sign):	Date:	Phone Number:	Cost Center:
<i>James Black</i>	<i>09-12-99</i>	<i>X1624</i>	<i>X1200</i>
MEDICAL OFFICER'S REPORT			
Treatment Status:			
<input checked="" type="checkbox"/> Initial Treatment <input type="checkbox"/> Re-Treatment (date of initial injury) _____			
Degree of Injury:			
<input checked="" type="checkbox"/> First Aid <input type="checkbox"/> Sent Home <input type="checkbox"/> Other _____			
<input type="checkbox"/> Hospital <input type="checkbox"/> Referred to Personal Physician			
Disposition:			
<input checked="" type="checkbox"/> Return to regular duty (starting date) <u><i>09/12/99</i></u>			
<input type="checkbox"/> Return to duty with restrictions (estimate number of days) _____			
List restrictions: _____			
<input type="checkbox"/> Employee is able to perform all assigned duties.			
<input type="checkbox"/> Employee is not able to perform all assigned duties.			
<input type="checkbox"/> Send home or quarters (estimate number of days) _____			
<input type="checkbox"/> Other _____			
Treatment Determination:			
<input checked="" type="checkbox"/> Discharged; treatment complete <input type="checkbox"/> Re-treatment required Date: _____			
Nature and extent of injury/occupational illness/remarks:			
<i>Contusions (R) index finger</i>			
Medical Officer's Signature:	Date:	Phone Number:	
<i>A. M. Putee</i>	<i>09/12/99</i>	<i>X 52693</i>	

SAMPLE

