

CASE NUMBER

PRIVACY ACT STATEMENT BELOW

<b>SUPERVISOR'S REPORT</b>		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 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> QUESTIONABLE	
REASON FOR REFERRAL <input type="checkbox"/> INJURY <input type="checkbox"/> ILLNESS <input type="checkbox"/> EMPLOYEE'S REQUEST <input type="checkbox"/> OTHER (Specify)				
REMARKS				
SUPERVISOR'S SIGNATURE		SHOP/OFFICE	TELEPHONE NUMBER	
<b>MEDICAL OFFICER'S REPORT</b>		TIME REPORTED	TIME RELEASED	
OCCUPATIONAL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> QUESTIONABLE		DEGREE OF INJURY <input type="checkbox"/> FIRST AID <input type="checkbox"/> MEDICAL TREATMENT <input type="checkbox"/> OTHER (Explain)		
DISPOSITION OF EMPLOYEE <input type="checkbox"/> RETURN TO PERM. JOB _____ <input type="checkbox"/> TEMP. TRANSFER TO ANOTHER JOB <input type="checkbox"/> TERMINATION OF EMPLOYMENT <input type="checkbox"/> RESTRICT ACTIVITY UNTIL _____ <input type="checkbox"/> PERM. TRANSFER TO ANOTHER JOB <input type="checkbox"/> SENT HOME BY DISPENSARY <input type="checkbox"/> REFERRED TO PRIVATE PHYSICIAN/HOSPITAL <input type="checkbox"/> OTHER (Explain)				
REMARKS/DIAGNOSIS				
MEDICAL OFFICER'S SIGNATURE		INITIAL TREATMENT DETERMINATION <input type="checkbox"/> DISCHARGED, TREATMENT COMPLETED <input type="checkbox"/> RE-TREATMENT REQUIRED		

OPNAV 5100/9 (Rev. OCT 1992)

**Authority:** 5 U.S.C. 301, Departmental Regulations and E.O. 9397

**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.

OPNAV 5100/9 (10/92)