

SS # _____



- STATE EMPLOYEE
- RESEARCH EMPLOYEE
- VOLUNTEER
- STUDENT ASSISTANT
- OTHER _____

SUNY HEALTH SCIENCE CENTER AT BROOKLYN STUDENT/EMPLOYEE HEALTH SERVICE REFERRAL SLIP

Employee Mr./Ms. _____ of the Department of _____ has asked permission to go to Student Health Service to seek medical attention and/or advice. *

Date _____ Time _____

SUPERVISOR'S TITLE

SUPERVISOR'S SIGNATURE

* IF EMPLOYEE HAS BEEN INJURED WHILE ON DUTY , PLEASE CHECK AND ATTACH ACCIDENT FORM.

DISPOSITION (To be filled out by Student Health Physician)

Employee _____ has been seen on Date _____

Time _____. The following has been recommended:

1. Return to duty.
2. Return to duty and see private physician after work.
3. Off duty to see private physician. To return with note from physician it out 3 days or longer
4. Off duty due to illness for _____ days.

STUDENT HEALTH SERVICE SIGNATURE

NOTE: To Employee—please return this slip to your supervisor immediately after you see the student health physician.

To Employees & Supervisors— It is not the responsibility of the Student Health Service to render total medical care but merely to give advice as to where to be referred if necessary and to render emergency care.