UNIVERSITY OF MINES AND TECHNOLOGY, TARKWA

DEPENDANT HOSPITAL & REFERRAL FORM

SECTION A: STAFF & DEPENDANT DETAILS

Name: ……. Staff ID: …… Tel: ……

Department/Unit/Section…….. Signature: ……

Name of Dependant: ……Age……..…Relation: ……...

Head of Department/Unit/Section

Name: …….

Signature: …….. Date: …….

The above dependant is a son/daughter/wife/husband of the above-named employee of the University of Mines and Technology. He/She reported sick. I should be grateful if you could examine him/her for the necessary treatment.

SECTION B: UMaT MEDICAL CENTRE

GOVERNMENT HOSPITAL/CLINIC

☐ Dependant Examined

Medical Officer Assessment Outcome:

☐ Fit

☐ Unfit

……

If Unfit:

Excused from duty for …… day(s)

From: …….. To: ……..

SECTION C: REFERRAL STATUS

☐ Not referred

☐ Referred for further medical evaluation

Referred Facility: ……

UMaT Medical Officer Name: ……

Signature: …….. Date:

Official Stamp: ……

SECTION D: REFERRED FACILITY CONFIRMATION

I have examined ..……and found to be fit/unfit. He/She has been placed on sick leave for ……day(s) Excuse Duty.

Medical Officer Name: …….

Signature: ……

Official Stamp: ……. Date: ……