SS # ____________________________

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.

Personnel’s Copy