

MEDICAL REFERRAL

HOLMES & NARVER, INC.
TECHNOLOGY & CONSTRUCTION
PACIFIC TEST DIVISION
AEC CONTRACT AT(29-2)-20

DATE: 12 Dec. 1972

R

REPOSITORY DOE/PASO
COLLECTION DOE/NV
BOX No. 1228, "ERDA # 3"
BIO-MED DR. CONARD
FOLDER 01 TRAU 12/1973

402153

TO: Maui Medical Group
2180 Main St.
Wailuku, Hawaii

_____, WHOSE SIGNATURE APPEARS BELOW IS REFERRED TO YOU FOR
THE FOLLOWING LISTED MEDICAL SERVICES IN ACCORDANCE WITH THE TERMS OF OUR PURCHASE ORDER NO. 9E055A
APPLICANT HAS AN APPOINTMENT FOR _____ HOURS ON 12 Dec 1972

DESCRIPTION:	AUTHORIZED IF CHECKED	FURNISHED DATE
PRE-EMPLOYMENT EXAMINATION	_____	_____
TERMINATION EXAMINATION	_____	_____
RH FACTOR & BLOOD TYPE	_____	_____
STOOL EXAMINATION	_____	_____
OTHER MEDICAL SERVICES (LIST)		
<u>Mouth infection</u>	<u>XX</u>	<u>12-12-72</u>
_____	_____	_____
_____	_____	_____

IMMUNIZATION - IF CHECKED, REQUIREMENTS FOR THE FOLLOWING INOCULATIONS ARE DETERMINED BY THE PHYSICIAN,
NORMALLY FROM THE SHOT RECORD CARD:

SMALLPOX VACCINATION	_____	_____
TETANUS TOXOID INOCULATION	_____	_____
TYPHOID/PARATYPHOID INOCULATION	_____	_____
POLYVALENT INFLUENZA VIRUS INOCULATION	_____	_____
SABIN ORAL VACCINE	_____	_____
CHOLERA INOCULATION	_____	_____

APPLICANT WILL READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING THIS FORM. I AUTHORIZE THE MEDICAL
EXAMINER TO DISCLOSE ALL RELEVANT MEDICAL INFORMATION TO HOLMES & NARVER, INC., REGARDING MY MEDICAL HISTORY
AND PHYSICAL EXAMINATION STATUS.

5051859

APPLICANT SIGNATURE

AUTHORIZED REPRESENTATIVE

Exam of throat mouth + teeth normal

[Signature]
Bertson A Nepe MD

INSTRUCTIONS TO THE PHYSICIAN:

RETAIN THIS FORM, AS IT MUST BE ATTACHED TO THE SUMMARY OF CHARGES FOR MEDICAL SERVICES FORM WHEN SUB-
MITTED FOR PAYMENT.