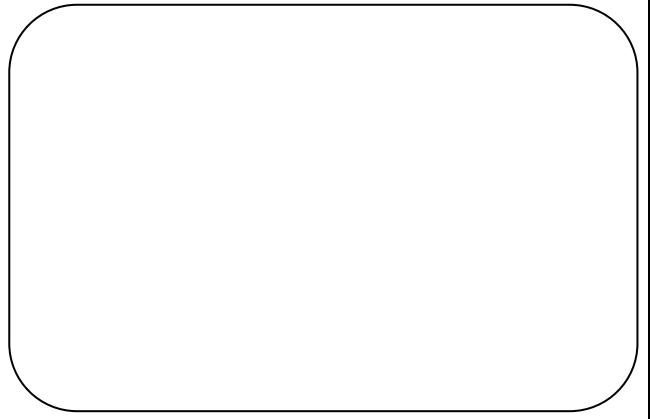




Kingdom of Saudi Arabia  
National Guard Health Affairs

**Employee Referral for Medical/Dental Consultation**



**FOR DEPARTMENT USE**

<b>PART A</b>	Employee Name:	Badge Number:	Date:
	Department: College of Science and Health Professions (COSHP)	Supervisor Name:	Signature:
	Time released from work:	Referred to: EMPLOYEE HEALTH CLINIC (EHC)	

**FOR CLINIC USE**

<b>PART B</b>	Date:	Time arrived:	Time seen:	Time left clinic:
	Physician Recommendation:	<input type="checkbox"/> Return to work	Conditions, If any: _____	
		<input type="checkbox"/> Sick leave for 1 2 3	(In words) _____ day(s)	
		<input type="checkbox"/> Referred to:		
	Physician Name:	Badge Number:	Signature:	

*Note: This form after approval of the attending physician is valid for sick leave up to 3 days ONLY. For 4 or more days, use the official Sick Leave Report form (Appendix D).*

Comments:

\_\_\_\_\_  
Signature (Supervisor / Department Head)

\_\_\_\_\_  
Date