

HBK EL-505, INJURY COMPENSATION, DECEMBER 1995 FORMS

Form 3956

The collection of this information is authorized by 39 USC 401, 1003, 1005, 5 USC 8339. It will be used to authorize your departure for medical attention. As a routine use, this information may be disclosed to a Federal agency when relevant to the administration of employee benefits and programs including EEO, to an appropriate law enforcement agency for investigative or prosecutive purposes, to a Congressional office at your request, to the OMB for review of private legislation, to a labor organization as required by the NLRA, and where pertinent, in a legal proceeding to which the Postal Service is a party.

Part A -- Employee Information		Part C -- Physician's/Nurse Report	
Complete items 1 through 7. Deliver to supervisor for Part B completion then deliver copies 1 and 2 to Medical Unit/Physician.		Complete items 12 through 18. Return Copy 2 to supervisor immediately following initial visit.	
1. To: (Physician's Name and Address, including Apt./Suite No.)		12. Date	13. Time Patient Arrived
2. Employee's Name (Last, First, Middle Initial)		14. Recommendation <input type="checkbox"/> Return to Work <input type="checkbox"/> Further Treatment <input type="checkbox"/> Trans to Hospital	
3. Job Title	4. SSN	15. Duty Status Not Fit for Duty Fit for Restricted Duty <input type="checkbox"/> Fit for Duty <input type="checkbox"/> Days <input type="checkbox"/> Days	
5. Installation and Section Where Employed		16. If Restricted Duty, Checked in Item 15, Specify Limitations	
6. Illness or Injury (State briefly)			
7. Job Related <input type="checkbox"/> Yes <input type="checkbox"/> No			
Part B -- Supervisor			
Complete items 8 through 11 prior to employee departure. Complete items 19 through 21 after employee returns from physician			
8. Date and Time Employee Left Installation or Section		17. Time Employee Left Medical Unit/Physician	
9. Job Related <input type="checkbox"/> Yes <input type="checkbox"/> No	10. Supervisor's Signature		18. Physician's/Nurse's Signature
11. Return to: Supervisor's Name and Mailing Address (Put in window area)			19. Date Returned to Work
			20. Time Absent
			21. Supervisor's Signature

PS Form 3956, March 1988

U.S. Postal Service

1 -- Medical Unit

Authorization for Medical Attention