

OCCUPATIONAL HEALTH REPORT		CALENDAR YEAR	LAST DAY OF REPORTING PERIOD	REPORTS CONTROL SYMBOL DLA(A)1332(W)	
TO:			FROM: (Name and Address of Reporting Activity)		
PART A - ADMINISTRATIVE DATA					
ACTIVITIES COVERED BY REPORT (Symbol)					
PART B - SERVICES PROVIDED (See DLA Safety and Health Manual for Instructions)					
		SERVICE	GOVERNMENT HEALTH	PRIVATE PHYSICIAN	TOTAL
		a	b	c	d
1	OCCUPATIONAL ILLNESS	FIRST VISIT			
2		REVISIT			
3	OCCUPATIONAL INJURY	FIRST VISIT			
4		REVISIT			
5	NONOCCUPATIONAL ILLNESS/INJURY	FIRST VISIT			
6		REVISIT			
7	PHYSICAL EXAMINATION	PREEMPLOYMENT			
8		FITNESS FOR DUTY			
9		VOLUNTARY HEALTH MAINTENANCE			
10		MANDATORY IN SERVICE			
11	VOLUNTARY UNIPHASIC HEALTH SCREENINGS	PAP SMEAR			
12		DIABETES			
13		GLAUCOMA			
14		HEARING			
15		CANCER			
16		HYPERTENSION			
17		OTHER (Specify)			
18	VOLUNTARY MULTIPHASIC HEALTH SCREENINGS				
19	REQUIRED VISION SCREENING				
20	SAFETY GLASSES ISSUED	PLANO			
21		PRESCRIPTION			
22	FILM BADGES ISSUED/CONTROLLED				
23	REQUIRED AUDIOMETRIC TESTS				
24	IMMUNIZATIONS	INFLUENZA			
25		OTHER DISEASES			
26		THERAPEUTIC			
27		OTHER			
28	REFERRAL TO PERSONAL PHYSICIAN OR DENTIST (Nonoccupational)				
29	TREATMENTS REQUESTED BY PERSONAL PHYSICIAN				
30	EMPLOYEES COUNSELED FOR	ALCOHOLISM			
31		DRUG ABUSE			
32		EMOTIONAL DISORDERS			
33		JOB RELATED HEALTH EDUCATION			
34		PREGNANCY SURVEILLANCE			
35		OTHER			
36	DESCRIBE HEALTH EDUCATION EFFORTS				
37					
38					
39	COST				
40	MISCELLANEOUS				
41					
42					
43					
44					
45					
PART C - REMARKS (Continue on Reverse Side if Necessary)					
TITLE OF APPROVING AUTHORITY			SIGNATURE OF APPROVING AUTHORITY		DATE