N.P. 838/6-47

PHYSICIANS MONTHLY STATEMENT OF FEES DUE FOR EXAMINATION OF EMPLOYEES

MONTH ______________________ 19____ LOCATION ______________________________

Date Examined	NAME OF EMPLOYEE	Occupation	Form 1826 Number	Visial or Physical Examination	Approved or Disapproved	Old or New Employee	Amount	For the Dist. Acct. Acct No.

Attach Forms 1826 and forward original and two copies of this Form to the District Accountant end of month.

Dr. ______________________ Signed

______________________ 19____ Date