

SICK CALL REQUEST

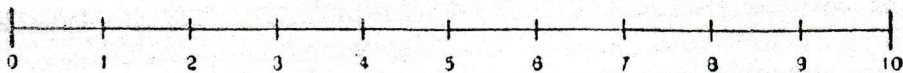
Name: _____ Reg #: _____

Date: _____ Unit / Cell: _____

Request to see (SELECT ONE) _____ Medical _____ Dental

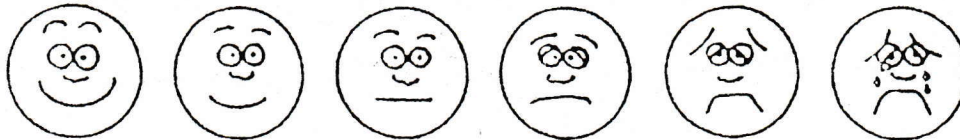
Specific issue: _____

Choose a number between 0 to 10 that best describes your pain.



English: No Pain Mild Moderate Severe Very Severe Excruciating

Spanish: Sin Dolor Leve Moderado Severo Muy Severo Intolerable



DO NOT WRITE BELOW THIS LINE

_____ You will be evaluated today by your Healthcare Provider / Dental. You are to wait
In the waiting room until called.

_____ You have been scheduled for an appointment with your Healthcare Provider /
Dental. You will be placed on the callout to be evaluated.

_____ You have been referred to the commissary for the following medications -

Name: _____ Days: _____

Triage Personnel: _____

Date: _____