

UNIVERSITY OF MINES AND TECHNOLOGY, **TARKWA**

DEPENDANT HOSPITAL FORM

FROM: Vice-Chancellor

University of Mines and Technology

Tarkwa

Tarkwa

TO: The Medical Officer/Staff University of Mines and Technology Tarkwa

REFER	TO:.			
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NAME OF STAFF	
NAME OF STAFF	
Prof./Dr/Mr./Mrs./Miss/ Ms.:	
REF. NO.	
DEPARTMENT/SECTION/ UNIT	
Date:	
The bearer of this form	
Name:	
is a son/daughter/wife of the above named	
employee of the University of Mines and	
Technology. She/he reported sick. I should be	
grateful if you could examine him/her for the	
necessary treatment.	
	MEDICAL OFFICER
	MEDICAL OFFICER/ CHIEF NURSING OFFICER
for: Vice-Chancellor	
University of Mines and Technology	



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