



# GHANA TECHNOLOGY UNIVERSITY COLLEGE

## HOSPITAL ATTENDANCE FORM

### PART A- TO BE COMPLETED BY THE APPLICANT

- 1) Name of Staff: .....
- 2) Department.....
- 3) Staff No:.....
- 4) Job Title.....
- 5) Tel No.....
- 6) Date.....

The above named is a staff/dependant of an employee of this University. We will be grateful if you could give him/her required medical attention and report.

.....  
HR Department

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### PART B - TO BE COMPLETED BY HOSPITAL/CLINIC

**Name of Employee:** .....

I have examined the above-named and found him/her fit/unfit for duty for.....days.

I have referred him/her to return for treatment on.....

Date .....Time.....

.....  
Signature of Medical Officer

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### PART C-RECEIPT OF MEDICAL REPORT - GTUC HR DEPARTMENT

This form was received on: Date..... Time:.....

The form was duly signed by a qualified medical officer:      Yes:       No:

Any comment:.....

Name:.....      Signature.....      Date:.....