FEDERAL ROAD SAFETY CORPS

NATIONAL HEADQUARTERS, ZONE 3, WUSE DISTRICT, ABUJA.

ADMIN AND HUMAN RESOURCES DEPARTMENT

MEDICAL BOARD PATIENT FOLLOW-UP FORM

(This form **MUST** be completed and forwarded to **DCM (AHR)** and **CMRO** every month by **Commanding Officer**)

Month/Year_____

A. Staff Details to be completed and endorsed by AHR:

Name (Surname First):_____

Rank & Designation:_____

PIN:_____ Grade Level:_____

Command:_____

Date Resumed in the Command:_____

Phone Number:_____

Number of Appearance at FRSC Medical Board:_____

Number of attendance at work and assigned job schedule for the month:_____

_____

Disciplinary action (if any):_____

Name of Z/S/U AHR (Surname First):_____

Rank & Designation:_____

Signature/Date:_____ Phone Number:_____

B. Present Health Status of the Staff:

To be completed by **ZMO/SMO** or attending Physician of the Staff:_____

_____

(Attach extra sheet if necessary)

Attach current Medical Report (not later than 3 months).

Name of ZMO/SMO (Surname First):_____

Rank & Designation:_____

Signature/Date:_____ Phone Number:_____

C. Details of the Commanding Officer:

Name (Surname First):_____

Rank & Designation:_____

Command:_____

Signature/Date:_____ Phone Number:_____