



Chinese General Hospital and Medical Center

APPLICATION FOR MEDICAL AVAILMENT

_____ Date

NAME : _____
Surname First Name Middle Name

Category:

- Active Consultant Visiting Consultant, with clinic Visiting Consultant, no clinic
 Associate Consultant with hospital approved benefits
 Fellow Resident Intern

Department:

- Surgery Medicine OB-GYN Pediatrics
 Anesthesia Radiology) Rehabilitation Medicine

Diagnosis: _____

Laboratory Exams:

Ancillary Procedures:

* Please attach PHIC requirements

Name and Signature of Applicant

Name and Signature of Attending MD

Endorsed by:

DMER / COC / OHCP

CGH MSA

Approved by:

Medical Director