

4-20

SICKCALL
0745
1330
1900

MEDICAL DEPARTMENT
NAVAL TRAINING SCHOOL
LAWRENCE, KANSAS

NAME ~~H. Smith~~ *Smith* *CEE N* RATE

CO *pt* SEC T P R

COMPLAINT *Excuse from*

TREATMENT *pt for 2 days*
till 4-21-44

R. Soule
Phm/c