Appendix II

**KERALA GOVERNMENT SERVANT’S MEDICAL ATTENDANCE RULES 1960**

*(Proforma to be filled up by the Authorised Medical Attendant when a patient is referred to other Hospitals within/outside State)*

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| --- | --- | --- |
| 1 | Name and address of Patient: |  |
| 2 | Wheher employed,if so details such as  a)Pay&Scale of Pay:  b)Office in which employed: |  |
| 3 | Residential Address of the patient: |  |
| 4 | Place at which the patient fell ill: |  |
| 5 | Whether hospitalized or not: |  |
| 6 | If hospitalized whether in Government Hospital/Private Hospital with name of Hospital:  If hospitalized whether in Government Hospital/  Private Hospital with name of Hospital: |  |
| 7 | If advised hospitalization outside the State the Hospital where the patient is admitted first.  State the reason for outside hospitalization: |  |
| 8 | Details of permission granted for outside treatment: |  |

Signature of Authorised Medical Attendant

|  |  |  |
| --- | --- | --- |
| 9 | (i)Remarks of UnitChief/Head of Department: |  |
| (ii)Remarks of Superintendent of Hospital: |  |
| Counter Signature of DME/DHS | | |