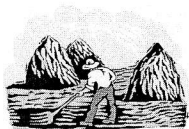


# French Clubs Sick / Hospitalization Form



LES FANEURS, INC.  
2684 Appaloosa Trail  
Pinole, CA, 94564



LIGUE HENRI IV  
126 Beacon Court  
Vallejo, CA 94590



LES CHASSEURS, INC.  
113 Marview Way  
San Francisco, CA 94131

*La Gauloise*



LA GAULOISE  
P.O. Box 5697  
South San Francisco, CA 94083

Franco-American Lodge No. 207



ODD FELLOWS  
113 Marview Way  
San Francisco, CA 94131

Claims for Hospitalization require a statement or invoice documenting admission and release dates and do not require a Physicians signature.

Claims for Sick Days require the signature of the Attending Physician.

Date: \_\_\_\_\_

This is to certify that Mr. \_\_\_\_\_

Residing at: \_\_\_\_\_

Telephone Number: (      ) \_\_\_\_\_

Has been under my personal care for this claim from: \_\_\_\_\_, 20\_\_\_\_

To: \_\_\_\_\_ 20\_\_\_\_\_.

He is diagnosed with \_\_\_\_\_

Was He hospitalized? \_\_\_\_\_ Yes \_\_\_\_\_ No

Hospitalized at: \_\_\_\_\_

From \_\_\_\_\_, 20\_\_\_\_ To \_\_\_\_\_ 20\_\_\_\_\_

His condition at this time is \_\_\_\_\_

Were intoxicants, narcotics or venereal disease to blame? \_\_\_\_\_

Is the patient still under your care? \_\_\_\_\_

When will he be able to begin normal activities? \_\_\_\_\_ 20\_\_\_\_\_.

Member Signature: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_

Telephone Number of Physician (      ) \_\_\_\_\_

ATTENTION: This certificate must be delivered to the above address of the society before 8:00P.M. the evening of the regularly scheduled meeting. Benefits are not paid until a member notifies the society and completes and submits this claim form.

ATTENTION: Ce certificat doit être délivré au siège de la Société avant 8 heures du soir de la réunion. Les bénéfiques ne sont pas payés qu'à partir du jour ou le membre notifier la société et rempli et soumet ce réclame.