



Confidential Medical Statement

2. Detail your findings on examination. Please attach supporting documentation such as reports, x-rays, or other tests.

Three horizontal lines for text entry.

3. Please list any medication prescribed as a result of the medical condition(s) described in 1(a).

Two horizontal lines for text entry.

4. Please list any medical history relating to the medical condition(s) described in 1(a).

Two horizontal lines for text entry.

5. Describe any relevant medical problems other than the medical condition(s) described in 1(a).

Two horizontal lines for text entry.

6. Describe any activities that worsen the patient's medical condition(s) described in 1(a).

Two horizontal lines for text entry.

7. a) Do you consider the patient has become incapable of effectively performing the regular duties of employment as a result of the physical or mental impairment? [] yes [] no

b) Do you consider the patient is suffering from a physical or mental impairment that can reasonably be expected to last for the remainder of the patient's lifetime and prevents the patient from engaging in any gainful occupation? [] yes [] no

8. The duration of the disability is:
[] Temporary (reasonable probability for recovery)
[] Permanent (low probability for recovery)

9. Please provide any additional information.

Three horizontal lines for text entry.

5. Physician Certification

I certify that the information on this form is, to the best of my knowledge and belief, complete and accurate.

physician's signature

date (YYYY/MM/DD)