

PHYSICIAN'S STATEMENT

(DISABILITY)

SIDE 2

PATIENT CAN LIFT / CARRY: (Please check appropriate boxes)

Maximum pounds	<10	10	15	20	25	30	35	40	45	50	55	60	65	75	80	85	90	95	100	125	≥ 150	
Occasionally (0 - 2.5 hrs / day)																						
Frequently (2.5 - 5.5 hrs / day)																						
Continuously (5.5+ hrs / day)																						
Never																						

PATIENT CAN USE UPPER EXTREMITIES FOR REPETITIVE TASKS

	Simple grasping		Pushing / pulling		Fine manipulation	
Right hand	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Left hand	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Both hands	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PATIENT CAN USE LOWER EXTREMITIES FOR REPETITIVE MOVEMENTS (i.e., foot controls)

	Climb	Balance	Stoop	Kneel	Crouch	Crawl	Reach	Handle	Finger	Feel
Not at all										
Occasionally (0 - 2.5 hrs / day)										
Frequently (2.5 - 5.5 hrs / day)										
Continuously (5.5+ hrs / day)										

Estimated return to work date: <input type="checkbox"/> With restrictions (date): _____ <input type="checkbox"/> Without restrictions (date): _____
Has this patient reached maximum medical improvement? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, anticipated date of MMI: _____
Do you believe that this patient is competent to endorse checks and direct the use of proceeds thereof? <input type="checkbox"/> Yes <input type="checkbox"/> No

NOTICE: Any person who knowingly and with intent to defraud or deceive any insurance company or other person files a statement of claim containing any materially false or misleading information, or conceals for the purpose of misleading, information concerning any fact material hereto **COMMITTS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME** and in certain states, a felony. Penalties may include imprisonment, fines, denial of insurance and civil damages. In New York, there are also civil penalties not to exceed \$5,000 and the stated value of the claim for each such violation. Under penalties of perjury, I certify that the above statements and answers are true and correct to the best of my knowledge.

Print attending physician name: _____	Specialty: _____
Address: _____	
City: _____	State: _____ Zip: _____
Phone: _____	Fax: _____
Physician's signature: _____	Date: _____

X

PLEASE COMPLETE REVERSE SIDE