Florida Retirement System Physician's Report



PO BOX 9000 Tallahassee, FL 32315-9000 Local Phone: 850-907-6500 Toll Free: 844-377-1888 FAX: 850-410-2010

Applicant Name	Applicant SSN
Position Title	Employer

Check One:

Regular Disability: _____ Florida Statutes, Chapter 121.091(4)(b), Total and permanent disability. "A member shall be considered totally and permanently disabled if, in the opinion of the administrator, he is prevented, by reason of a medically determinable physical or mental impairment, from rendering useful and efficient service as an officer or employee."

In-Line-Of-Duty Disability: ______ Florida Statutes, Chapter 121.021(13), "Disability in line of duty means an injury or illness arising out of and in the actual performance of duty required by a member's employment during regularly scheduled working hours or irregular working hours as required by the employer . . ."

Authorization for release of medical information

I authorize my physician to release any information recorded on the examination report and any other pertinent facts and documents concerning my condition to the Florida Retirement System.

Applicant Signature

Date

Physician's Statement

The patient is responsible for completion of this form without expense to the State of Florida. Please provide any additional information and copies of your office notes, if you feel they are pertinent to an understanding of this patient's condition. However, office notes CANNOT be submitted in lieu of properly completing page two of this form.

License Number Issued By Florida Board of Medical Examiners	Physician's Name (Please print)
Specialty	Address
Fax	

Phone

Florida Retirement System Physician's Report

A Has the patient's condition stabilized? YesNo No Has the patient reached maximum medical improvement? YesNo YesNo If so, when did the patient reach maximum medical improvement? Date Date No Additional comments: No No imitation of succional rehabilitation? YesNo No No No No No imitation of functional capacity; may return to work. Slight limitation of functional capacity; capable of light work. Moderate limitation of functional capacity; capable of sedentary work. Cannot perform present work, but capable of performing another line of work; temporarily disabled from gainful employment. Severe limitation of functional capacity; permanently incapable of any kind of work; totally and permanently disabled from gainful employment. Al. In-Line-Of-Duty: (Complete only if "in-line-of-duty" disability retirement was checked on opposite page and injury arose out of the performance of duty. All four questions must be answered.) a) Is the patient's primary disability due to an on-the-job injury or illness? b) If so, what was the date of the injury? c) How do you relate the primary disability to the on-the-job injury? d) Is there any cause other than the on-the-job injury contributing to the patient's disability? Please explain:	Applicant Name: Ap	Applicant SSN:		
a) When did you first treat this patient? Date:	1. Diagnosis:			
b) Date of most recent examination:	-			
c) Primary disabling condition: d) Secondary condition(s): e) What restrictions have you placed on the patient's activities? 2. Prognosis: a) Has the patient scondition stabilized? b) Has the patient reached maximum medical improvement? b) Has the patient reached maximum medical improvement? c) If so, when did the patient reach maximum medical improvement? d) Is the patient a candidate for vocational rehabilitation? e) Additional comments: 3. Physical and/or Mental Impairment: Mo iimitation of functional capacity; may return to work. Slight limitation of functional capacity; capable of Ight work. Moderate limitation of functional capacity; capable of sedentary work. Cannot perform present work, but capable of performing another line of work; temporarily disabled from gainful employment. Severe limitation of functional capacity; permanently incapable of any kind of work; totally and permanently disabled from gainful employment. 4. In-Line-Of-Duty: (Complete only if "in-line-of-duty" disability retirement was checked on opposite page and injury arose out of the performance of duty. All four questions must be answered.) a) Is the patient's primary disability due to an on-the-job injury? b) If so, what was the date of the injury? c) How do you relate the primary disability to the on-the-job injury contributing to the patient's disability? Please explain: Additional Comments:				
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Physician's Name (Please Print)