

**State and County Officers' and Employees' Retirement System
Physician's Report of Reexamination**

PO Box 9000
Tallahassee FL 32315-9000
(850) 488-2968
Toll Free: 1-877-738-3725

Name of Patient: _____ SSN: _____

Statement of Patient to Examining Physician

I am making application for continuation of disability retirement under the State and County Officers' and Employees' Retirement System because of a disability which incapacitates me for the performance of gainful employment. I authorize any physician examining me to release the information recorded on the examination report and any other pertinent facts concerning my condition to the Division of Retirement.

Signature of Patient

Date

Instructions for the Examining Physician

As the examining physician of a member applying for the continuation of disability retirement, you are requested to complete Form SR-13f. The form is arranged in the following order:

- A. Physicians' Identifying Information
- B. History of Patient
- C. Findings of Present Examination of Patient

Your assistance in completing this report is appreciated.

Section A

Physician's Identifying Information:

Physician's Name: _____

Specialty: _____

Mailing Address: _____

License # _____
issued by Florida Medical Board or Board of
Osteopathic Examiners

1. When did you first examine this patient? _____
(Date)

Section B

History of Patient:

1. Medical history of patient: _____

2. Relative medical history to present condition: _____

3. Has any surgery been performed? If "yes", please explain: _____

Section C

Findings of Present Examination of Patient:

1. Examination:

Date of Visit or Examination	Age	Sex	Height	Blood Pressure	Pulse	Temperature

2. Diagnosis: List any abnormalities and disorders you have found; be as specific as possible, stating how the disorders restrict the patient:

Section C - continued

3. Describe any secondary conditions affecting the patient's condition:

4. What treatment would you prescribe for this patient and what activities would you advise this patient to refrain from performing?

5. Has the patient's condition stabilized? If not, explain his current status and prognosis:

6. Have the patient familiarize you with the duties of the position he held at the time of his retirement:

a. Is the patient able at this time to perform substantially all the duties of this occupation?

b. How does the patient's current illness or injury restrict or inhibit specifically the performance of these duties?

Section C - continued

7. Do you feel the patient can engage in a gainful occupation? Please explain your answer:

8. What other comments would you make concerning this patient's history or present examination findings that would assist the Division of Retirement in evaluating this case for a continuation of disability retirement benefits?

Signature of Physician

Date