

PHYSICIAN'S MEDICAL REPORT

(To be completed by Applicant's Physician)

TO: THE BOARD OF TRUSTEES OF THE HEAT AND FROST INSULATORS AND ALLIED WORKERS LOCAL 47 RETIREMENT FUND

RE: Complete Name: _____

Social Security Number (NNN-NN-NNNN): _____

Complete physical address: _____

List additional address information here, if necessary: _____

Diagnosis: _____

Concurrent Conditions: _____

When did these symptoms first appear or accident/injury happen? Date: _____

Is the disability due to accident/injury or sickness arising out of the patient's employment? Yes No

When did the patient first consult you for this condition? Date: _____

How long have you know this patient? Since _____

When did you last examine this patient for this condition? Date: _____

Based on your examination of and conversation with the patient,

Was the disability contracted, suffered or incurred while he/she was engaged in or the result of his/her having engaged in a criminal enterprise? Yes No

Was the disability self-inflicted? Yes No

Is this patient totally unable to engage in his/her regular occupation or employment for remuneration or profit as the result of this disability? Yes No

As of what date did this occur? Date: _____

Do you consider this disability to be permanent? Yes No

If no, what is the probable future duration? _____

Is this patient totally unable to engage in his/her regular occupation or employment at the plumbing and pipefitting trade as the result of this disability? Yes No

As of what date did this occur? _____

Do you consider this disability to be permanent? Yes No

If no, what is the probable future duration? _____

What employment can this patient engage in? _____

What employment is this patient restricted from? _____

Physician's Signature: _____

Physician's Full Name: _____

Complete Physical Address: _____

List additional address information here, if necessary: _____

Telephone (NNN) NNN-NNNN: _____

**HEAT AND FROST INSULATORS AND ALLIED WORKERS LOCAL 47
RETIREMENT TRUST FUND
6525 Centurion Drive
Lansing, MI 48917-9275
(517) 321-7502 VOICE
(517) 321-7508 FAX**