

Physician's Report on Disability

This form must be completed by a physician/medical specialist who specializes in your disabling condition.
 The following information is needed in connection with the patient's application for disability retirement benefits under the California Public Employees' Retirement Law.

All questions on this form must be answered or the application will be incomplete, which will delay processing.

Section 1

Member Information

Name of Member (First Name, Middle Initial, Last Name)	Social Security Number or CalPERS ID
Position/Occupational Title	Birth Date (mm/dd/yyyy)
For Kaiser Patients, Medical Record Number	

Section 2

Member History

Please provide history of patient's illness/injury.

Date of First Visit (mm/dd/yyyy)	Date of Last Examination (mm/dd/yyyy)
----------------------------------	---------------------------------------

Patient and Member are the same person.

Date Present Illness/Injury Occurred (mm/dd/yyyy)	Date Member Unable to Perform Job Duties (mm/dd/yyyy)
---------------------------------------------------	-------------------------------------------------------

Origin of Injury: Work Related Non-Work Related

Describe How Injury Occurred

Section 3

Examination Findings

Please provide history of patient's illness/injury.

Chief Complaints

Subjective Symptoms

Height	Weight	Blood Pressure
--------	--------	----------------

Section 4

Diagnosis

Include with this form copies of the member's medical records and referenced diagnostic test reports.

Diagnosis 1

Objective Examination Findings 1

Diagnostic Test – Dates and Findings

Restrictions/Limitations, if so specify.

Diagnosis 2

Objective Examination Findings 2

Diagnostic Test – Dates and Findings

Restrictions/Limitations, if so specify.

Comments

Section 5

Member Incapacity

Review the attached duty statement and physical requirements of the member's position prior to answering these questions.

To qualify for a disability retirement, the CalPERS member must be substantially incapacitated from the performance of the usual duties of his/her position with the current employer. This "substantial incapacity" must be due to a medical condition of permanent or extended duration that is expected to last at least 12 consecutive months or will result in death. Disability is not necessarily an inability to perform fully every function of a given position. Rather, the courts have concluded that the test is whether the member has a substantial inability to perform the usual and customary duties of the position. Prophylactic restrictions are not a basis for a disability retirement.

1. Is the member currently, substantially incapacitated from performance of the usual duties of the position for their current employer? Yes No

If yes, you must describe specific job duties/work activities that the member is unable to perform due to incapacity. Refer to member's job duty statement and Physical Requirements of Position/Occupational Title form.

Four horizontal lines for describing job duties/work activities.

2. Will the incapacity be permanent? Yes No
If not, will the incapacity last at least 12 consecutive months? Yes No

3. Was the job duty statement/job description reviewed to make your medical opinion? Yes No

4. Was the Physical Requirements of Position/Occupational Title form reviewed to make your medical opinion? Yes No

5. Was information reviewed that the member provided? Yes No
If so, please attach the information provided by the member.

6. Are you sending copies of the member's medical records and referenced diagnostic test reports along with this form to support your opinion? Yes No
Failure to provide these documents will delay processing.

Section 6

Physician's Signature

Send completed report directly to CalPERS. Do not give to member.

CalPERS has my permission to release a photocopy of report to member, upon written request. Yes No

Form fields for Physician Name, Phone Number, Fax Number, Address, City, State, ZIP, Signature of Physician/Title, Medical Specialty, Date (mm/dd/yyyy)

Mail to:

CalPERS Disability & Survivor Benefits Division • P.O. Box 2796, Sacramento, California 95812-2796
888 CalPERS (or 888-225-7377) • TTY: (877) 249-7442 • Fax: (800) 959-6545