



Physician's Report on Disability

888 CalPERS (or 888-225-7377) • TTY: (877) 249-7442 • Fax: (916) 795-1280

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.

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)
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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)
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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
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Section 4

Diagnosis

Provide dates and findings of any X-rays, EKGs, laboratory or diagnostic testing performed. Use additional sheets if necessary.

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

If there is not enough space to enter your diagnosis, attach a separate sheet. Be sure to use a label, or clearly write the member's Social Security number on each attachment.

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.

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

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 longer than 12 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

Mail 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

Print Physician Name Phone Number Fax Number

Address

City State ZIP

Signature of Physician/Title Medical Specialty Date (mm/dd/yyyy)

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

Privacy Notice

The privacy of personal information is of the utmost importance to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

Information Purpose

The information requested is collected pursuant to the Government Code (sections 20000 et seq.) and will be used for administration of Board duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to comply may result in CalPERS being unable to perform its functions regarding your status.

Please do not include information that is not requested.

Social Security Numbers

Social Security numbers are collected on a mandatory and voluntary basis. If this is CalPERS' first request for disclosure of your Social Security number, then disclosure is mandatory. If your Social Security number has already been provided, disclosure is voluntary. Due to the use of Social Security numbers by other agencies for identification purposes, we may be unable to verify eligibility for benefits without the number.

Social Security numbers are used for the following purposes:

1. Enrollee identification
2. Payroll deduction/state contributions
3. Billing of contracting agencies for employee/ employer contributions
4. Reports to CalPERS and other state agencies
5. Coordination of benefits among carriers
6. Resolving member appeals, complaints, or grievances with health plan carriers

Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

Your Rights

You have the right to review your membership files maintained by the System. For questions about this notice, our Privacy Policy, or your rights, please write to the CalPERS Privacy Officer at 400 Q Street, Sacramento, CA 95811 or call us at **888 CalPERS** (or **888-225-7377**).