

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)

CalPERS ID or Social Security Number

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. Patient and Member are the same person.

Date of First Visit (mm/dd/yyyy)

Date of Last Examination (mm/dd/yyyy)

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. 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.

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 their 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.

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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**

Print Physician Name

Phone Number

Fax Number

Address

City

State

ZIP

Signature of Physician/Title

Medical Specialty

Date (mm/dd/yyyy)

Send to:

CalPERS Disability & Survivor Benefits Division, P.O. Box 2796, Sacramento, California 95812-2796

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