



**COMMONWEALTH OF PENNSYLVANIA
STATE EMPLOYEES' RETIREMENT SYSTEM**

30 N 3RD STREET
SUITE 150
HARRISBURG, PA 17101-1716
800 633 - 5461
www.sers.state.pa.us



Region ..

◆ **MEDICAL REPORT** ◆

SS# Á

Name:	Date of Birth:
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• **NOTICE TO PHYSICIAN** •

PLEASE INCLUDE SUFFICIENT DETAILS OF HISTORY, PHYSICAL AND DIAGNOSTIC FINDINGS, CLINICAL COURSE, THERAPY AND RESPONSE TO ENABLE A REVIEWING PHYSICIAN TO MAKE AN INDEPENDENT DETERMINATION AS TO THE SEVERITY AND DURATION OF THE IMPAIRMENT.

I HISTORY Give complaints, past and present, dates of first and most recent examinations and frequency of visits.

II PHYSICAL FINDINGS Please show all pertinent findings (with dates).

HEIGHT	WEIGHT
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III LABORATORY AND SPECIAL STUDIES

Give results of all pertinent studies including X-rays, ECG's, etc. with dates. (In the case of ECG's, please attach a copy of the tracing or a detailed description thereof.)

IV DIAGNOSIS: If this pertains to a Psychiatric Review - please note the GAF scale (Global Assessment of Functioning)

1.

2.

3.

V TREATMENT AND RESPONSE:**VI EVALUATION:** Please provide your evaluation as to the patient's ability to perform the duties required by his/her Commonwealth employment.

REPORTING PHYSICIAN'S NAME AND ADDRESS (TYPE OR PRINT)	SIGNATURE	SPECIALTY
	TELEPHONE NUMBER	DATE