

# DEFINED BENEFIT PLAN MEDICAL REPORT



PATIENT/SERS MEMBER INFORMATION	
Full Name (First, MI, Last)	SSN
Date of Birth	

Your patient has asked you to complete this *Medical Report* evaluating their ability to perform their employment duties. Your patient should provide you with a copy of their employment position description so that you can evaluate their ability to perform the listed duties. The law provides that a SERS member is disabled and entitled to a disability retirement benefit if SERS determines, based on the recommendation of a reviewing physician contracted by the commonwealth, that the member is not capable of performing their employment duties. Your responses on this *Medical Report* will help a reviewing physician issue their recommendation to SERS. As you complete this form, please consider the following:

- The reviewing physician will not conduct an independent medical examination. The reviewing physician's recommendation will be based exclusively on the information you and any other treating physicians provide on *Medical Report* forms and any accompanying documentation.
- If it is your opinion that your patient is not able to perform their employment duties as listed in their employment position description, please explain the basis of your conclusion, providing as much detail as possible. Attach additional pages, if necessary.
- It is important that you complete this *Medical Report* to reflect your patient's **current conditions**. Your assessment and supporting documentation should be based on examinations and tests completed **within the past 60 days**.
- The reviewing physician may request additional, specific information after reviewing your *Medical Report* and any accompanying documentation. In that event, SERS will notify your patient, indicating what additional information is needed and, in some cases, providing additional forms for you to complete.

## Psychiatric Conditions

SERS will grant a disability retirement benefit for a psychiatric condition if, based on the reviewing physician's recommendation, the SERS member is not able to perform their employment duties. In most cases, the reviewing physician's recommendation depends upon a finding of significant functional impairment. To assist the reviewing physician in making a recommendation, please include a thorough case history and findings from any psychiatric evaluation you have performed, including but not limited to symptoms and severity, and any Global Assessment of Functioning (GAF) scores.

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## INITIAL MEDICAL REPORT

**HISTORY:** Provide dates you examined the patient and symptoms related to their ability to perform their employment duties, as listed in their employment position description.

**PHYSICAL FINDINGS:** Provide all current physical findings directly relevant to the patient's ability to perform their employment duties, as listed in their employment position description. For a psychiatric review, please include a mental status exam.

**LABORATORY AND SPECIALTY STUDIES:** Provide dates and results of all relevant specialists' reports and studies, including X-rays, ECG's, etc. Please attach copies.

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**DIAGNOSES:** List all diagnoses you have made related to the patient’s ability to perform their employment duties, as listed in their employment position description. If this report pertains to a psychiatric evaluation, please note the patient’s Global Assessment of Functioning (GAF) score.

**TREATMENT AND RESPONSE:** List prescribed medications and other recommended treatments and the patient’s responses thereto.

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**EVALUATION:** Provide your opinion as to whether the patient is able to perform all of their employment duties, as listed in their employment position description. List any employment duties you believe the patient **cannot** perform and the reasons for your opinion. Please state whether you expect any inability to perform the employment duties to be **temporary or permanent** and, if temporary, when you expect the patient to be able to perform their employment duties.

Treating Physician's Name and Address (Type or Print)	Specialty
	Telephone Number
Treating Physician's Signature	Date