

Western Metal Industry Pension Fund

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Administered by

Welfare & Pension Administration Service, Inc.

PHYSICIAN'S REPORT ON DISABILITY APPLICATION

A. History and Diagnosis

1. Name of Patient _____
2. Age _____
3. Height _____ ft. _____ in.
4. Weight _____ lbs.
5. Blood pressure _____ / _____ (resting)
6. Pulse _____ /min. (resting)
7. Respirations _____ /minute (resting)
8. Clinic Diagnosis: (Please list all contributing conditions)

9. Date disabling condition treated by any physician _____
10. Date you first treated for disabling condition _____
11. Date you last treated for disabling condition _____
12. Frequency of treatment: (please check one)
Monthly Weekly More Often
13. Nature of Symptoms: (please check one)
Progressive Stationary Improving
14. Nature of confinement: (please check one)
Bed Home Hospital Not Confined
15. Can this disabling condition be surgically corrected?
Yes No
If yes:
 - a. Prognosis for successful surgery: (please check one)
Good Fair – 50/50 Poor
 - b. Has patient consulted with a surgeon about surgical correction?
Yes No

B. Nature of Disability

1. Extent: (please check 'a' or 'b', below)
 - a. _____ Total. (Disability, which renders patient incapable of continuing employment in any gainful occupation for which substantial retraining would not be required.)
 - b. _____ Partial. (Disability, which renders patient incapable of continuing employment in occupation of present job description.)

(Please complete both sides)

