

PHYSICIAN

Do your records indicate any differences from the medical history as provided by employee? _____

Please use the following space to indicate the nature of the applicant's condition, and/or any other information you consider pertinent, and complete the statements.

DIAGNOSIS & CONCLUSIONS: _____

RECOMMENDATIONS FOR FUTURE TREATMENT/CORRECTIVE SURGERY

Would you classify this as:

(a) degenerative (such as cardiovascular, pulmonary or musculo-skeletal) condition? _____ Yes ___ No

or

(b) resulting from the aggravation of a preexisting physical or mental defect, disease (functional or organic) or deformity? _____ Yes ___ No

Of the job duties listed by the employee, which in your opinion is he/she able to perform?
Are there any limitations? _____

At what point in time did you determine the applicant to be disabled _____

My opinion is that _____ Is ___ Is not totally and permanently disabled to perform his/her regular, or comparable duties for the City of Atlanta.

Date

Signature of examining physician
Please type or print below
Name, Address & Telephone Number

Statement to be returned by physician to:
Administrative Services, Inc.
2187 Northlake Parkway
Suite 106, Building 9
Tucker GA 30084-4149