

CAUTION:

**IF YOU ARE USING A PUBLIC ACCESS
COMPUTER, (I.E., PUBLIC LIBRARY, ETC.)
BE CERTAIN YOU DRAG THIS FORM TO THE TRASH CAN
AND EMPTY THE TRASH WHEN FINISHED.**

**THIS WILL PREVENT UNAUTHORIZED
ACCESS TO PERSONAL INFORMATION SUCH AS
YOUR NAME, HOME ADDRESS, AND
SOCIAL SECURITY NUMBER.**

Physician's Statement
In Connection With Disability Retirement Under the Civil Service Retirement System
and the Federal Employees' Retirement System

Civil Service
Retirement System

Federal Employees'
Retirement System

Applicant must attach a copy of the most current position description

Form Approved:
OMB No. 3206-0228

Section A - Identifying Information and Consent
(to be completed by applicant)

1. Applicant's Name (<i>last, first, middle</i>)	2. Date of birth (<i>mo./day/yr.</i>)	3. Social security number
If you are currently employed by your agency or separated for less than 30 days, enter exact name and address including the name of the person or office in your employing agency where this information should be mailed. →	4. Enter exact name and address (<i>including ZIP Code</i>).	
If you have been separated from your employing agency for 31 days or more provide your current home address. →		
Applicant's Consent to Release Medical Information	5. I authorize the release to the Office of Personnel Management and my employing agency of any and all information or records connected with my disability retirement application.	
	Signature (<i>do not print</i>)	Date (<i>mo./day/yr.</i>)

Privacy Act and Public Burden Statements

Solicitation of this information is authorized by the Civil Service Retirement law (Chapter 83, title 5, U.S. Code) and the Federal Employees' Retirement law (Chapter 84, title 5, U.S. Code). The information you furnish will be used to identify records properly associated with your application for Federal benefits, to obtain additional information if necessary, to determine and allow present or future benefits, and to maintain a uniquely identifiable claim file. The information may be shared and is subject to verification via paper, electronic media, or through the use of computer matching programs, with national, state, local or other charitable or social security administrative agencies in order to determine benefits under their programs, to obtain information necessary for determination or continuation of benefits under this program, or to report income for tax purposes. It may also be shared and verified, as noted above, with law enforcement agencies when they are investigating a violation or potential violation of the civil criminal law. Executive Order 9397 (November 22, 1943) authorizes the use of the Social Security Number. Furnishing the Social Security Number, as well as other data, is voluntary, but failure to do so may delay or make it impossible for us to determine your eligibility to receive benefits.

We think this form takes an average 60 minutes per response to complete, including the time for reviewing instructions, getting the needed data, and reviewing the completed form. Send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Office of Personnel Management (OPM), Reports and Forms Manager, Paperwork Reduction Project (3206-0228), Washington, D.C. 20415. The OMB number, 3206-0228, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

Section B - Medical Documentation (*to be completed by physician*)

Instructions

The individual identified above is requesting medical documentation that will be evaluated, along with non-medical documentation, in connection with his or her application for disability retirement from Federal Government service. Please include all objective findings and reports concerning the individual's condition. This documentation may also be used in determining his or her eligibility for reassignment to a position that he or she is medically able to perform. A copy of his or her position description is attached for your information.

- Please provide the medical documentation requested under "Medical Documentation Requirements" on your letterhead stationery. It is important that you respond to every item listed. Enter the item number of the information requested and provide your response. If an item is not applicable to the applicant's medical condition, enter "Not Applicable." Include in your statement the identifying information in Section A, items 1 through 3, above. Your failure to provide complete information will delay the processing of your patient's disability retirement application.
- Enclose your report and any attachments in a sealed envelope marked "Medical Disability - Privileged - Private." Please make sure copies of all medical reports referenced in your statement are included. Send the envelope to the address shown in item 4 above. You may, if you wish, give it directly to the applicant for delivery to the appropriate office.

Continued on reverse

Instructions *(continued)*

- Please complete this statement within 2 weeks. Be sure to sign the report. Include your address and telephone number.
- The applicant is responsible for any costs incurred in connection with providing this documentation.

Medical Documentation Requirements

You must provide the following information:

1. A comprehensive history of this patient's medical condition(s). This must include *detailed information* regarding the symptoms and history, past and current physical findings, results of laboratory studies and therapy of this condition(s). The medical documentation must contain specific information to show why this patient is not able to perform his or her duties. The medical documentation should not be conclusory. Provide a discussion of patient compliance with therapy, response to therapy, and plans for future therapy. Also, provide copies of pertinent hospitalization summaries and operative reports.
2. Copies of reports of all applicable diagnostic laboratory tests (e.g. hematologic, chemistry, electrophysiologic, radiologic, nuclear medicine, etc.). In the case of psychiatric disorders, provide the results of mental status examinations, personality tests, test of cognitive function, educational evaluation, neuropsychiatric tests, etc.
3. Diagnosis of patient's condition(s). Preferably each diagnosis should be found in the current publication "International Classification of Disease." In the case of psychiatric disorders, diagnostic titles and codes from the DSM III(R) should be used.
4. An assessment of the degree to which the medical condition(s) has or has not become static and *an estimate of the expected date of full or partial recovery or remission.*
5. If restrictions have been placed on this patient's activities, please state what they are, why they have been imposed, and how long you expect these to be in effect.

General Information

Disability retirement determinations are made in accordance with Federal retirement regulations. A person is entitled to disability retirement benefits only when the information submitted with the application shows that an employee is unable to perform useful and efficient service because of disease or injury (1) in the employee's current position or (2) within a vacant position, in the

same agency and commuting area at the same grade or pay level and tenure, for which the employee is qualified for reassignment. Useful and efficient service means fully successful performance of the critical or essential elements of the position (or the ability to perform at that level) and satisfactory conduct and attendance.