

**KENTUCKY
DEPARTMENT OF WORKERS' CLAIMS**

FILED:

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MEDICAL REPORT OF

DR. _____

A. PLAINTIFF INFORMATION

1. Plaintiff's name: _____
2. Address: _____
3. Social Security number: _____
4. Date of birth: _____ Age: _____
5. Plaintiff height in centimeters: _____
6. Plaintiff's job title and employer: _____
7. Date of examination(s): _____
8. Purpose of examination: Treatment
 Evaluation requested by _____
 University evaluation
9. Prior evaluation (if any) and date: _____

B. PLAINTIFF HISTORY

Plaintiff related history of complaints allegedly due to coal workers' pneumoconiosis as follows:
(Include plaintiff's smoking history, if any.)

C. EMPLOYMENT HISTORY

Employment History (Form 104) dated _____ is attached. Review form with plaintiff and list pertinent employment history, including history of exposure to coal dust in the severance and processing of coal.

D. TREATMENT – Prior and Current

Based upon a review of records and/or history related by plaintiff, treatment (including any periods of hospitalization) provided for the above complaints has been as follows:

E. PHYSICAL EXAMINATION

Results of physical examination including objective medical findings related to the occupational disease.

F. DIAGNOSTIC TESTING

Check the applicable block for any testing reviewed and relied upon for medical conclusions. For pulmonary function testing, attach actual test results and tracings.

| | Date | Summary of Results |
|--|------|--|
| <input type="checkbox"/> Chest x-ray – Use ILO Classification and attach ILO Form | | |
| <input type="checkbox"/> Other x-rays reviewed of plaintiff and dates. Use ILO Classification and attach ILO Forms | | |
| <input type="checkbox"/> Pulmonary function testing pre-bronchodilator | | 1 2 3 Best % of Predicted FVC FEV ₁ |
| <input type="checkbox"/> Pulmonary function testing post-bronchodilator, if indicated | | 1 2 3 Best % of Predicted FVC FEV ₁ |
| <input type="checkbox"/> Other: | | |

G. DIAGNOSIS

H. CAUSATION

1. Within reasonable medical probability, is plaintiff's disease the result of exposure to coal dust in the severance or processing of coal? Yes No

2. Within reasonable medical probability, is any pulmonary impairment the result of exposure to coal dust in the severance or processing of coal? Yes No

I. CERTIFICATION and QUALIFICATIONS of PHYSICIAN

I hereby certify that the above information is correct and that all opinions were formulated within the realm of reasonable medical probability. A copy of my curriculum vitae is attached if I have not obtained an Department of Workers Claims Physician Index Number.

Date: _____

Full name of Physician

Department of Workers Claims Physician Index No.