

# REQUEST FOR MEDICAL INFORMATION

Attention: Medical Department

RE: \_\_\_\_\_ Date: \_\_\_\_\_

For intelligent assignment work on your release of the above named employee, the Company Physician requests the following data:

Date of Origin of Medical Condition:

Diagnosis:

Treatment – Period of:

Treatment – Nature of:

Drugs Which May Impair Efficiency or Constitute Hazard:

Pertinent Lab – EKG, X-ray, etc. Reports:

Prognosis:

Date patient Released to Work:

\_\_\_\_\_ M.D.

Work Limitations: (Specify Extent of Capability and Time Limitations)

Lifting:

Climbing:

Walking:

Other:

Work Surroundings: (Dust, Fumes, Heat, etc.)

General Comments: