

STATE OF NORTH CAROLINA
DEPARTMENT OF STATE TREASURER
RETIREMENT SYSTEMS DIVISION
325 NORTH SALISBURY STREET
RALEIGH, NORTH CAROLINA 27603-1385

Name _____ Retirement Number _____

Social Security Number _____ Date of Birth _____

MEDICAL REPORT

TO APPLICANT: Please state the last date of actual work and sign below. The form should be forwarded to your physician for completion.

(Last Day Physically on the Job) (Signature)

TO PHYSICIAN: ALL PERTINENT SECTIONS of this form 7A must be completed by you before any action can be taken on applicant's Application for Disability Retirement. After personally signing and dating the completed Form 7A, please forward it to the following address: RETIREMENT SYSTEMS DIVISION, 325 North Salisbury Street, Raleigh, North Carolina, 27603-1385. Please attach any additional information such as consultations, copies of results from x-rays, echocardiograms, hospitalization reports, etc., which you feel would be helpful in making the determination of disability by the Medical Board.

Unless otherwise specified, the Retirement System will not assume any responsibility for payment of fees for furnishing the requested information.

A. INDICATE DIAGNOSIS _____

B. JOB TITLE OF MEMBER _____

How does illness prevent applicant from performing usual occupation? _____

C. MEDICAL SUMMARY: Do you consider this person to be totally and permanently disabled to perform usual occupation? **(YES or NO)** _____

If applicant is not totally and permanently disabled, indicate prospective duration of current temporary disability.

MUST BE TYPED

D. HISTORY

- (1) Principal cause of disability
- (2) Date present illness or injury occurred.
- (3) Date applicant became unable to work.
- (4) History of present illness.

E. TREATMENT

- (1) Date of first visit by applicant.
- (2) Date of last visit by applicant.

F. PHYSICAL, DIAGNOSIS AND PROGRESS

- (1) Present subjective symptoms.
- (2) Present objective findings.
- (3) Weight, height and blood pressure at last visit.
- (4) Furnish pertinent X-rays, laboratory and diagnostic studies.
- (5) Is applicant ambulatory, bed confined, house confined or hospital confined?
- (6) Furnish complete diagnosis of applicant's condition at the time he or she became unable to work.
- (7) Describe treatment — including therapy and response.
- (8) Is applicant's condition stable? If not, what improvement can be expected in six months to one year?
- (9) Furnish report of hospitalization, if any.
- (10) Describe all restrictions on applicant's activities.

