

## APPLICATION FOR DISABILITY RETIREMENT HEALTHCARE PROVIDER ASSESSMENT

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Healthcare Provider: \_\_\_\_\_ Date of most recent examination: \_\_\_\_\_

Medical Conditions Applied On: \_\_\_\_\_

MainePERS established this form as the result of Maine law that allows healthcare providers to record their assessment of a patient's ability to work in light of disability retirement standards that govern our member's eligibility for this benefit.

**1. Diagnoses.** Of the conditions listed above applied on, the following meet medically accepted criteria to support a diagnosis.

**2. Diagnostic information.** The tests, examinations and findings used to reach the above diagnoses are:

**3. Functional Limitations.** The following describes what, if any, limitations on activity result from the diagnoses.  
The medical findings that determined those limitations should be included.

**4. Ability to Perform Job Duties.** The following describes the impact of the functional limitations on the patient's ability to perform the essential functions of their job and any reasonable accommodations that may assist the patient in performing those functions.

**5. Permanence.** Are functional limitations expected to be permanent? The following describes treatments and interventions likely to improve limitations and their impact on functioning.

**6. Narrative.** Explanation for the opinions noted on this form are included below.

**REVIEWING HEALTHCARE PROVIDER**

Name: \_\_\_\_\_

Specialty/Subspecialty: \_\_\_\_\_

Healthcare Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_