Ohio Police & Fire Pension Fund
140 East Town Street
Columbus, OH 43215
Phone: 1–888–864–8363
Fax: (614) 628–1777
www.op–f.org

REPORT OF MEDICAL EVALUATION

by Member's attending physician
(permanent medical impairments only)

INSTRUCTIONS TO MEMBER'S ATTENDING PHYSICIAN

Evaluation Criteria

The Ohio Police & Fire Pension Fund (OP&F) Board of Trustees desires to deal justly with every member who requests disability retirement, and, at the same time, desires to protect the interests of other members by avoiding unwarranted expense to the public. This is why the Board has adopted the methods of analysis described in the American Medical As-sociation's (AMA) *Guides to the Evaluation of Permanent Impairment, Fifth Edition* as the standard framework for evaluat-ing permanent impairments. The *AMA Guides, Sixth Edition*, is used as the standard framework for the psychiatric and visual percentages for permanent impairments.

In rendering your opinion as to whether or not the member is disabled for official police or fire duties, please use as the standard the occupational characteristics developed by the U.S. Department of Labor for the positions of "police officer (government service)" and "fire fighter (any industry)".

Report

Please complete all four pages of this report, even if you attach a separate report in your own format. Please attach additional pages to the report if necessary.

Fee

Any fees associated with this examination and report are the responsibility of the member and will not be paid by OP&F.

Section 1: Member information

Name: First, MI, Last, suffix (Jr. III, etc.)

❑ Male ❑ Female

❑ Police officer ❑ Firefighter

Social Security Number

Section 2: Medical history

	Reviewed?	*Enclosed?*
a) Medical office records	❑ Yes ❑ No	❑ Yes ❑ No
b) Hospital records	❑ Yes ❑ No	❑ Yes ❑ No
c) from patient	❑ Yes ❑ No	❑ Yes ❑ No
d) from other source	❑ Yes ❑ No	❑ Yes ❑ No

Describe briefly:

Section 3: Clinical evaluation

	Reports enclosed?
a) Physician examination	❑ Yes ❑ No
b) Laboratory tests	❑ Yes ❑ No
c) Special tests and diagnostic procedures	❑ Yes ❑ No
d) Specialist's evaluation	❑ Yes ❑ No

Section 4: Diagnosis

a)

b)

c)

d)

e)

Section 5: Stability of the medical condition

a) The clinical condition is stabilized and not likely to improve with surgical intervention or active medical treatment; medical maintenance care only is warranted. ❑ Yes ❑ No

b) The degree of impairment is not likely to change substantially within the next year. ❑ Yes ❑ No

c) The patient is not likely to suffer sudden or subtle incapacitation ❑ Yes ❑ No

Section 6: Other analysis

Explain briefly the impact(s) of the medical condition(s) on the patient's activities of daily living, including occupation. List types of daily activities affected:

Is there a medical reason to believe the patient is likely to suffer injury, harm or further medical impairment by engaging in usual activities of living or other activities necessary to meet personal, social or occupational demands? ❑ Yes ❑ No

Explain briefly:

Is there a medical reason to believe restrictions, accommodations, or assistive devices are necessary to help the patient carry out usual activities or meet personal, social, and occupational demands? If so, briefly describe them and explain their therapeutic, risk avoidance, or other kind of value. ❑ Yes ❑ No

Explain briefly:

Section 7: Impairment evaluation according to *Guides*

Attach a complete report of findings and narrative comments for each body part or system. Express each organ system impairment in terms of percent impairment of the whole person.

Body part or system	*Chapter number*	*Table number*	*% Impairment of the whole person*
a)			
b)			
c)			
d)			
e)			

FINAL ESTIMATED WHOLE-PERSON IMPAIRMENT: _____ %

Section 8: Physician care

Check one:

a) ❑ This patient has been under my care for the period: From: _____/_____/_____ To: _____/_____/_____

b) ❑ I have not provided care for this patient. I have only seen this patient for purpose of evaluating medical impairment. Number of times: _____

Section 9: Inconsistency statement

Check one:

a) ❑ I ***DO NOT*** believe there is inconsistency among the history, physical examination, laboratory finding, and other studies.

b) ❑ ***I DO*** believe there is inconsistency among the history, physical examination, laboratory finding, and other studies. Explain the inconsistency in writing below:

Explain briefly:

Section 10: Physician's disability opinion

Check one:

❑	The member has ***a condition of disability from which there is no present indication of recovery*** using the occupational characteristics developed by the U.S. Department of Labor for the positions of police officer - government service or fire fighter any industry.
❑	The member is ***temporarily incapacitated*** for performance of duties using the occupational characteristics developed by the U.S. Department of Labor for the positions of police officer - government service or fire fighter - any industry. Recovery may reasonably be expected in a period of: _____
❑	The member is ***not incapacitated*** for the performance of duties using the occupational characteristics developed by the U.S. Department of Labor for the positions of police officer - government service or fire fighter - any industry.

Explain briefly:

Section 11: Physician's certification of continuing disability

Check one:

❑	I certify that the member has a condition of disability from which there is no present indication of recovery. Further medical evaluation of the member's disability is unlikely to be cost effective.
❑	I certify that the member has a condition of disability that appears to be temporary in my medical opinion. Further medical evaluation of the member's disability should be conducted: _____

Explain briefly:

Additional remarks (please note sections to which remarks apply):

Physician's Signature: ▶ | Date of signature:

Print name: