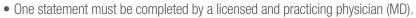




Two medical statements must be provided as evidence of an illness, injury or condition.







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All medical information is reviewed by the MSRS medical advisors. Approval of a disability benefit is determined by the Executive Director of the Minnesota State Retirement System (MSRS) based on the recommendation of MSRS' medical advisors.

A narrative statement will be accepted in lieu of this form if all questions presented are addressed, opinions are clearly stated, and it is signed and dated by a **practicing physician**, **physician assistant**, **psychologist**, **nurse practitioner** (**APRN**), **chiropractor**, **or podiatrist**.

Submit supporting clinical findings and other evidence including laboratory and diagnostic tests.

After approval of a disability benefit, the employee's disability status may need to be **recertified** by a medical professional **once a year for the first five years** and **once every three years thereafter** until they reach full retirement age.

Definition of State Patrol Retirement Plan Occupational Disability:

State law defines disability as a physical or psychological condition lasting at least one year that prevents a member from performing normal job duties. There are two types of disability:

- **Duty-related disability**. An injury must be incurred or a disease must arise while performing normal or less frequent duties that present inherent danger and are specific to a position covered by the plan.
- Regular disability. An injury may be incurred
 or a disease may arise from activity while not
 at work, or while at work and performing
 normal or less frequent duties that do not
 present inherent danger and are specific to a
 position covered by the plan.

4	
	Patient information

ast name	First name	MI
/ISRS ID or SSN	Date of birth	
2. Medical information		
Primary disabling condition: International Classification of Diseases (ICD) Code:		
Onset of disabling condition: / / Month Day Year		
3. Most recent examination for disabling condition:/	Day Year	
4. How long have you treated this patient? From/	y Year To/ Month Day Year	
5. How long have you treated this patient for this disabling cond	dition? From/ To To	/ / Month Day Year

		Specialty	Dates of Medical Appointment First Most Recer
Clinical findings that sup	oort disabling condition:		
_aboratory and diagnosti	c tests relevant to disabling cor	ndition:	
Describe the current and	past treatment plans, including	g medications:	
☐ See attachme	ent for current/past treatment p	lans, including medications.	
D	ate	Treatment Plan	Medications
Current Treatment Plan			
Past Treatment Plan			
•	nprovement with current treatm f improvement?	ent plan? Moderate 🗖 Good 🗖 Excelle	ent
□ No Describe the prognosis for	or the patient's disabling condit	ion:	

	Describe Capabilities	Level of Impairment
Ability to comprehend and follow instructions		□ None □ Slight □ Moderate □ Marked
Ability to perform simple and repetitive tasks		□ None □ Slight □ Moderate □ Marked
Ability to maintain a work pace appropriate to a given workload		□ None □ Slight □ Moderate □ Marked
Ability to perform complex or varied tasks		☐ None ☐ Slight ☐ Moderate ☐ Marked
Ability to relate to other people beyond giving and receiving instructions		☐ None ☐ Slight ☐ Moderate ☐ Marked
Ability to influence people		☐ None ☐ Slight ☐ Moderate ☐ Marked
Ability to make generalizations, evaluations or decisions without immediate supervision		☐ None ☐ Slight ☐ Moderate ☐ Marked
Ability to accept and carry out responsibility for direction, control and planning		□ None □ Slight □ Moderate □ Marked

In your opinion, based on your knowledge, personal contact, and observation of your patient, what type of work and work environments would be conducive for your patient to return to work?	

■ Assessment attached

Please address all below	Indicate MAXIMUM capacity in pounds	Not applicable	OCCASIONAL 0 to 2.6 hours per day	FREQUENT 2.7 to 5.3 hours per day	CONSTANT 5.4 to 8.0 hours per day
Low lift (floor to knuckle)					
Mid lift (knuckle to shoulder)					
Full lift (floor to shoulder)					
Carrying					
Pushing					
Walking					
Climbing					
Balancing					
Stooping					
Kneeling					
Crouching					
Crawling					
Reaching (immediate)					
Reaching (overhead)					
Handling					
Fingering					
Feeling					
Sitting					
Standing					

Physical Capacity

Please indicate your patient's physical capacity based on the definition in the **Department of Labor's Dictionary of Occupational Titles**: Medium Sedentary Sedentary work involves lifting no more than 10 pounds at a time and Medium work involves lifting no more than 50 pounds at a time with frequent lifting or carrying of objects weighing up to 25 pounds. If occasionally lifting or carrying articles like docket files, ledgers, and small tools. Although a sedentary job is defined as one which involves sitting, a someone can do medium work, we determine that they can also certain amount of walking and standing is often necessary in carrying out do sedentary and light work. job duties. Jobs are sedentary if walking and standing are required ☐ Heavy occasionally and other sedentary criteria are met. Heavy work involves lifting no more than 100 pounds at a time with Light frequent lifting or carrying of objects weighing up to 50 pounds. If someone can do heavy work, we determine that they can also do Light work involves lifting no more than 20 pounds at a time with medium, light, and sedentary work. frequent lifting or carrying of objects weighing up to 10 pounds. Even though the weight lifted may be very little, a job is in this category when Very Heavy it requires a good deal of walking or standing, or when it involves sitting most of the time with some pushing and pulling of arm or leg controls. Very heavy work involves lifting objects weighing more than 100 pounds To be considered capable of performing a full or wide range of light work, at a time with frequent lifting or carrying of objects weighing 50 pounds someone must have the ability to do substantially all of these activities. If or more. If someone can do very heavy work, we determine that they can someone can do light work, we determine that they can also do also do heavy, medium, light and sedentary work. sedentary work, unless there are additional limiting factors such as loss of fine dexterity or inability to sit for long periods of time. Medical provider's signature This statement may be signed only by a practicing physician, physician assistant, psychologist, nurse practitioner (APRN), chiropractor or podiatrist. I, the undersigned, a practicing physician, physician assistant, psychologist, nurse practitioner (APRN), chiropractor or podiatrist duly registered under the laws of the state in which I practice, do hereby certify that my answers to the foregoing questions are true and complete to the best of my knowledge, information and belief. _____Specialty _____ Name _____ Please print name Signature _____ Medical title _____ Date ______ Phone number _____ Fax number _____ Primary office contact name _____ Primary office contact title _____Phone # if different from above _____ Street address _____ _____ State _____ Zip code _____ ABMS Board Certified Yes No **Toll-free:** 1.800.657.5757

Mail or fax the completed form to:

Minnesota State Retirement System

60 Empire Drive, Suite 300 St. Paul, MN 55103-3000

Fax: 651.227.5337