



STATE
RETIREMENT
SYSTEMS

- State Employees' Retirement System of Illinois
- General Assembly Retirement System
- Judges' Retirement System of Illinois

Internet: <http://www.state.il.us/srs>

E-Mail: sers@srs.illinois.gov

2101 South Veterans Parkway, P.O. Box 19255, Springfield, IL 62794-9255

NONOCCUPATIONAL DISABILITY MEDICAL REPORT

Dear Doctor:

The employee named below has made application for disability benefits from the State Employees' Retirement System. Please complete and return this form to the above address. THE EMPLOYEE'S ELIGIBILITY FOR BENEFITS CANNOT BE DETERMINED UNTIL WE RECEIVE THIS INFORMATION. This form is acceptable only if completed by a licensed medical doctor.

Employee Name: _____

S.S.N. _____

Date of Birth _____

DIAGNOSIS : _____

CURRENT SYMPTOMS: _____

PREGNANCY (LMP): _____ (EDC): _____

PLEASE LIST RESULTS OF APPROPRIATE DIAGNOSTIC STUDIES: _____

NATURE OF TREATMENT AND DATES: (Enclose your statement if more convenient) _____

ONSET DATE OF DISABILITY _____ IS PATIENT STILL UNDER YOUR CARE? YES NO

IF PATIENT HAS BEEN RELEASED TO RETURN TO WORK: _____
(Please enter date released)

REMARKS: _____

THE ABOVE NAMED INDIVIDUAL APPEARED BEFORE ME FOR MEDICAL EXAMINATION.
THE DIAGNOSIS, TREATMENT AND REMARKS ARE MY PROFESSIONAL OPINION.

PRINTED NAME: _____

SIGNATURE: _____

ADDRESS: _____

DATE: _____

REGISTRATION NUMBER: _____

TELEPHONE NUMBER: _____