

# Western Metal Industry Pension Fund

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Administered by

Welfare & Pension Administration Service, Inc.

## PHYSICIAN'S REPORT ON DISABILITY APPLICATION

### A. History and Diagnosis

1. Name of Patient \_\_\_\_\_
2. Age \_\_\_\_\_
3. Height \_\_\_\_\_ ft. \_\_\_\_\_ in.
4. Weight \_\_\_\_\_ lbs.
5. Blood pressure \_\_\_\_\_ / \_\_\_\_\_ (resting)
6. Pulse \_\_\_\_\_ /min. (resting)
7. Respirations \_\_\_\_\_ /minute (resting)
8. Clinic Diagnosis: (Please list all contributing conditions)

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9. Date disabling condition treated by any physician \_\_\_\_\_
10. Date you first treated for disabling condition \_\_\_\_\_
11. Date you last treated for disabling condition \_\_\_\_\_
12. Frequency of treatment: (please check one)  
Monthly  Weekly  More Often
13. Nature of Symptoms: (please check one)  
Progressive  Stationary  Improving
14. Nature of confinement: (please check one)  
Bed  Home  Hospital  Not Confined
15. Can this disabling condition be surgically corrected?  
Yes  No   
If yes:
  - a. Prognosis for successful surgery: (please check one)  
Good  Fair – 50/50  Poor
  - b. Has patient consulted with a surgeon about surgical correction?  
Yes  No

### B. Nature of Disability

1. Extent: (please check 'a' or 'b', below)
  - a. \_\_\_\_\_ Total. (Disability, which renders patient incapable of continuing employment in any gainful occupation for which substantial retraining would not be required.)
  - b. \_\_\_\_\_ Partial. (Disability, which renders patient incapable of continuing employment in occupation of present job description.)

(Please complete both sides)

