

**COUNTY OF PIERCE  
LAW ENFORCEMENT OFFICERS AND FIRE FIGHTERS  
DISABILITY BOARD**

**PHYSICIAN'S REPORT**

**PLEASE PRINT OR TYPE**

1. Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

2. Cause and Nature of Disability: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Physician's Physical Findings (in detail)-Attach additional pages, if necessary:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Estimated length of time before employee can resume his NORMAL work duties:

\_\_\_\_\_

5. Could there be any permanent disability? \_\_\_\_\_ If so, please explain:

\_\_\_\_\_

\_\_\_\_\_

6. Is disability duty-related? \_\_\_\_\_

7. If case referred to another physician, indicate name and address of same:

\_\_\_\_\_

\_\_\_\_\_

8. If hospitalized, indicate name of hospital: \_\_\_\_\_ City: \_\_\_\_\_

In-Patient \_\_\_\_\_ Out-Patient \_\_\_\_\_ (Dates of Same) \_\_\_\_\_

**ATTENDING PHYSICIAN (Please Print Your Name and Address)**

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

Address: \_\_\_\_\_

(Street No./P.O. Box)

(City)

(State)

(Zip)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_