



### ATTENDING PHYSICIAN'S STATEMENT OF DISABILITY

PATIENT INFORMATION (PLEASE PRINT)								
Name		First	Middle	Last				
Patient's Employer			Job Title at time of disability					
Diagnosis (Please explain complications, if any)								
Approximate date of onset of injury or illness, if known:		Month	Day	Year	Date patient first consulted you for this injury or illness:	Month	Day	Year
		/	/			/	/	
In your opinion, is this patient totally and permanently physically or mentally incapacitated as a result of a personal injury or disease to the extent that he/she will be unable to perform his/her duties for the job designated above per the current job description?					Yes	No		
					<input type="checkbox"/>	<input type="checkbox"/>		
In your opinion, is this disability the result of a personal injury or disease which arose out of the actual performance of duty as an employee?					Yes	No		
					<input type="checkbox"/>	<input type="checkbox"/>		
Please explain the nature of the patient's incapacity, including work restrictions, if any:								

**PLEASE ATTACH COPIES OF MEDICAL RECORDS/REPORTS INCLUDING TREATMENT NOTES, OPERATIVE REPORTS, DISABILITY SLIPS, ETC.**

**PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM**

## MEDICAL COMMITTEE MEMBER DESIGNATION

Section 70.680 of the Revised Statutes of Missouri requires that a Medical Committee be appointed to review disability retirement cases under the LAGERS Retirement System. The statutes require that this committee consist of three physicians, to be selected as follows:

1. One physician shall be selected by or on behalf of the LAGERS member applying for the disability retirement. As the patient's attending physician, you are a member of the Medical Committee.
2. One physician shall be selected by the LAGERS Board of Trustees. Dr. Nathaniel Manning of the University of Massachusetts Medical School Disability Evaluation Services has been selected as the Medical Advisor to the Board of Trustees, by virtue of which he is a member of the committee.
3. One physician shall be selected by the first two physicians so named. Dr. Manning has recommended any of the physicians listed on the following link <https://commed.umassmed.edu/sites/default/files/DESPASpecialtyList.pdf> be selected as the third member of the Medical Committee. The CV's of the physicians are available upon request. Consideration will be given to the need for a particular medical specialty on a case by case basis.

**IF YOU DO NOT AGREE with a physician from the list** on the above referenced link being selected as the third member of the Medical Committee, **please list your recommendation below** and we will notify Dr. Manning. If you do not recommend another physician, you will be deemed to agree with Dr. Manning selecting any physician listed on the above referenced link.

**I DO NOT AGREE WITH THE ABOVE RECOMMENDATION AND WISH TO RECOMMEND THE FOLLOWING PHYSICIAN AS THE THIRD MEMBER OF THE MEDICAL COMMITTEE:**

Name of Physician recommended as the 3 <sup>rd</sup> member of the Medical Committee		Physician's Phone Number
Physician's Street Address	Physician's Fax	Physician's E-mail
City	State	Zip

## CERTIFICATION

**I CERTIFY THAT THE OPINIONS EXPRESSED HEREIN ARE RENDERED WITH A REASONABLE DEGREE OF MEDICAL CERTAINTY.**

Name of Attending Physician		Telephone
Signature of Attending Physician		Date
Physician's Street Address	Physician's Fax	Physician's E-mail
City	State	Zip

**Please return this form to:**

Missouri Local Government Employees Retirement System  
701 W. Main St.  
PO Box 1665  
Jefferson City, MO 65102-1665  
Fax: 573-636-9671  
E-mail: [retirement@molagers.org](mailto:retirement@molagers.org)