



**LOCAL 211 INTERNATIONAL UNION OF OPERATING ENGINEERS**  
**ALLIED BUILDING INSPECTORS**  
225 BROADWAY, 43RD FLOOR, NEW YORK, NY 10007



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**ATTENDING PHYSICIAN'S  
SUPPLEMENTARY STATEMENT**

Patient's Name \_\_\_\_\_

Nature of sickness or injury (describe complications, if any) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe any other disease or infirmity affecting present condition \_\_\_\_\_

\_\_\_\_\_

Give Dates of Treatment after \_\_\_\_\_

Office \_\_\_\_\_

Home \_\_\_\_\_

Hospital \_\_\_\_\_

Is patient still under your care for this condition? If "No" give date your service terminated. ☐ Yes ☐ No

Date \_\_\_\_\_

Progress ☐ Recovered ☐ Improved ☐ Unimproved ☐ Retrogressed

If patient hospitalized:

Name of Hospital \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date Admitted \_\_\_\_\_ Date Discharged \_\_\_\_\_

How long was or will patient be continuously totally disabled (unable to work)?

Date From \_\_\_\_\_ To \_\_\_\_\_

When do you think patient will be able to return to work? Date \_\_\_\_\_

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

Address \_\_\_\_\_ Phone \_\_\_\_\_