



LOCAL 211 INTERNATIONAL UNION OF OPERATING ENGINEERS

## ALLIED BUILDING INSPECTORS

225 BROADWAY, 43RD FLOOR, NEW YORK, NY 10007



Phone: (212) 233-2690

Fax: (212) 962-2523

email: info@iuoe211.com

### 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 \_\_\_\_\_