FORM 108 - CWP
Medical Report – Occupational Disease
Revised April 2005

KENTUCKY
DEPARTMENT OF WORKERS' CLAIM

FILED:
Do not write in this space

MEDICAL REPORT OF

DR. ________________________

A. PLAINTIFF INFORMATION

1. Plaintiff's name: ______________________________
2. Address: ______________________________
3. Social Security number: ______________________________
4. Date of birth: ______________________________ Age: ____________
5. Plaintiff height in centimeters: ______________________________
6. Plaintiff's job title and employer: ______________________________
7. Date of examination(s): ______________________________
8. Purpose of examination:
- o Treatment
- o Evaluation requested by ______________________
- o University evaluation

9. Prior evaluation (if any) and date: ______________________________

B. PLAINTIFF HISTORY

Plaintiff related history of complaints allegedly due to coal workers' pneumoconiosis as follows:
(Include plaintiff's smoking history, if any.)

C. EMPLOYMENT HISTORY

Employment History (Form 104) dated ________ is attached. Review form with plaintiff and list pertinent employment history, including history of exposure to coal dust in the severance and processing of coal.

D. TREATMENT – Prior and Current

Based upon a review of records and/or history related by plaintiff, treatment (including any periods of hospitalization) provided for the above complaints has been as follows:

E. PHYSICAL EXAMINATION

Results of physical examination including objective medical findings related to the occupational disease.

F. DIAGNOSTIC TESTING

Check the applicable block for any testing reviewed and relied upon for medical conclusions. For pulmonary function testing, attach actual test results and tracings.

	Date	Summary of Results
o Chest x-ray – Use ILO Classification and attach ILO Form		
o Other x-rays reviewed of plaintiff and dates. Use ILO Classification and attach ILO Forms		
o Pulmonary function testing pre-bronchodilator		1 2 3 Best % of Predicted FVC FEV_1
o Pulmonary function testing post-bronchodilator, if indicated		1 2 3 Best % of Predicted FVC FEV_1
o Other:		

G. DIAGNOSIS

H. CAUSATION

1. Within reasonable medical probability, is plaintiff's disease the result of exposure to coal dust in the severance or processing of coal? o Yes o No

2. Within reasonable medical probability, is any pulmonary impairment the result of exposure to coal dust in the severance or processing of coal? o Yes o No

I. CERTIFICAITON and QUALIFICATIONS of PHYSICIAN

I hereby certify that the above information is correct and that all opinions were formulated within the realm of reasonable medical probability. A copy of my curriculum vitae is attached if I have not obtained an Department of Workers Claims Physician Index Number.

Date: ________________

____
Full name of Physician

____
Department of Workers Claims Physician Index No.