



AmeriHealth

ADMINISTRATORS®

ATTENDING PHYSICIAN'S STATEMENT OF MENTAL RETARDATION OR PHYSICAL HANDICAP

Employee _____ Group Name _____

Dependent _____ Relationship _____ Agreement No. _____

1. Nature and degree of impairment. (Please furnish full diagnosis and details if caused by an accident.)

2. How and when above condition commenced.

3. Date individual was last examined.

4. What is the chance for recovery?

5. a) How impairment restricts the individual's ability to engage in normal activities.

- b) Type of work individual can perform.

REMARKS

Signed _____

Address _____

Date _____