

CEMENT MASONS' PENSION TRUST FUND – DETROIT AND VICINITY
PHYSICIAN'S MEDICAL REPORT

TO: Board of Trustees
Cement Masons' Pension Trust Fund – Detroit and Vicinity

Regarding: Name _____ Social Security No. _____

Address _____
(Street) (City) (State) (Zip)

1. I examined this applicant on _____ at _____
Month/Day/Year
2. The nature of his disability is _____
(Use Reverse Side if Necessary)
3. The disability commenced on or about _____
Month Day Year
4. I consider the probable future duration of the disability to be _____

Based on my examination and conversation with the applicant, it is my opinion that the disability:
(Work out words in brackets which do not apply)

(a) (Was) (Was Not) due to a compensable disability incurred during course of employment
(**IF SO**, check status: _____ Still receiving compensation
_____ Effective date of termination
Month Day Year)

(b) (Was) (Was Not) contracted, suffered or incurred while the employee was engaged in or the
result of his having engaged in a criminal enterprise, or

(c) (Did) (Did Not) result from his habitual drunkenness or addiction to narcotics; or

(d) (Was) (Was Not) self-inflicted; or

(e) (Did) (Did Not) result from service or in the Armed Forces of any country.

6. Under the Pension Plan, "Permanently Disabled" means, essentially, to be wholly and permanently prevented from
engaging in any occupation or employment for wage or profit as a result of bodily injury or disease. Based on the
foregoing, I hereby certify that: (Please initial which applies)

_____ I am of the opinion this applicant is Permanently Disabled
_____ I am of the opinion this applicant can engaged in employment as follows:

7. Signed: _____ By: _____
Month/Day/Year (Name – Please Print)

(Address)

(City) (State) (Zip)

(Signature)