

**DALLAS POLICE AND FIRE PENSION SYSTEM
INDEPENDENT PHYSICIAN'S STATEMENT**

*IF SPACE PROVIDED IS INSUFFICIENT, PLEASE ATTACH
SUPPLEMENTARY INFORMATION TO THIS EVALUATION*

Purpose: The following questions are presented to assist the physician/psychiatrist in providing information to the Dallas Police and Fire Pension System ("System") that is necessary for a determination of whether a Pensioner continues to be disabled for purposes of entitlement to disability benefits. We believe that this information will also allow the City of Dallas to determine whether the Pensioner may be suitably employed, and assist the City in any determination of the reasonable accommodations necessary for employment of the Pensioner.

Name of Member _____ SSN _____

1. Date(s) of Consultation _____, 19__

2. Please attach a narrative fully describing the Pensioner's physical/psychiatric condition at the time of this consultation.

3. Please review the statements and conclusions contained in the enclosed in the attached "Attending Physician's Statement." Thereafter, please attach a narrative fully responding to the following questions:

A. Do you concur with the Attending Physician's statements concerning the physical/psychiatric condition of the Pensioner? If not, please explain why.

B. Do you concur with the Attending Physician's statements concerning the diagnosis and prognosis of the physical/psychiatric condition of the Pensioner? If not, please explain why.

C. Do you concur with the Attending Physician's statements concerning the job duties described in Attachment "A" to the Attending Physician's statements? If not, please explain why.

D. Do you concur with the Attending Physician's statements concerning the sedentary duties described in Attachment "B" to the Attending Physician's statements? If not, please explain why.

E. Do you concur with the Attending Physician's statements concerning accommodations necessary for the Pensioner to perform the duties described in Attachment "A" and "B" to the Attending Physician's Statement? If not, please explain why.

F. Do you concur with the Attending Physician's statement concerning whether the Pensioner's physical/psychiatric condition is temporary or permanent? If not, please explain why.

G. Do you concur with the Attending Physician's statements concerning treatment or therapy for the Pensioner? If not, explain why.

4. Please set forth in a narrative any other statements in the attached Attending Physician's Statement that you either do not concur with or wish to elaborate upon.

I hereby certify that I evaluated _____ on _____ and that his or her condition is accurately described above.

PLEASE ATTACH ANY SUPPLEMENTAL NARRATIVE INFORMATION AND ALL MEDICAL, LABORATORY AND X-RAYS AND OTHER RELEVANT REPORTS TO THIS STATEMENT

Date _____ Signed _____

Physician's Name (please print) _____

Address _____

City _____ State _____ Zip _____

Telephone _____

The Pensioner's recall will not be considered by the Board of Trustees of the Dallas Police and Fire Pension System until all of the questions on this form have been answered in full. Call 638-FUND (3863) if you have any questions about this form.

DALLAS POLICE AND FIRE PENSION SYSTEM, 2301 N. Akard St., Suite 200, Dallas, Texas 75201