

BAKERY AND CONFECTIONERY UNION AND INDUSTRY INTERNATIONAL PENSION FUND

10401 Connecticut Avenue – Kensington, MD 20895

(301) 468-3742

Name _____ Date _____

Address _____ Pension Application No. _____

MEDICAL EXAMINATION REPORT

A. I certify that the above named person was under my professional and/or medical care from _____ to _____ and I saw him/her on the following dates:
_____, _____, _____, _____, _____, _____,
_____, _____, _____, _____, _____, _____.

B. I further certify that he/she was TOTALLY DISABLED and prevented from performing all duties of his/her occupation from _____ to _____.

If there was no total disability at any time, check here

C. As a result of my examination on _____, I find the above person to be
Date

not to be permanently and totally disabled, within the meaning of Article IV, section 9, of the Bakery and Confectionery Workers Union and Industry International Pension Fund, as follows:

“An employee shall be deemed totally and permanently disabled if, on the basis of medical evidence satisfactory to the Trustees, he is found to be totally and permanently unable, as a result of bodily injury or disease, to engage in any further employment whatsoever.”

D. My diagnosis is: _____
and my opinion is based on the attached summary of Physical Findings and Laboratory Reports as of _____.
Date of Reports

Signature M.D.

Typed Signature M.D.

Address

Date