Regional Medical Panel Certificate - Joint (ACC)

Form Last Revised: May, 2025

Please note: a version of this form with fillable fields is only available via the PROSPER application for approved medical vendors

Applicant's information	
Disability Type:	
Member's Name:	
SSN # (last four):	***_***
Occupation:	
Retirement Board:	
Regional Medical Panel	
negional Medical Panel	
Physician 1:	

Regional Medical Panel Physician 1: Medical Panel Specialty 1: Physician 2: Medical Panel Specialty 2: Physician 3: Medical Panel Specialty 3: Examination Location: Examination Date: Examination Time:

Disability Type: ACC Member	SSN:	***_**

The member's retirement board will provide you with all information relating to the member's claimed disability and the current job description which includes the essential duties. This information is critical to your assessment of the member's ability to perform the essential duties of his/her job.

Do	cument Review		
	Did the Medical Panel Review:		
	Member's job description inclusive of the essential duties?	Yes	No
	Records provided by the member's retirement board?	Yes	No
	Medical panel physician(s) should not accept any documents at the time of the examination. (Except medical imaging such as X-Rays, MRI's, CT scans, etc.)		

Question #1 - Incapacity

Please consider the following before responding to Question #1. This should be discussed in detail in your narrative.

Risk of Re-Injury: Even if a member is physically capable of performing all of the essential duties of his or her position, he or she may be disqualified if a return to work would pose an unreasonable risk of serious harm to the member or third parties. This risk of re-injury has to be reasonably expected to involve substantial harm.

Is the member mentally or physically incapable of performing the essential duties of his or her job as described in the current job description?

Continue only if you answered YES to guestion #1

Question #2 - Permanency

Please consider the following before responding to Question #2. This should be discussed in detail in your narrative.

Is said incapacity likely to be permanent?	Yes	No

Disability Type: ACC	Member:	SSN:	***_**

Question #3 - Causality

Please consider the following before responding to Question #3. This should be discussed in detail in your narrative.

- Is there any other event or condition in the member/applicant's medical history, or in any other evidence provided to the panel, other than the personal injury sustained or hazard undergone upon which the disability retirement is claimed, that might have contributed to or resulted in the disability claimed?
- Is it more likely than not that the disability was caused by the condition or event described rather than the personal injury sustained or hazard undergone which is the basis for the disability claim, and the basis for your conclusion?
- Aggravation of a pre-existing condition standard: If the acceleration of a pre-existing condition or injury is as a result of an accident or hazard undergone, in the performance of the applicant's duties, causation would be established. However, if the disability is due to the natural progression of the pre-existing condition, or was not aggravated by the alleged injury sustained or hazard undergone, causation would not be established.
- Member in Service: An employee who has left government service without established disability may not after termination of government service, claim accidental disability retirement status on the basis of a subsequently matured disability.
- You are being asked to address whether the member was disabled at the time he or she was last employed by a governmental unit.
- When constructing your response to the question of causality (#3) in accidental disability narrative reports, your opinion must be stated in terms of medical possibility and not in terms of medical certainty.

Based upon your review of above:

Disability Type: ACC	Member:	SSN:	***_**

Joint Medical Panel

Examining Physician's Signature

I hereby certify that I have examined the member named on this certificate, and that the findings stated in this certificate and narrative express my professional medical opinion which was arrived at in an independent manner and free of undue influence.

	M.D.	
Signature		Date
	M.D.	
Signature		Date
	M.D.	
Signature		Date

Disability Type: A	ACC	Member:	SSN:	***_**

Minority Opinion

Question #1 - Incapacity

Please consider the following before responding to Question #1. This should be discussed in detail in your narrative.

Risk of Re-Injury: Even if a member is physically capable of performing all of the essential duties of his or her position, he or she may be disqualified if a return to work would pose an unreasonable risk of serious harm to the member or third parties. This risk of re-injury has to be reasonably expected to involve substantial harm.

Is the member mentally or physically incapable of performing the essential duties of his or her job as described in the current job description?

Yes

No

No

Continue only if you answered YES to question #1

Question #2 - Permanency

Please consider the following before responding to Question #2. This should be discussed in detail in your narrative.

Is said incapacity likely to be permanent?	Yes
--	-----

Disability Type: ACC	Member:	SSN: ***-**

Question #3 - Causality

Please consider the following before responding to Question #3. This should be discussed in detail in your narrative.

- Is there any other event or condition in the member/applicant's medical history, or in any other evidence provided to the panel, other than the personal injury sustained or hazard undergone upon which the disability retirement is claimed, that might have contributed to or resulted in the disability claimed?
- Is it more likely than not that the disability was caused by the condition or event described rather than the personal injury sustained or hazard undergone which is the basis for the disability claim, and the basis for your conclusion?
- Aggravation of a pre-existing condition standard: If the acceleration of a pre-existing condition or injury is as a result of an accident or hazard undergone, in the performance of the applicant's duties, causation would be established. However, if the disability is due to the natural progression of the pre-existing condition, or was not aggravated by the alleged injury sustained or hazard undergone, causation would not be established.
- Member in Service: An employee who has left government service without established disability may not after termination of government service, claim accidental disability retirement status on the basis of a subsequently matured disability.
- You are being asked to address whether the member was disabled at the time he or she was last employed by a governmental unit.
- When constructing your response to the question of causality (#3) in accidental disability narrative reports, your opinion must be stated in terms of medical possibility and not in terms of medical certainty.

Based upon your review of above:

Disability Type: ACC	Member:		SSN:	***_**
stated in this certificate a	ve examined the memb and narrative express m	er named on this certificate, and by professional medical opinion		9
at in an independent ma	inner and free of undue	e influence.		
		M.C).	
Signature			Date	e

Examination Time:

Regional Medical Panel Certificate - Joint (ORD)

Form Last Revised: May, 2025

Applicant's Information	
Disability Type:	
Member's Name:	
SSN # (last four):	***_**
Occupation:	
Retirement Board:	
Regional Medical Panel	
Physician 1:	
Medical Panel Specialty 1:	
Physician 2:	
Medical Panel Specialty 2:	
Physician 3:	
Medical Panel Specialty 3:	
Examination Location:	
Examination Date:	

Disability Type: ORD Member:	SSN:	***_**

The member's retirement board will provide you with all information relating to the member's claimed disability and the current job description which includes the essential duties. This information is critical to your assessment of the member's ability to perform the essential duties of his/her job.

Do	cument Review		
	Did the Medical Panel Review:		
	Member's job description inclusive of the essential duties?	Yes	No
	Records provided by the member's retirement board?	Yes	No
	Medical panel physician(s) should not accept any documents at the time of the examination. (Except medical imaging such as X-Rays, MRI's, CT scans, etc.)		

Question #1 - Incapacity

Please consider the following before responding to Question #1. This should be discussed in detail in your narrative.

Risk of Re-Injury: Even if a member is physically capable of performing all of the essential duties of his or her position, he or she may be disqualified if a return to work would pose an unreasonable risk of serious harm to the member or third parties. This risk of re-injury has to be reasonably expected to involve substantial harm.

Is the member mentally or physically incapable of performing the essential duties of his or her job as described in the current job description?

Continue only if you answered YES to guestion #1

Question #2 - Permanency

Please consider the following before responding to Question #2. This should be discussed in detail in your narrative.

Is said incapacity likely to be permanent?	Yes	No

Disability Type:	ORD	Member:	SS	SN:	***_**

Joint Medical Panel

Examining Physician's Signature

I hereby certify that I have examined the member named on this certificate, and that the findings stated in this certificate and narrative express my professional medical opinion which was arrived at in an independent manner and free of undue influence.

	M.D.	
Signature		Date
	M.D.	
Signature		Date
	M.D.	
Signature		Date

Disability Type: OF	RD	Member:	S	SSN:	***_**

Minority Opinion

Question #1 - Incapacity

Please consider the following before responding to Question #1. This should be discussed in detail in your narrative.

Risk of Re-Injury: Even if a member is physically capable of performing all of the essential duties of his or her position, he or she may be disqualified if a return to work would pose an unreasonable risk of serious harm to the member or third parties. This risk of re-injury has to be reasonably expected to involve substantial harm.

Is the member mentally or physically incapable of performing the essential duties of his or her job as described in the current job description?

Yes

No

Continue only if you answered YES to question #1

Question #2 - Permanency

Please consider the following before responding to Question #2. This should be discussed in detail in your narrative.

Is said incapacity likely to be permanent?		Yes		No
--	--	-----	--	----

PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION COMMISSION Regional Medical Panel Certificate

Disability Type: ORD	Member:		SSN:	***_**
Examining Physic	cian's Signature			
stated in this certificate		named on this certificate, and professional medical opinion fluence.		9
		M.C).	
Signature			Date	е

Examination Time:

Regional Medical Panel Certificate - Joint (Heart)

Form Last Revised: May, 2025

Applicant's Information	
Disability Type:	
Member's Name:	
SSN # (last four):	***_**
Occupation:	
Retirement Board:	
Regional Medical Panel	
Physician 1:	
Medical Panel Specialty 1:	
Physician 2:	
Medical Panel Specialty 2:	
Physician 3:	
Medical Panel Specialty 3:	
Examination Location:	
Examination Date:	

PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION COMMISSION | REGIONAL MEDICAL PANEL CERTIFICATE

Guide to the Application of G.L. c. 32, § 94 (The Heart Law)

CCN *** **					
Disability Type: An Member:	Disability Type:	AH	Member:	SSN:	***_**

2

Added to the retirement law in 1950, G.L. c. 32, § 94 establishes a rebuttable presumption that, in the case of certain eligible public employees, any condition or impairment of health caused by heart disease or hypertension is service connected unless the contrary is shown by competent medical evidence.

In your analysis of this case please consider:

Is there evidence that the heart disease or hypertension is not service connected?

Questions on the Certificate for Accidental Disability (HEART) deal with this important issue. The Heart Law Presumption attributes heart disease or hypertension to the individual's employment unless the contrary is shown by competent evidence.

As indicated on the form, these non-service connected factors may be uniquely predominant influences on the mental or physical health, or may be accidents or hazards undergone which are not job-related.

■ Is there evidence that, although not irrebuttable, so predominates as to obligate a fact finder to come to the conclusion that for this particular applicant the heart disease or hypertension is caused by non-job related factors that are the basis for your answers to the Questions on the Certificate?

In dealing with this question, you must focus on three areas

- The condition of the applicant
- Other factors which could have caused the disability
- The presumption

It is the responsibility of the medical panel to define, characterize and when possible quantify (e.g., compare to the average risk or provide a relative risk) influences that are uniquely predominant in their impact on the development of this condition. In other words, the medical panel when possible should provide scientific evidence that substantiates their rationale regarding how strong an impact the non-service connected influences have had on the development of the conditions in question. Keep in mind that the mere existence of evidence that heart disease or hypertension is not service connected does not alone cause the presumption to disappear completely.

Sufficient evidence to overcome the presumption might include:

- A congenital problem
- Non-work related pathology via infection, e.g., infectious endocarditis from abuse of intravenous drugs.
- Clear exposure to a condition outside of work, e.g., cocaine or alcohol induced cardiomyopathy.

If you find that, for this particular applicant, there is evidence that, although not irrebuttable, so predominates as to obligate a fact finder to come to the conclusion that the applicant's condition is caused by factors unrelated to his or her employment, then the presumption is overcome.

If you make that determination, then your answer to Question 3 on the Certificate for Accidental Disability (HEART) is NO.

Otherwise, the answer to Question 3 on the Certificate for Accidental Disability (HEART) is YES.

Yes

No

PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION COMMISSION | REGIONAL MEDICAL PANEL CERTIFICATE CERTIFICATE Disability (Heart)

Is said incapacity likely to be permanent?

DisabiliType:	AH	Member:	S	5N: ***-**-	
	h includes the essentia		n relating to the member's claimed di critical to your assessment of the mer		
Documer	nt Review				
Did the I	Medical Panel Revie	ew:			
Membe	er's job description	inclusive of the essentia	al duties?	Yes	No
Records	s provided by the n	nember's retirement bo	ard?	Yes	No
		should not accept any do nedical imaging such as 2	ocuments at the time of X-Rays, MRI's, CT scans, etc.)		
Question	#1 - Incapacit	у			
Please co your nari		g before responding to	Question #1. This should be dis	cussed in de	etail in
position,	he or she may be dis	qualified if a return to wo	e of performing all of the essentia rk would pose an unreasonable ris be reasonably expected to involv	k of serious h	narm to
	•	r physically incapable o er job as described in th	f performing the ne current job description?	Yes	No
Continue	only if you answere	d YES to question #1			
Question	#2 - Permane	ncy			
Please co your nam		g before responding to	Question #2. This should be dis	cussed in de	etail in
likely nev unable to permane classified	er to end even thoug determine when the nt. However, if the re as permanent. It is ir	h recovery at some remote applicant will no longer b covery is reasonably certai nperative that the medical	t will continue for an indefinite per e, unknown time is possible. If the e disabled, they must consider the n after a fairly definite time, the dis panel make this determination ba I tests or medical records which ha	medical pane disability to k ability canno sed on the ac	el is pe t be tual

Disability Type:	АН	Member:	SSN:	***_**

Question #3 - Causality

Consider the Heart Presumption when responding to the following:

- Are there any uniquely predominant non-service connected influences upon this member's mental or physical condition which might have substantially contributed to or resulted in the incapacity of the applicant?
- Are there any non-service connected accidents or hazards undergone which might have contributed to or resulted in the incapacity of the applicant?
- Is there evidence that although not irrebuttable, so predominates as to obligate a fact finder to come to the conclusion that, for this particular applicant, a uniquely predominant non-service connected influence on the member's mental or physical condition and/ or non-service connected accident or hazard caused the incapacity of this applicant?

Based upon your review of above:

Is said incapacity such as might be the natural and proximate result of the	
personal injury sustained or hazard undergone on account of which retirement	Yes
is claimed?	

No

Certificate of Accidental Disability (Heart)

Disability Type:	АН	Member:	SSN:	***_**
, ,,				

Joint Medical Panel

Examining Physician's Signature

I hereby certify that I have examined the member named on this certificate, and that the findings stated in this certificate and narrative express my professional medical opinion which was arrived at in an independent manner and free of undue influence.

	M.D.	
Signature		Date
	M.D.	
Signature		Date
	M.D.	
Signature		Date

Certificate of Accidental Disability (Heart)

Disability Type:	АН	Member:	SSN	***_**

Minority Opinion

Question #1 - Incapacity

Please consider the following before responding to Question #1. This should be discussed in detail in your narrative.

Risk of Re-Injury: Even if a member is physically capable of performing all of the essential duties of his or her position, he or she may be disqualified if a return to work would pose an unreasonable risk of serious harm to the member or third parties. This risk of re-injury has to be reasonably expected to involve substantial harm.

Is the member mentally or physically incapable of performing the essential duties of his or her job as described in the current job description?

Yes

No

Continue only if you answered YES to question #1

Question #2 - Permanency

Please consider the following before responding to Question #2. This should be discussed in detail in your narrative.

Is said incapacity likely to be permanent?		Yes		No
--	--	-----	--	----

Certificate of Accidental Disability (Heart)

7

Disability Type:	AH	Member:	S	SSN:	***_**

Question #3 - Causality

Consider the Heart Presumption when responding to the following:

- Are there any uniquely predominant non-service connected influences upon this member's mental or physical condition which might have substantially contributed to or resulted in the incapacity of the applicant?
- Are there any non-service connected accidents or hazards undergone which might have contributed to or resulted in the incapacity of the applicant?
- Is there evidence that although not irrebuttable, so predominates as to obligate a fact finder to come to the conclusion that, for this particular applicant, a uniquely predominant non-service connected influence on the member's mental or physical condition and/ or non-service connected accident or hazard caused the incapacity of this applicant?

Based upon your review of above:

Is said incapacity such as might be the natural and proximate result of the		
personal injury sustained or hazard undergone on account of which retirement	Yes	No
is claimed?		

PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION COMMISSION | REGIONAL MEDICAL PANEL CERTIFICATE Certificate of Accidental Disability (Heart)

Disability Type:	АН	Member:			SSN:	***_**
Examin	ing Physician	's Signature				
stated in t	ertify that I have ex his certificate and dependent manne	narrative express	my professional m			_
				M.C).	
Signature					Date	5

Examination Location:

Examination Date: Examination Time:

Regional Medical Panel Certificate - Joint (Lung)

Form Last Revised: May, 2025

Applicant's Information	
Disability Type:	
Member's Name:	
SSN # (last four):	***_**
Occupation:	
Retirement Board:	
Regional Medical Panel	
Physician 1:	
Medical Panel Specialty 1:	
Physician 2:	
Medical Panel Specialty 2:	
Physician 3:	
Medical Panel Specialty 3:	

PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION COMMISSION | REGIONAL MEDICAL PANEL CERTIFICATE

Guide to the Application of G.L. c. 32, § 94B (The Lung Law)

Disability Type:	AL	Member:	SSN	***_**

2

Added to the retirement law in 1962, G.L. c. 32, § 94A establishes a rebuttable presumption that, in the case of certain eligible public employees, any condition or impairment of health caused by any disease of the lungs or respiratory tract is service connected unless the contrary is shown by competent medical evidence.

In your analysis of this case please consider:

Is there evidence that the lung disease is not service connected?
Questions on the Certificate for Accidental Disability (Lung) deal with this important issue.
The Lung Law Presumption attributes any disease of the lungs or respiratory tract to the individual's employment unless the contrary is shown by competent evidence.

As indicated on the form, these non-service connected factors may be uniquely predominant influences on the mental or physical health, or may be accidents or hazards undergone which are not job-related.

■ Is there evidence that, although not irrebuttable, so predominates as to obligate a fact finder to come to the conclusion that for this particular applicant the lung disease is caused by non-job related factors that are the basis for your answers to the Questions on the Certificate?

In dealing with this question, you must focus on three areas:

- The condition of the applicant
- Other factors which could have caused the disability
- The presumption

It is the responsibility of the medical panel to define, characterize and when possible quantify (e.g., compare to the average risk or provide a relative risk) influences that are uniquely predominant in their impact on the development of this condition. Keep in mind that the mere existence of evidence that the lung disease is not service connected does not alone cause the presumption to disappear completely.

Sufficient evidence to overcome the presumption might include:

- A confirmed inherited defect that results in an early or unusual presentation, e.g., alpha one antitrypsin deficiency and early COPD (Chronic Obstructive Pulmonary Disease) without significant confounding service exposures
- Non-work related pathology via infection, e.g., pneumocystis carinii in an individual with a non-service connected immune system compromise
- An exposure outside of work that results in a condition clearly defined as directly related to that exposure and nothing else, e.g., reactive airways dysfunction syndrome from high chlorine gas exposure while cleaning an enclosed pool filter outside of work.

If you find that, for this particular applicant, there is evidence that, although not irrebuttable, so predominates as to obligate a fact finder to come to the conclusion that the applicant's condition is caused by factors unrelated to his or her employment, then the presumption is overcome.

If you make that determination, then your answer to Question 3 on the Certificate for Accidental Disability (LUNG) is NO.

Otherwise, the answer to Question 3 on the Certificate for Accidental Disability (LUNG) is YES.

Certificate of Accidental Disability (Lung)

Disability Type	AL	Member:	SSN:	***_**
Disability Type	AL			

The member's retirement board will provide you with all information relating to the member's claimed disability and the current job description which includes the essential duties. This information is critical to your assessment of the member's ability to perform the essential duties of his/her job.

Do	cument Review		
	Did the Medical Panel Review:		
	Member's job description inclusive of the essential duties?	Yes	No
	Records provided by the member's retirement board?	Yes	No
	Medical panel physician(s) should not accept any documents at the time of the examination. (Except medical imaging such as X-Rays, MRI's, CT scans, etc.)		

Question #1 - Incapacity

Please consider the following before responding to Question #1. This should be discussed in detail in your narrative.

Risk of Re-Injury: Even if a member is physically capable of performing all of the essential duties of his or her position, he or she may be disqualified if a return to work would pose an unreasonable risk of serious harm to the member or third parties. This risk of re-injury has to be reasonably expected to involve substantial harm.

Is the member mentally or physically incapable of performing the essential duties of his or her job as described in the current job description?

Continue only if you answered YES to guestion #1

Question #2 - Permanency

Please consider the following before responding to Question #2. This should be discussed in detail in your narrative.

	, cc p. c	
Is said incapacity likely to be permanent?	Yes	No

Disability Type:	AL	Member:	SSN:	***_**

Question #3 - Causality

Consider the Lung Presumption when responding to the following:

- Are there any uniquely predominant non service connected influences upon this member's mental or physical condition which might have substantially contributed to or resulted in the incapacity of the applicant?
- Are there any non-service connected accidents or hazards undergone which might have contributed to or resulted in the incapacity of the applicant?
- Is there evidence that although not irrebuttable, so predominates as to obligate a fact finder to come to the conclusion that, for this particular applicant, a uniquely predominant non-service connected influence on the member's mental or physical condition and/ or non-service connected accident or hazard caused the incapacity of this applicant?

Based upon your review of above:

Is said incapacity such as might be the natural and proximate result of the		
personal injury sustained or hazard undergone on account of which retirement	Yes	N
is claimed?		

Disability Type	AL	Member:	SSN:	***_**
Disability Type				

Joint Medical Panel

Examining Physician's Signature

I hereby certify that I have examined the member named on this certificate, and that the findings stated in this certificate and narrative express my professional medical opinion which was arrived at in an independent manner and free of undue influence.

	M.D.	
Signature		Date
	M.D.	
Signature		Date
	M.D.	
Signature		Date

Certificate of Accidental Disability (Lung)

Disability Type	AL	Member:	SSN:	***_**

Minority Opinion

Question #1 - Incapacity

Please consider the following before responding to Question #1. This should be discussed in detail in your narrative.

Risk of Re-Injury: Even if a member is physically capable of performing all of the essential duties of his or her position, he or she may be disqualified if a return to work would pose an unreasonable risk of serious harm to the member or third parties. This risk of re-injury has to be reasonably expected to involve substantial harm.

Is the member mentally or physically incapable of performing the essential duties of his or her job as described in the current job description?

Yes

No

Continue only if you answered YES to question #1

Question #2 - Permanency

Please consider the following before responding to Question #2. This should be discussed in detail in your narrative.

Is said incapacity likely to be permanent?	Yes	No

Disability Type:	AL	Member:	SSN:	***_**

Question #3 - Causality

Consider the Lung Presumption when responding to the following:

- Are there any uniquely predominant non service connected influences upon this member's mental or physical condition which might have substantially contributed to or resulted in the incapacity of the applicant?
- Are there any non-service connected accidents or hazards undergone which might have contributed to or resulted in the incapacity of the applicant?
- Is there evidence that although not irrebuttable, so predominates as to obligate a fact finder to come to the conclusion that, for this particular applicant, a uniquely predominant non-service connected influence on the member's mental or physical condition and/ or non-service connected accident or hazard caused the incapacity of this applicant?

Based upon your review of above:

Is said incapacity such as might be the natural and proximate result of the	
personal injury sustained or hazard undergone on account of which retirement	,
is claimed?	

Yes

No

Disability Type AL	Member:		SSN:	***_**
Examining P	hysician's Signature			
stated in this cert	nat I have examined the member ificate and narrative express my lent manner and free of undue in	professional medical opinion		9
		M.C).	
Signature			Date	e

Medical Panel Specialty 3: Examination Location:

Examination Date: Examination Time:

Regional Medical Panel Certificate - Joint (Cancer)

Form Last Revised: May, 2025

Applicant's Information	
Disability Type:	
Member's Name:	
SSN # (last four):	***_**
Occupation:	
Retirement Board:	
Regional Medical Panel	
Physician 1:	
Medical Panel Specialty 1:	
Physician 2:	
Medical Panel Specialty 2:	
Physician 3:	

PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION COMMISSION | REGIONAL MEDICAL PANEL CERTIFICATE

Guide to the Application of G.L. c. 32, § 94B (The Cancer Law)

Disability Type:	AC	Member:	SSN:	***_**

2

Added to the retirement law in 1990, G.L. c. 32, § 94B establishes a rebuttable presumption that, in the case of certain eligible public employees (generally these employees are firefighters) any condition or impairment of health caused by any condition of cancer affecting the skin, central nervous, lymphatic, digestive, hematological, urinary, skeletal, oral, prostate, breasts, reproductive and respiratory tract resulting in total disability or death is service connected unless the contrary is shown by a preponderance of the evidence.

Section 94B provides that the presumption shall only apply if the disabling or fatal condition is a type of cancer which may in general result from exposure to heat, radiation or a known or suspected carcinogen as determined by the International Agency for Research on Cancer (IARC).

In your analysis of this case please consider:

■ Is there evidence that the cancer is not service connected?

The Cancer Presumption Law attributes the development of a cancerous condition to the individual's employment. However, it is the responsibility of the medical panel to determine whether other factors may have caused the condition. A review of non-service connected factors related to the member's mental or physical health or the accidents or hazards undergone which are not job related is important.

As indicated on the form, these non-service connected factors may be uniquely predominant influences on the mental or physical health, or may be accidents or hazards undergone which are not job-related.

Is the greater weight of the evidence such that it obligates a fact finder to come to the conclusion that for this particular applicant a uniquely predominant non-service connected influence on the member's mental or physical condition and/or non-service connected accident or hazard caused the incapacity or fatal condition of this applicant?

In dealing with this question, you must focus on three areas:

- The condition of the applicant
- Other factors which could have caused the cancer and subsequent disability
- The presumption

It is the responsibility of the medical panel to define, characterize and when possible quantify (e.g.,compare to the average risk or provide a relative risk) influences that are uniquely predominant in their impact on the development of this condition. Keep in mind that the mere existence of evidence that the cancer is not service connected does not alone cause the presumption to disappear completely.

Sufficient evidence to overcome the presumption might include:

- A non-work related exposure to a known cancer initiator and/or promoter resulting in a cancer of a unique presentation/pathologic characteristic recognized as pathognomic for that exposure, without significant confounding service exposure to the same carcinogen
- Clearly defined exposure outside of work with sufficient latency period, duration of exposure and convincing epidemiologic data as to a very strong linkage to the type of cancer in question and again no significant confounding service exposure to the same carcinogen.

If you find that, for this particular applicant, the greater weight of the evidence is such that it obligates a fact finder to come to the conclusion that a uniquely predominant non-service connected influence on the member's mental or physical condition and/or non-service connected accident or hazard caused the incapacity or fatal condition of this applicant, then the presumption is overcome.

If you make that determination, then your answer to Question 3 on the Certificate for Accidental Disability (Cancer) is NO.

Otherwise, the answer to Question 3 on the Certificate for Accidental Disability (Cancer) is YES.

Disability Type: AC	Member:	SSN:	***_**				
The member's retirement board will prodescription which includes the essential the essential duties of his/her job.							
Document Review							
Did the Medical Panel Revie	ew:						
Member's job description	inclusive of the essential dutie	es?	Yes	No			
Records provided by the n	nember's retirement board?		Yes	No			
	should not accept any documer nedical imaging such as X-Rays,						
Question #1 - Incapacit	:y						
Please consider the followin your narrative.	ng before responding to Question	on #1. This should be discus	sed in de	tail in			
position, he or she may be dis	ember is physically capable of per qualified if a return to work would This risk of re-injury has to be reas	d pose an unreasonable risk of	serious h	arm to			
•	r physically incapable of perforer job as described in the curre	_	Yes	No			
Continue only if you answere	d YES to question #1						
Question #2 - Permane	ncy						
Please consider the followin your narrative.	g before responding to Questi	on #2. This should be discus	sed in de	tail in			
likely never to end even thoug unable to determine when the permanent. However, if the re- classified as permanent. It is in	Standard for Permanency: A disability is permanent if it will continue for an indefinite period of time which is likely never to end even though recovery at some remote, unknown time is possible. If the medical panel is unable to determine when the applicant will no longer be disabled, they must consider the disability to be permanent. However, if the recovery is reasonably certain after a fairly definite time, the disability cannot be classified as permanent. It is imperative that the medical panel make this determination based on the actual examination of the applicant and other available medical tests or medical records which have been provided.						
Is said incapacity likely to	be permanent?		Yes	No			

Yes

No

Certificate of Accidental Disability (Cancer)

Disability Type: A	c	Member:		SSN:	***_**_
Disability Type: 11				00110	
Question #3	- Causality				
Consider the	e Cancer Pre	esumption wher	responding to the fo	llowii	ng:
Skin Breasts Urinary Oral Hemat Skeleta Lymph Reprod Prostat Digesti	ological al atic ductive		ing types of cancer?		
■ Is the diagno	osed form of car	ncer one which may ir	n general result from exposur the International Agency fo		
		onnected accidents of ent of the cancerous	r hazards undergone which n condition?	nay hav	e contributed to
to the concluinfluence on	usion that for th the member m	is particular applican	so predominates as to obligat a uniquely predominant no dition and /or non-service co this applicant?	n-servic	e connected
	dition first disco		e been discovered within five	years o	f the last date
Based upon	your review o	f above:			

Is said incapacity such as might be the natural and proximate result of the personal injury sustained or hazard undergone on account of which retirement

is claimed?

5

Certificate of Accidental Disability (Cancer)

Disability Type:	AC	Member:	SSN:	***_**

Joint Medical Panel

Examining Physician's Signature

I hereby certify that I have examined the member named on this certificate, and that the findings stated in this certificate and narrative express my professional medical opinion which was arrived at in an independent manner and free of undue influence.

	M.D.	
Signature		Date
	M.D.	
Signature		Date
	M.D.	
Signature		Date

Certificate of Accidental Disability (Cancer)

Disability Type:	AC	Member:	SSN:	***_**

Minority Opinion

Question #1 - Incapacity

Please consider the following before responding to Question #1. This should be discussed in detail in your narrative.

Risk of Re-Injury: Even if a member is physically capable of performing all of the essential duties of his or her position, he or she may be disqualified if a return to work would pose an unreasonable risk of serious harm to the member or third parties. This risk of re-injury has to be reasonably expected to involve substantial harm.

Is the member mentally or physically incapable of performing the essential duties of his or her job as described in the current job description?

Yes

No

Continue only if you answered YES to question #1

Question #2 - Permanency

Please consider the following before responding to Question #2. This should be discussed in detail in your narrative.

Is said incapacity likely to be permanent?	Yes	No

Based upon your review of above:

is claimed?

Is said incapacity such as might be the natural and proximate result of the personal injury sustained or hazard undergone on account of which retirement

Yes

No

Certificate of Accidental Disability (Cancer)

Dis	sability Type:	AC	Member:			SSN:	***_**	
	Question #	3 - Causality	,					
		·		han vasnandins	u to the fall	lowin		
	Consider ti	ie Cancer Pro	esumption w	hen responding	g to the foi	iowir	ng:	
	■ Does this in	ndividual suffer f	rom one of the fo	llowing types of cand	cer?			
	SkeleLympReprostDigesCentil	atological etal ohatic oductive rate						
	_			nay in general result f ed by the Internation	•			
			onnected accider nent of the cancer	nts or hazards undergous condition?	gone which ma	ay have	e contributed t	to
	to the cond influence o	clusion that for th on the member m	nis particular appl nental or physical	able, so predominate icant a uniquely prec condition and /or no on of this applicant?	dominant non-	-service	e connected	ie
		ondition first disc uch person activ		have been discovere	ed within five y	ears o	f the last date	

PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION COMMISSION | REGIONAL MEDICAL PANEL CERTIFICATE Certificate of Accidental Disability (Cancer)

Disability Type:	AC	Member:		9	SSN:	***_**
Examin	ing Physician	's Signature				
stated in t	his certificate and		per named on this certifica ny professional medical o e influence.			•
				M.D.		
Signature					Date	_

Regional Medical Panel Certificate - Joint (Violent Act)

Form Last Revised: May, 2025

Applicant's Information		
Disability Type:		
Member's Name:		
SSN # (last four):	***_**	
Occupation:		
Retirement Board:		
Regional Medical Panel		
Physician 1:		
Medical Panel Specialty 1:		
Physician 2:		
Medical Panel Specialty 2:		
Physician 3:		
Medical Panel Specialty 3:		
Examination Location:		
Examination Date:		
Examination Time:		

PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION COMMISSION | REGIONAL MEDICAL PANEL CERTIFICATE Certificate of Accidental Disability (Violent Act Injury)

Disabil	ity Type: VA	Member:		SSN:	***_**	
descri			information relating to the member's claimed ormation is critical to your assessment of the m			
Do	cument Review					
	Did the Medical Panel Rev	iew:				
	Member's job description	inclusive of the	e essential duties?		Yes	No
	Records provided by the	member's retire	ement board?		Yes	No
	· · · · · · · · · · · · · · · · · · ·		ept any documents at the time of g such as X-Rays, MRI's, CT scans, etc.)			
Qu	estion #1 - Incapaci	ty				
	Please consider the followi your narrative.	ng before respo	onding to Question #1. This should be o	discuss	ed in de	tail in
	position, he or she may be di	squalified if a ret	ally capable of performing all of the essent urn to work would pose an unreasonable iury has to be reasonably expected to invo	risk of	serious h	arm to
	· ·		apable of performing the ibed in the current job description?		Yes	No
	Continue only if you answere	ed YES to questic	on #1			
Qu	estion #2 - Permane	ency				
	Please consider the followi your narrative.	ng before respo	nding to Question #2. This should be o	discuss	ed in de	tail in
	likely never to end even thou unable to determine when th permanent. However, if the re classified as permanent. It is i	gh recovery at so e applicant will n ecovery is reason mperative that th	manent if it will continue for an indefinite p me remote, unknown time is possible. If th o longer be disabled, they must consider th ably certain after a fairly definite time, the one medical panel make this determination be the medical tests or medical records which I	ne medi he disal disabilit based o	cal panel pility to b by cannot on the act	is e be ual
	Is said incapacity likely to	be permanent	?		Yes	No

3

Yes

No

Certificate of Accidental Disability (Violent Act Injury)

Di	sab	ility Type: VA	Member:	SS	N: ***-**-	
	Qı	uestion #3 - Causality				
		Please consider the following in your narrative.	g before responding to Question #3. Th	nis should be disc	ussed in de	tail
	■ Is there any other event or condition in the member/applicant's medical history, or in any other evidence provided to the panel, other than the personal injury sustained or hazard undergon which the disability retirement is claimed, that might have contributed to or resulted in the disclaimed?					
	•	•	t the disability was caused by the cond tained or hazard undergone which is t usion?			
	Aggravation of a pre-existing condition standard: If the acceleration of a pre-existing condition of injury is as a result of an accident or hazard undergone, in the performance of the applicant's due causation would be established. However, if the disability is due to the natural progression of the pre-existing condition, or was not aggravated by the alleged injury sustained or hazard undergo causation would not be established.					
	•	•	oloyee who has left government servic f government service, claim accidental ured disability.			•
	•	You are being asked to addremployed by a government	ress whether the member was disabled al unit.	d at the time he o	or she was I	ast
	•		ponse to the question of causality (#3) oe stated in terms of medical possibilit			
		Based upon your review o	f above:			
		Is said incapacity such as m	night be the natural and proximate res	ult of the		

personal injury sustained or hazard undergone on account of which retirement

is claimed?

PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION COMMISSION | REGIONAL MEDICAL PANEL CERTIFICATE Certificate of Accidental Disability (Violent Act Injury)

ability Type:	VA	Member:			SSN: **	*_**		
ertain members tack by means	s who suffer cat of a dangerous firearm, knife, a	astrophic, life-threa weapon, which is o	atening or life-altering designed for the purpo	hanced accidental disa permanent bodily inju ose of causing serious i gical injuries are not eli	ries due to njury or de	a violent p eath, includi		
ease answer al	l questions belo	ow. Questions 4, 5, a	and 6 are required on a	applications for Violent	Act Injury	Disability.		
Question	#4 - Injur	у						
Please considerative:	ler the followin	ig before respondir	ng to Question #4. Thi	s should be discussed	in detail ir	n your		
■ Did the a	pplicant sustai	in a permanent boo	dily injury?					
■ Was the	injury catastrop	ohic?						
■ Was the	injury life-threa	atening?						
■ Was the	injury life-alteri	ing?						
			t suffer from significa king, cleaning, bathing	nt limitations and/or th g, driving, etc.)?	ne inability	/to		
Based upor	sed upon your review of above:							
	licant sustain bodily injury?	•	e-threatening or life	e-altering	Yes	No		
		ent Physical A						
Please considerative:	er the followin	ig before respondir	ng to Question #5. Thi	s should be discussed	in detail ir	n your		
■ Was the	njury a direct a	and proximate resu	It of an intentional ph	ysical attack?				
■ Was the	njury the resul	t of an accident or	negligence?					
Based upor	n your review	of above:						
	ury the direct ack upon the		esult of a violent and	d intentional	Yes	No		
	_	gerous Weap						
Please consic narrative:	er the followin	ig before respondir	ng to Question #6. Thi	s should be discussed	in detail ir	n your		
■ Was a da	ngerous weapo	on utilized in the at	tack?					
■ Did a da	ngerous weapo	on cause serious inj	ury or death?					
■ Was the	dangerous wea	apon designed for t	the purpose of causing	g serious injury or dea	th?			
Based upor	n your review	of above:						
	ack by means ous injury or l	_	eapon designed for	the purpose of	Yes	No		

Certificate of Accidental Disability (Violent Act Injury)

Disability Type:	VA	Member:	S	SSN:	***_**

Joint Medical Panel

Examining Physician's Signature

I hereby certify that I have examined the member named on this certificate, and that the findings stated in this certificate and narrative express my professional medical opinion which was arrived at in an independent manner and free of undue influence.

	M.D.	
Signature		Date
	M.D.	
Signature		Date
	M.D.	
Signature		Date

Disability Type:	VA	Member:	SSN:	***_**

Minority Opinion

Question #1 - Incapacity

Please consider the following before responding to Question #1. This should be discussed in detail in your narrative.

Risk of Re-Injury: Even if a member is physically capable of performing all of the essential duties of his or her position, he or she may be disqualified if a return to work would pose an unreasonable risk of serious harm to the member or third parties. This risk of re-injury has to be reasonably expected to involve substantial harm.

Is the member mentally or physically incapable of performing the essential duties of his or her job as described in the current job description?

Yes

No

Continue only if you answered YES to question #1

Question #2 - Permanency

Please consider the following before responding to Question #2. This should be discussed in detail in your narrative.

Is said incapacity likely to be permanent?	Yes	No

7

Yes

No

Certificate of Accidental Disability (Violent Act Injury)

Disability Type: VA	Member:	S	SSN: ***-**	
Question #3 - Causality				
Please consider the following in your narrative.	g before responding to Question #3.	This should be dis	scussed in det	ail
evidence provided to the pa	ondition in the member/applicant's anel, other than the personal injury s ent is claimed, that might have contr	ustained or hazaı	rd undergone	upon
	t the disability was caused by the co tained or hazard undergone which is usion?			
injury is as a result of an acc causation would be establis	g condition standard: If the acceleration or hazard undergone, in the peace hed. However, if the disability is due as not aggravated by the alleged injubilished.	erformance of the to the natural pr	e applicant's o rogression of	duties, the
•	oloyee who has left government serv f government service, claim accident ured disability.			•
 You are being asked to addremployed by a government 	ess whether the member was disabl al unit.	ed at the time he	e or she was la	ıst
3 ,	ponse to the question of causality (# oe stated in terms of medical possibi		•	
Based upon your review o	f above:			

Is said incapacity such as might be the natural and proximate result of the personal injury sustained or hazard undergone on account of which retirement

is claimed?

PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION COMMISSION | REGIONAL MEDICAL PANEL CERTIFICATE Certificate of Accidental Disability (Violent Act Injury)

bility Type:	VA	Member:	SSN: ***-**
ease answer al	l questions below.	Questions 4, 5, and 6 are required on applications fo	or Violent Act Injury Disability.
Ouestier	n #4 - Injury		
		efore responding to Question #4. This should be di	iscussed in detail in your
■ Did the a	applicant sustain a	permanent bodily injury?	
■ Was the	injury catastrophic	?	
■ Was the	injury life-threaten	ing?	
■ Was the	injury life-altering?		
		es the applicant suffer from significant limitations a g (i.e., cooking, cleaning, bathing, driving, etc.)?	and/or the inability to com-
Based upor	n your review of	above:	
	licant sustain a cobodily injury?	atastrophic, life-threatening or life-altering	Yes No
permanent	bodily injury?	atastrophic, life-threatening or life-altering Physical Attack	Yes No
permanent Question	bodily injury? n #5 - Violent		
Question Please considerative:	bodily injury? 1 #5 - Violent der the following b	Physical Attack	
Question Please considerative: Was the	bodily injury? 1 #5 - Violent der the following b injury a direct and	Physical Attack efore responding to Question #5. This should be di	
Question Please considerative: Was the Was the	bodily injury? 1 #5 - Violent der the following b injury a direct and	Physical Attack efore responding to Question #5. This should be di proximate result of an intentional physical attack? an accident or negligence?	
Question Please considerative: Was the Was the Based upon Was said inj	bodily injury? 1 #5 - Violent der the following b injury a direct and injury the result of	Physical Attack efore responding to Question #5. This should be di proximate result of an intentional physical attack? an accident or negligence? above: d proximate result of a violent and intentional	iscussed in detail in your
Question Please considerative: Was the Was the Based upon Was said inj physical atta	bodily injury? The state of the following be injury a direct and injury the result of the state of the state of the direct and ack upon the appropriate of the state of the s	Physical Attack efore responding to Question #5. This should be di proximate result of an intentional physical attack? an accident or negligence? above: d proximate result of a violent and intentional physical attack?	iscussed in detail in your
Question Please considerative: Was the Was the Based upon Was said inj physical atta	h #5 - Violent der the following b injury a direct and injury the result of h your review of ury the direct and ack upon the app	Physical Attack efore responding to Question #5. This should be di proximate result of an intentional physical attack? an accident or negligence? above: d proximate result of a violent and intentional	iscussed in detail in your Yes No
Question Please considerative: Was the Was the Was the Was said injication Was said injication Was said injication Please considerative:	h #5 - Violent der the following b injury a direct and injury the result of h your review of ury the direct and ack upon the app	Physical Attack efore responding to Question #5. This should be di proximate result of an intentional physical attack? an accident or negligence? above: d proximate result of a violent and intentional physical attack?	iscussed in detail in your Yes No
Question Please considerative: Was the Was the Was the Was said injection Was said injection Was said injection Was a data	bodily injury? 1 #5 - Violent der the following b injury a direct and injury the result of 1 your review of ury the direct and ack upon the app 1 #6 - Danger der the following b Ingerous weapon to	Physical Attack efore responding to Question #5. This should be di proximate result of an intentional physical attack? an accident or negligence? above: d proximate result of a violent and intentional physical attack? cous Weapon efore responding to Question #6. This should be di	iscussed in detail in your Yes No
Question Please considerative: Was the Was the Was the Was said injication Union Was a da Did a da	h #5 - Violent der the following b injury a direct and injury the result of h your review of ury the direct and ack upon the app der the following b ingerous weapon congerous weapon congerous	Physical Attack efore responding to Question #5. This should be di proximate result of an intentional physical attack? an accident or negligence? above: d proximate result of a violent and intentional phicant? rous Weapon efore responding to Question #6. This should be di utilized in the attack?	iscussed in detail in your Yes No
Question Please considerative: Was the Was the Was the Was add Was a da Was the	h #5 - Violent der the following b injury a direct and injury the result of h your review of ury the direct and ack upon the app der the following b ingerous weapon congerous weapon congerous	Physical Attack efore responding to Question #5. This should be di proximate result of an intentional physical attack? an accident or negligence? above: d proximate result of a violent and intentional phicant? rous Weapon efore responding to Question #6. This should be di utilized in the attack? ause serious injury or death? In designed for the purpose of causing serious injury	iscussed in detail in your Yes No

PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION COMMISSION | REGIONAL MEDICAL PANEL CERTIFICATE Certificate of Accidental Disability (Violent Act Injury)

Disability Type:	VA	Member:	SS	SN:	***_**

, ,,							
Examining Physician's Signature							
I hereby certify that I have examined the member named on this certificate, and that the findings stated in this certificate and narrative express my professional medical opinion which was arrived at in an independent manner and free of undue influence.							
	M.D.						
Signature	Dat	e					