



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

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.

Document Review

Did the Medical Panel Review:

| | | |
|---|------------------------------|-----------------------------|
| Member's job description inclusive of the essential duties? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Records provided by the member's retirement board? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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.

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? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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:

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

Regional Medical Panel Certificate

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: 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

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.

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

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:

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

Regional Medical Panel Certificate

Disability Type: ACC

Member:

SSN:

***_**-____

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.

| | |
|--|--|
| | |
|--|--|

Signature

M.D.

Date



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:

Examination Time:

Disability Type: 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.

Document Review

Did the Medical Panel Review:

| | | |
|---|------------------------------|-----------------------------|
| Member's job description inclusive of the essential duties? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Records provided by the member's retirement board? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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.

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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

Regional Medical Panel Certificate

Disability Type:

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.

| | | |
|----------------------|------|----------------------|
| <input type="text"/> | M.D. | <input type="text"/> |
|----------------------|------|----------------------|

Signature

Date

| | | |
|----------------------|------|----------------------|
| <input type="text"/> | M.D. | <input type="text"/> |
|----------------------|------|----------------------|

Signature

Date

| | | |
|----------------------|------|----------------------|
| <input type="text"/> | M.D. | <input type="text"/> |
|----------------------|------|----------------------|

Signature

Date

Disability Type: ORD

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.

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

Regional Medical Panel Certificate

Disability Type:

Member:

SSN:

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.

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Signature

M.D.

Date



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:

Examination Time:

Disability Type: **AH**

Member: _____

SSN: ***-**-_____

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.

Certificate of Accidental Disability (Heart)

DisabilityType:

AH

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.

Document Review

Did the Medical Panel Review:

| | | |
|---|------------------------------|-----------------------------|
| Member's job description inclusive of the essential duties? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Records provided by the member's retirement board? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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.

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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

Certificate of Accidental Disability (Heart)

Disability Type: 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 is claimed?

 Yes No

Certificate of Accidental Disability (Heart)

Disability Type: 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.

| | | |
|----------------------|------|----------------------|
| <input type="text"/> | M.D. | <input type="text"/> |
| Signature | | Date |
| <input type="text"/> | M.D. | <input type="text"/> |
| Signature | | Date |
| <input type="text"/> | M.D. | <input type="text"/> |
| Signature | | Date |

Certificate of Accidental Disability (Heart)

Disability Type: 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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.

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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

Certificate of Accidental Disability (Heart)

Disability Type: 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 is claimed?

Yes

No

Certificate of Accidental Disability (Heart)

Disability Type:

Member:

SSN:

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.

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Signature

M.D.

Date



Regional Medical Panel Certificate - Joint (Lung)

Form Last Revised: May, 2025

Applicant's Information

| | |
|---------------------------|----------------------|
| Disability Type: | <input type="text"/> |
| Member's Name: | <input type="text"/> |
| SSN # (last four): | ***-**-____ |
| Occupation: | <input type="text"/> |
| Retirement Board: | <input type="text"/> |

Regional Medical Panel

| | |
|-----------------------------------|----------------------|
| Physician 1: | <input type="text"/> |
| Medical Panel Specialty 1: | <input type="text"/> |
| Physician 2: | <input type="text"/> |
| Medical Panel Specialty 2: | <input type="text"/> |
| Physician 3: | <input type="text"/> |
| Medical Panel Specialty 3: | <input type="text"/> |
| Examination Location: | <input type="text"/> |
| Examination Date: | <input type="text"/> |
| Examination Time: | <input type="text"/> |

Disability Type: **AL**

Member: _____

SSN: ***-**-_____

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 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.

Document Review

Did the Medical Panel Review:

| | | |
|---|------------------------------|-----------------------------|
| Member's job description inclusive of the essential duties? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Records provided by the member's retirement board? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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.

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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

Certificate of Accidental Disability (Lung)

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

Certificate of Accidental Disability (Lung)

Disability Type 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.

| | | |
|----------------------|------|----------------------|
| <input type="text"/> | M.D. | <input type="text"/> |
| Signature | | Date |
| <input type="text"/> | M.D. | <input type="text"/> |
| Signature | | Date |
| <input type="text"/> | M.D. | <input type="text"/> |
| Signature | | Date |

Certificate of Accidental Disability (Lung)

Disability Type 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.

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

Certificate of Accidental Disability (Lung)

Disability Type:

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

Certificate of Accidental Disability (Lung)

Disability Type

Member:

SSN:

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.

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Signature

M.D.

Date



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:

Medical Panel Specialty 3:

Examination Location:

Examination Date:

Examination Time:

Disability Type: **AC**

Member: _____

SSN: ***-**-_____

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.

Certificate of Accidental Disability (Cancer)Disability Type: **AC**

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.

Document 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?

 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.

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

Certificate of Accidental Disability (Cancer)

Disability Type:

Member:

SSN:

Question #3 - Causality

Consider the Cancer Presumption when responding to the following:

- Does this individual suffer from one of the following types of cancer?
 - Skin
 - Breasts
 - Urinary
 - Oral
 - Hematological
 - Skeletal
 - Lymphatic
 - Reproductive
 - Prostate
 - Digestive
 - Central Nervous System
 - Lung/Respiratory Tract

- Is the diagnosed form of cancer one which may in general result from exposure to heat, radiation, or a known or suspected carcinogen as identified by the International Agency for Research on Cancer?

- Are there any non-service connected accidents or hazards undergone which may have contributed to or resulted in the development of the cancerous condition?

- Is there evidence that, although not irrefutable, 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 mental or physical condition and /or non-service connected accident or hazard caused the incapacity or fatal condition of this applicant?

- Was this condition first discovered, or should have been discovered within five years of the last date on which such person actively served?

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

Certificate of Accidental Disability (Cancer)

Disability Type:

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.

| | | |
|----------------------|------|----------------------|
| <input type="text"/> | M.D. | <input type="text"/> |
|----------------------|------|----------------------|

Signature

Date

| | | |
|----------------------|------|----------------------|
| <input type="text"/> | M.D. | <input type="text"/> |
|----------------------|------|----------------------|

Signature

Date

| | | |
|----------------------|------|----------------------|
| <input type="text"/> | M.D. | <input type="text"/> |
|----------------------|------|----------------------|

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.

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

Certificate of Accidental Disability (Cancer)

Disability Type:

Member:

SSN:

Question #3 - Causality

Consider the Cancer Presumption when responding to the following:

- Does this individual suffer from one of the following types of cancer?
 - Skin
 - Breasts
 - Urinary
 - Oral
 - Hematological
 - Skeletal
 - Lymphatic
 - Reproductive
 - Prostate
 - Digestive
 - Central Nervous System
 - Lung/Respiratory Tract

- Is the diagnosed form of cancer one which may in general result from exposure to heat, radiation, or a known or suspected carcinogen as identified by the International Agency for Research on Cancer?

- Are there any non-service connected accidents or hazards undergone which may have contributed to or resulted in the development of the cancerous condition?

- Is there evidence that, although not irrefutable, 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 mental or physical condition and /or non-service connected accident or hazard caused the incapacity or fatal condition of this applicant?

- Was this condition first discovered, or should have been discovered within five years of the last date on which such person actively served?

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

Certificate of Accidental Disability (Cancer)

Disability Type: AC

Member:

SSN: ***-**-_____

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.

| | |
|--|--|
| | |
|--|--|

Signature

M.D.

Date



Regional Medical Panel Certificate - Joint (Violent Act)

Form Last Revised: May, 2025

Applicant's Information

| | |
|---------------------------|----------------------|
| Disability Type: | <input type="text"/> |
| Member's Name: | <input type="text"/> |
| SSN # (last four): | ***-**-____ |
| Occupation: | <input type="text"/> |
| Retirement Board: | <input type="text"/> |

Regional Medical Panel

| | |
|-----------------------------------|----------------------|
| Physician 1: | <input type="text"/> |
| Medical Panel Specialty 1: | <input type="text"/> |
| Physician 2: | <input type="text"/> |
| Medical Panel Specialty 2: | <input type="text"/> |
| Physician 3: | <input type="text"/> |
| Medical Panel Specialty 3: | <input type="text"/> |
| Examination Location: | <input type="text"/> |
| Examination Date: | <input type="text"/> |
| Examination Time: | <input type="text"/> |

Certificate of Accidental Disability (Violent Act Injury)Disability Type: **VA**

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.

Document 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?

 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.

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

Disability Type: 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:

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

Certificate of Accidental Disability (Violent Act Injury)Disability Type: Member: SSN:

Added to the retirement law in 2024, G.L. c. 32, §§ 1 and 7 establish an enhanced accidental disability retirement benefit for certain members who suffer catastrophic, life-threatening or life-altering permanent bodily injuries due to a violent physical attack by means of a dangerous weapon, which is designed for the purpose of causing serious injury or death, including, but not limited to, a firearm, knife, automobile or explosive device. Psychological injuries are not eligible for Violent Act Injury Disability benefits.

Please answer all questions below. Questions 4, 5, and 6 are required on applications for Violent Act Injury Disability.

Question #4 - Injury

Please consider the following before responding to Question #4. This should be discussed in detail in your narrative:

- Did the applicant sustain a permanent bodily injury?
- Was the injury catastrophic?
- Was the injury life-threatening?
- Was the injury life-altering?
- As a result of this injury, does the applicant suffer from significant limitations and/or the inability to complete activities of daily living (i.e., cooking, cleaning, bathing, driving, etc.)?

Based upon your review of above:

Did the applicant sustain a catastrophic, life-threatening or life-altering permanent bodily injury?

 Yes No**Question #5 - Violent Physical Attack**

Please consider the following before responding to Question #5. This should be discussed in detail in your narrative:

- Was the injury a direct and proximate result of an intentional physical attack?
- Was the injury the result of an accident or negligence?

Based upon your review of above:

Was said injury the direct and proximate result of a violent and intentional physical attack upon the applicant?

 Yes No**Question #6 - Dangerous Weapon**

Please consider the following before responding to Question #6. This should be discussed in detail in your narrative:

- Was a dangerous weapon utilized in the attack?
- Did a dangerous weapon cause serious injury or death?
- Was the dangerous weapon designed for the purpose of causing serious injury or death?

Based upon your review of above:

Was the attack by means of a dangerous weapon designed for the purpose of causing serious injury or harm?

 Yes No

Certificate of Accidental Disability (Violent Act Injury)

Disability Type: 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.

| | | |
|----------------------|------|----------------------|
| <input type="text"/> | M.D. | <input type="text"/> |
| Signature | | Date |
| <input type="text"/> | M.D. | <input type="text"/> |
| Signature | | Date |
| <input type="text"/> | M.D. | <input type="text"/> |
| 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.

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

Disability Type: 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:

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

Certificate of Accidental Disability (Violent Act Injury)Disability Type: Member:

SSN: ***-**-_____

Please answer all questions below. Questions 4, 5, and 6 are required on applications for Violent Act Injury Disability.

Question #4 - Injury

Please consider the following before responding to Question #4. This should be discussed in detail in your narrative:

- Did the applicant sustain a permanent bodily injury?
- Was the injury catastrophic?
- Was the injury life-threatening?
- Was the injury life-altering?
- As a result of this injury, does the applicant suffer from significant limitations and/or the inability to complete activities of daily living (i.e., cooking, cleaning, bathing, driving, etc.)?

Based upon your review of above:

Did the applicant sustain a catastrophic, life-threatening or life-altering permanent bodily injury?

 Yes No**Question #5 - Violent Physical Attack**

Please consider the following before responding to Question #5. This should be discussed in detail in your narrative:

- Was the injury a direct and proximate result of an intentional physical attack?
- Was the injury the result of an accident or negligence?

Based upon your review of above:

Was said injury the direct and proximate result of a violent and intentional physical attack upon the applicant?

 Yes No**Question #6 - Dangerous Weapon**

Please consider the following before responding to Question #6. This should be discussed in detail in your narrative:

- Was a dangerous weapon utilized in the attack?
- Did a dangerous weapon cause serious injury or death?
- Was the dangerous weapon designed for the purpose of causing serious injury or death?

Based upon your review of above:

Was the attack by means of a dangerous weapon designed for the purpose of causing serious injury or harm?

 Yes No

Certificate of Accidental Disability (Violent Act Injury)

Disability Type:

Member:

SSN:

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.

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Signature

M.D.

Date