

## Physician's Re-evaluation of Current Disability (Local Safety)

The following information is needed in connection with the retiree's continuing eligibility for disability retirement benefits under the California Public Employees' Retirement Law.

### Section 1: Employer Information

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Employer must complete this section.

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**Employer Name**

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**Employer Address**

**City**

**State**

**ZIP**

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**Employer Contact Person**

**Job Title**

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**Contact Person's Phone Number**

**Contact Person's Email**

### Section 2: Retiree Information

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Employer must complete this section.

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**Retiree's Name (First Name, Middle Initial, Last Name)**

**Social Security Number or CalPERS ID**

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**Position/Occupational Title**

**Birth Date (mm/dd/yyyy)**

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**For Kaiser Patients, Medical Record Number**

### Section 3: Physician's Findings

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Physician, attach a separate sheet if there is not enough space to enter your diagnosis. Be sure to use a label, or clearly write the retiree's Social Security number or CalPERS ID on each page.

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**Date of Last Exam (mm/dd/yyyy)**

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**Diagnosis 1**

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**Objective Examination Findings 1**

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**Diagnostic Test (X-ray, MRI, Laboratory, EKG, etc.) – Dates and Findings**

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**Restrictions/Limitations – If so, specify.**

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Retiree Name

Social Security Number or CalPERS ID

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**Diagnosis 2**

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**Objective Examination Findings 2**

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**Diagnostic Test (X-ray, MRI, Laboratory, EKG, etc.) – Dates and Findings**

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**Restrictions/Limitations – If so, specify.**

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**Diagnosis 3**

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**Objective Examination Findings 3**

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**Diagnostic Test (X-ray, MRI, Laboratory, EKG, etc.) – Dates and Findings**

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**Restrictions/Limitations – If so, specify.**

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**Comments**

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## Section 4: Retiree Incapacity

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Review the attached duty statement and physical requirements form prior to your determination of disability.

To remain eligible for disability retirement, the CalPERS retiree must continue to be substantially incapacitated from the performance of the usual duties of their position with their former employer. This “substantial incapacity” must be due to a medical condition of permanent or extended duration that is expected to last at least 12 consecutive months or will result in death. Disability is not necessarily the inability to perform fully every function of a given position. Rather, the courts have concluded that the test is whether the member has a substantial inability to perform the usual and customary duties of the position. **Prophylactic restrictions are not a basis for a disability retirement.**

1. Is the retiree currently substantially incapacitated from performing the usual duties of the position from which they retired on disability?  
 Yes       No
  2. If yes, how long is the incapacity expected to continue?  
 < 1 year       > 1 year       > 2 years       Permanent (with no improvement anticipated)
  3. If yes, please describe the specific job duties/physical requirements that the retiree is unable to perform due to their incapacity.
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**Retiree Name**

**Social Security Number or CalPERS ID**

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4. Did you review the job duty statement to make your medical opinion?

Yes                       No

5. Did you review the physical requirements to make your medical opinion?

Yes                       No

### Section 5: Treatment Records

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1. Please provide a copy of all the retiree's medical records and diagnostic testing during the past 12 months.

2. I have not provided any medical care for this retiree's ongoing disability during the last 12 months.

Please initial:

### Section 6: Physician's Signature

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Mail completed report directly to the employer's address listed in Section 1. Do not give to retiree. Original physician signature required.

I hereby certify that the above information is true, complete, and correct to the best of my knowledge.

CalPERS has my permission to release a copy of the report to the retiree upon written request.  Yes     No

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**Print Physician Name**

**Phone Number**

**Fax Number**

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**Address**

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**City**

**State**

**ZIP**

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**Original Signature of Physician**

**Title**

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**Medical Specialty**

**Date (mm/dd/yyyy)**

**Mail to: CalPERS Disability & Survivor Benefits Division, P.O. Box 2796, Sacramento, CA 95812-2796**