

& HUWLILFDWLRQ RI + HDOWK & DUH SUDRUWPHUQIWUR I / DERU
)DPLO\ OHPEHUV 6HULRXV + HDOWK & RQGLWLRQ
)DPLO\ DQG OHGLFDO /€p0

'2 127 6(1' & 203/(7(')250 72 7+('(3\$570(17 2) /%25 5(7851 72 7+(3\$7,(17

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: 30HDVH FRPSOHWH 6HFVWLRQV, I REUHP RWURH WRXYUL

) L U V W 0 L G G O H / D V W B

H V E U L E B R X E D S U G R O Y L G H W R \ R X W D D P G O H V R W H F P E D W H O H D Y H Q H H G H G W R

(PSOR\HH 6LJQDWXUH

' D W H

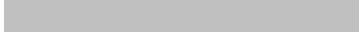
3 DH

8217.18 ('21 1('7 3\$*(

) R U P : + 5 H Y I O P H I G

SECTION III: For Completion by the HEALTH CARE PROVIDER

INSTRUCTIONS to the HEALTH CARE PROVIDER: 7 K H H P S O R \ H H O L V W H G D E R Y H K D V
W K H) 0 / \$ D W R R I B S U D W L H Q W \$ D Q Q V G Z H O B H P A S K D O S O L F D E O H 6 S H D Y U H M V D C E H T Q R Z W L
V H H N D U H V S R K Q V I H J H D T V G H X Q R D I W D L R R Q G I P W M Q R M Q F W D Q R V Z M H U E V A R R B H O / G V
H V W L P D W S I Q E D B V H H G L F D O N Q R Z S H H D G H P D F P H L Q D W L R Q R B I H W D S H F S L D W F L H D Q W R X
F D Q W M B R V D V ^ O L I H W L P H ^ X Q N Q P D Z Q R W F E U H ^ V X Q G L H F V L H I Q P V L Q V D R W G H W H U
F R Y H U D J H R M / U P H L W S R Q V H V W R W K H F R V G O M A Q Q D Y I H R U S P D K Q W R K W P S D W L E
D E R X W J H Q H W L F W H V W V D V G H I L Q N G U Y Q D F H Q & H) L 5 Q H F G L Q I & R L 5 J H Q



3 \$ 5 7 % \$ 0 2 8 1 7 2) & \$ 5 (1 (((: K H Q D T Q X V H Z H W U L L R Q Q V W K H H V H I \$ L Q P L Q G W K D

:LOO WKH FRQGLWL RQ FD X V H HHSYLWQ KSHL ESJDONDLUHQ WSNU IS PI USLDRUGQ IF DLOSQ
D FW L YBLBMLBHVR" BBBB < HV

% D V H G K X S B Q W L H Q W T V D P Q H G L R O M R Q M R M B H G L H G D W F L R R Q H V W L P R D I W H W
I O D U H X S V D Q B W H K O H D G X H G D W L H Q W P D \ K D Y H H R S G I N U W K
H Y H U P R Q W K V O D V W L Q J G D \ V

) U H T X H Q F B B B W B L P B H B / B S Z H U H N P V R Q B / B K B B / B

' X U D W L R Q R B B B B B G D \ M S L S V H R U G H

'R HV WKH SDWLHQW QHHG FBDBUBHR BG BX BJBVQ J WKHVH IODUH XSV"

B B B B

B B B

B B B B

B B B

Signature of Health Care Provider

Date

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

, I VXEPLWHG LW LV PDQGDWRU\ LVR LG IHVFSOORX M U M WCR W KI MLDL Q HDF R R G\ VR IR V
&) 5 + 3HUVRQV DUH QRW UHTXLUHG LV\ RR U H D SVR Q Q W Q OMW VLVLRAR G OWS\ O\ VR
FRQWURO QXPEHU 7KH 'HSDUWPHQ \WNRRI D QEDRYH H D WHL PRD W H P LQ\ K DMW VL WR ZL O\ O\ V S
FROOHFWLRQ RI LQIRUPDWLRQ L Q\ K \WGR Q J WKHD W\ERI HQJRH [UWAH L Q\ ZL Q\ D Q\ W\ R\ K U
GDWD QHHGHG DQG FRPSOHWLQJ D Q\ D W\UHRYQL H Z\ L QRI XW\KDHY F R D Q\ H F R\WPLRQ\W\H L Q\ H R D
RU DQ\ RWKHU DVSHFW RI WKLV F J R B \W E\W Q R Q RLQ\ LRUGPDXFL QRI QW K LQF \W Q B Q\ J Q V X H
:DJH DQG +RXU 'LYLVLRQ 8 6 R\PI SDUWPHQ W RRQV\W\ E\W\ W\5 R Q \$ Y H 1: :DVKLQJW
DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR; RETURN TO THE PATIENT.

3 DJH