Ret-7B
Rev. 6/98

STATE OF NORTH CAROLINA
DEPARTMENT OF STATE TREASURER
FIREMEN'S AND RESCUE SQUAD WORKERS' PENSION FUND
325 NORTH SALISBURY STREET
RALEIGH, NORTH CAROLINA 27603-1385

Name _____ Fire Dept. or Rescue Squad _____

Social Security Number_____ Date of Birth_____

MEDICAL REPORT

TO APPLICANT: ALL PERTINENT SECTIONS of this form 7B must be completed by your physician before any action can be taken on your Application for Disability Retirement.

_____ _____
Applicant Signature Date

TO PHYSICIAN: After personally signing and dating the completed Form 7B, please forward it to the following address: **Firemen's and Rescue Squad Workers' Pension Fund**, ***325 North Salisbury Street, Raleigh, North Carolina, 27603-1385***. Please feel free to attach any additional information which you feel would be helpful to the Medical Board in making the determination of disability.

Unless otherwise specified, the Retirement System will not assume any responsibility for payment of fees for furnishing the requested information.

PLEASE TYPE OR PRINT CLEARLY

A. HISTORY (1) Date present illness or injury occurred. (2) Date applicant became unable to perform duties. (3) History of present illness.	
B. TREATMENT (1) Date of first visit by applicant. (2) Date of last visit by applicant.	
C. PHYSICAL, DIAGNOSIS AND PROGRESS (1) Present subjective symptoms. (2) Present objective findings. (3) Weight, height and blood pressure at last visit. (4) Furnish pertinent X-rays, laboratory and diagnostic studies. (5) Is applicant ambulatory, bed confined, house confined or hospital confined? (6) Furnish complete diagnosis of applicant's condition at the time he or she became unable to perform duties. (7) Describe treatment — including therapy and response. (8) Is applicant's condition stable? If not, what improvement can be expected in six months to one year? (9) Furnish report of hospitalization, if any. (10) Describe all restrictions on applicant's activities.	

D. If disability is due to **Orthopedic, Cardiac, Diabetes, Digestive, Neurological, Psychiatric, Respiratory, or Visual Conditions**, furnish all information requested in the appropriate section.

(1) Orthopedic (a) Furnish report of current comprehensive orthopedic examination. (b) Submit report of rheumatoid factor and sedimentation rate. (c) Furnish report of uric acid relative to gouty arthritis. (d) Indicate physical findings for all joints involved including any deformities, tissue and bone destruction, range of motion and limitation of motion. (e) Furnish current reports of X-rays of involved joints.	

(2) Cardiac

(a) Furnish tracings from Masters' Exercise Test unless contra indicated by physician and information as to whether applicant experienced any pain, sweating, shortness of breath, or pallor during the test.
(b) Is the applicant able to perform the following activities: Walking up one flight of steps or walking 100 yards on level ground and do such activities bring on dyspnea and/or angina?
(c) Indicate location of any edema.

(3) Diabetes

(a) Furnish history of diabetes with date of onset and length of treatment.
(b) Describe current treatment.
(c) Furnish report on current blood sugars with date.
(d) Furnish report on current urinalysis with date.

(4) Digestive

(a) Submit complete report of current Upper G.I. Series with date.
(b) Submit complete report of current Lower G.I. Series with date.

(5) Neurological

(a) Furnish report of current comprehensive neurological examination.
(b) Describe any of the following conditions which are present, indicating severity, distribution, and residual function in affected parts:

ATROPHY	**TREMORS**
PARALYSIS	**GAIT**
HEMIPLEGIA	**REFLEXES**
IMPAIRED SPEECH	**MENTAL DISTURBANCES**

(c) Submit report on current EEGs with date.

(6) Psychiatric

(a) Furnish report of current psychiatric consultation to include disabling symptoms, diagnosis, treatment and prognosis.
(b) Furnish number of appointments with psychiatrist during the past two-year period.

(7) Respiratory

(a) Describe frequency, duration and severity of acute attacks.
(b) Is the applicant able to perform the following activities: walking up one flight of steps or walking 100 yards on level ground and do such activities bring on pain or shortness of breath?
(c) Submit report of current pulmonary function studies - predicted and actual - with the results in CC's or liters.

(8) Visual

(a) Furnish report on visual acuity after best correction.
Right Eye Left Eye
(b) Furnish report of visual fields including chart if indicated.
(c) Submit report on funduscopic findings.
(d) Ocular tension.
(e) Describe therapy and prognosis.

E. INDICATE PRINCIPAL CAUSE OF DISABILITY _____

F. MEDICAL SUMMARY: Do you consider this person to be totally and permanently disabled to perform the duties of a fireman or rescue squad worker? (YES or NO) _____

_____ Print or Type Name of Physician/Organization
_____ Personal Signature (Stamp Not Accepted)
_____ Title

_____ Address
_____ City
_____ State
_____ Date Completed