

## **SECTION A** Patient's Information

Patient's Name: \_\_\_\_\_ Home Telephone #: \_\_\_\_\_  
Patient's Address: \_\_\_\_\_ Email: \_\_\_\_\_  
S.I.N.: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Occupation: \_\_\_\_\_

## **SECTION B** Employer's Information

Employer Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Email: \_\_\_\_\_

Worker Hourly Wage: \_\_\_\_\_ Weekly Hours: \_\_\_\_\_

Is there another position in the organization that the employee can be transferred to? \_\_\_\_\_

## **SECTION C** Physician Information

Physician's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Date of examination (M/D/Y): \_\_\_\_\_

Start date of leave (M/D/Y): \_\_\_\_\_

Pregnancy due date (M/D/Y): \_\_\_\_\_

Description of medical restrictions or hazards which necessitates the withdrawal or re-assignment of the pregnant worker?  
\_\_\_\_\_

Please identify known work hazards that may potentially harm the patient or the unborn child.  
\_\_\_\_\_

What medical restrictions need to be considered in accommodating this worker in alternate work or modified duties?  
\_\_\_\_\_

How long will these medical restrictions be required?  
\_\_\_\_\_

Patient's Signature: \_\_\_\_\_ Date (M/D/Y): \_\_\_\_\_

Employer's Signature: \_\_\_\_\_ Date (M/D/Y): \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date (M/D/Y): \_\_\_\_\_

I hereby authorize any hospital, physician, or other person who has attended me or the claimant to furnish to MSI or its representative's any and all information with respect to any illness or injury, medical history, consultations, prescriptions or treatment, and all copies of all hospital or medical records, a photocopy of this authorization shall be considered as effective and valid as the original. I hereby authorize the release to MSI any information requested in respect of this claim. The furnishing of this form or its acceptance is not an admission of liability by MSI or a waiver of any conditions of the coverage. MSI reserves the right to bring action to recover any benefit paid to an insured employee resulting from an accident caused by a third-party. The beneficiary accepts to transfer all her/his rights to recover and authorize MSI to enforce such rights in her/his name.