MOHAWK
SELF INSURANCE

# Safe Maternity Program MSI-4

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

Patient's Name: _____ Home Telephone #:_____

Patient's Address: _____

S.I.N.: _____ Telephone #:_____

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

Employer: _____ Telephone #: _____

Employer Address: _____

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 #:_____

Patient's Address: _____

Date of examination (M/D/Y):_____

Start date of leave (M/D/Y): _____

Pregnancy due date (M/D/Y):_____

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|---|
| Description of medical condition which necessitates preventative withdrawal or re-assignment. |
| Please identify known work hazards which may potentially harm the patient or the unborn baby. |
| 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 photo copy 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.