

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT

Division of Workers' Compensation

220 French Landing Dr.

Nashville, Tennessee 37243-1002

FINAL MEDICAL REPORT



It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.

INSTRUCTIONS:

REPORT TO BE COMPLETED BY THE PHYSICIAN.

STATE FILE # _____ INJURY DATE _____

CLAIMANT _____ SOC. SEC. # _____

EMPLOYER _____

INSURER _____ INS. CLAIM # _____

1. RETURN TO WORK DATE: _____ RESTRICTED DUTY
_____ REGULAR DUTY

2. DATE OF MAXIMUM MEDICAL IMPROVEMENT _____.

3. DID INJURY RESULT IN PERMANENT IMPAIRMENT? ____NO ____YES
IF YES, GIVE THE FOLLOWING: **FOR INJURIES ON OR AFTER JULY 1, 2014, THE TREATING PHYSICIAN OR CHIROPRACTOR SHALL ASSIGN IMPAIRMENT RATINGS AS A PERCENTAGE OF THE BODY AS A WHOLE. FOR INJURIES PRIOR TO JULY 1, 2014, THE RATING CAN BE TO INDIVIDUAL BODY PARTS.**

_____ PERCENTAGE _____ BODY PART _____ LEFT _____ RIGHT

_____ PERCENTAGE _____ BODY PART _____ LEFT _____ RIGHT

_____ PERCENTAGE _____ TO THE BODY AS A WHOLE

4. EDITION OF AMA GUIDES USED TO DETERMINE RATING _____

REPORT MUST BE DATED AND SIGNED BY THE PHYSICIAN.

PHYSICIAN NAME (Please Print or Type) _____

PHYSICIAN SIGNATURE _____ DATE _____

Copy of this form to be filed with the Workers' Compensation Carrier or Adjuster.