

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
Division of Workers' Compensation
Nashville, Tennessee 37243-0661

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:

FORM TO BE COMPLETED BY THE PHYSICIAN. FORM MUST BE SUBMITTED WITH THE FORM C-29, FINAL REPORT OF PAYMENT, BY THE INSURANCE CARRIER, SELF INSURED EMPLOYER, OR THEIR REPRESENTATIVES.

STATE FILE # _____
CLAIMANT _____ SOC. SEC. # _____
EMPLOYER _____
INSURER _____ INS. CLAIM # _____
INJURY DATE _____

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

2. IF UNABLE TO RETURN TO WORK, GIVE THE MAXIMUM IMPROVEMENT
DATE _____.

3. DID INJURY RESULT IN PERMANENT IMPAIRMENT? ____NO ____YES
IF YES, GIVE THE FOLLOWING:

_____ PERCENTAGE _____ BODY PART _____ LEFT _____ RIGHT
_____ PERCENTAGE _____ BODY PART _____ LEFT _____ RIGHT

REPORT MUST BE DATED AND SIGNED BY THE PHYSICIAN.

DATE _____ PHYSICIAN _____