



Confidential Medical Statement for Pensioners

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The information on this form will assist the Provincial Judges and Applications Judges Registered and Unregistered Pension Plans (Judges Pension Plan) in determining the degree of disability for the patient. No information, in whole or in part, will be released to any unauthorized person(s) without the patient's prior written consent. This statement will be held in strictest confidence and used solely to enable an assessment of the patient's disability by an independent medical consultant. The information on this form must be completed by a physician and returned to the patient.

Charges for the completion of this report, if any, are the responsibility of the patient.

Once this statement is complete, return it to:

Judges Pension Plan c/o Alberta Pensions Services Corporation (APS)
5103 Windermere Blvd SW, Edmonton, AB T6W 0S9
Fax: 780-421-1652

1. Patient Information

patient's first name

patient's last name

patient's date of birth

pension plan identification number

address

city, town, village, etc.

province/territory

postal code

2. Physician Information

physician's full name

area code

phone number

address

city, town, village, etc.

province/territory

postal code

3. Medical Relationship

- a) How long have you been treating the patient?
- b) When did you start treating the patient for the medical condition(s)?
- c) When did you last examine the patient?

4. Medical Assessment

1. a) What medical condition(s) resulted in the patient discontinuing work?

- b) What was the date of onset?

(Continued on next page)

Personal information provided on this form is collected for pension administration purposes. It is collected under the authority of the following legislative provisions dependent upon your pension plan: Alberta *Freedom of Information and Protection of Privacy Act*, section 33 and the Alberta *Provincial Judges and Applications Judges Registered and Unregistered Pension Plans regulation*, section 5. If you have any questions regarding the collection of this information, contact the Member Services Centre at 1-800-358-0840 or write to: 5103 Windermere Blvd. SW, Edmonton, AB T6W 0S9.



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- c) Please list all relevant symptoms.
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2. Detail your findings on examination. Please attach supporting documentation such as reports, x-rays, or other tests.
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3. Please list any medication prescribed as a result of the medical condition(s) described in 1(a).
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4. Please list any medical history relating to the medical condition(s) described in 1(a).
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5. Describe any relevant medical problems other than the medical condition(s) described in 1(a).
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6. Describe any activities that worsen the patient's medical condition(s) described in 1(a).
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7. a) Do you consider the patient to be incapable of effectively performing the regular duties of employment as a result of the physical or mental impairment? Yes No
b) Do you consider the patient is suffering from a physical or mental impairment that can reasonably be expected to last for the remainder of the patient's lifetime and prevents the patient from engaging in any gainful occupation? Yes No
8. The duration of the disability is:
Temporary (reasonable probability for recovery)
Permanent (low probability for recovery)
9. Please provide any additional information.
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5. Physician Certification

I certify that the information on this form is, to the best of my knowledge and belief, complete and accurate.

physician's signature

date (YYYY/MM/DD)

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