## NEW HAMPSHIRE WORKERS' COMPENSATION MEDICAL FORM

This form must be completed at each health professional visit (MD, DO, DC or DDS) and must be filed with the workers' compensation insurance carrier within 10 days of the treatment (first aid excluded). Failure to comply and complete this form shall result in the provider not being reimbursed for services rendered and may result in a civil penalty of up to \$2,500.

In compliance with RSA 281-A:23-b, the employer with 5 or more employees must provide temporary alternative/transitional work opportunities to all employees temporarily disabled by a work related injury or illness.

Employee	<del> </del>			Employer				
SS#					Work telephone #			
Occupation					Employer contact			
Date last worked					Employer address			
W.C. insurer								
			HEALT	H PROFESSI	ONAL TO	COMPLETE		
☐ Initial visit Worker's stateme	Follow incident_	-up visit	Date o	of Injury	Time			
Worker's compla	ints							
Diagnosis/Progno	sis							
Treatment plan								
Continue Wo Full D	uty	□ V				tion? No  Employee can lift/carry maximally lbs.		
Employee Can bend	No Restrictions Frequently		Occasionally	Unable to	Employee can lift/carry maximally lbs.  Employee can lift/carry frequently lbs.			
kneel						Employee can work a maximum of #		
squat								
climb					hours/day, #days/wk. What special accommodations are required?			
stand								
walk sit						Other		
reach						Has employee reached maximum medical		
drive						improvement?		
do fine motor		Wrist	Elbow	Shoulder	Ankle	☐ Yes ☐ No ☐ Has injury caused permanent impairment?		
No	Right	**11St	Libow	Siloulder	Alikic	Yes No Undetermined		
repetitive motions	Left							
I certify that the n and complete to the			ons of the pri			SE ATTACHED TO BILL gnosis and the major procedures performed are accurate		
Provider's signature				Provid	er's Printed na	Provider's telephone #		
Federal ID#				Date of Visit				

MEDICAL AUTHORIZATION: The act of the worker in applying for workers' compensation benefits constitutes authorization to any physician, hospital, chiropractor, or other medical vendor to supply all relevant medical information regarding the worker's occupational injury or illness to the insurer, the worker's employer, the worker's representative, and the department. Medical information relevant to a claim includes a past history of complaints of, or treatment of, a condition similar to that presented in the claim. [281-A:23 V(a)]