



REQUEST FOR INFORMATION - MEDICAL STATEMENT

DATE: _____ NAME: _____ SSN: _____

CLAIMANT

In order for this agency to render an equitable determination on your claim for benefits, the following information is needed. Please sign the release authorization below, then have your physician complete the medical information. You must return the completed form within seven days of the above date to the Louisiana Workforce Commission, PO BOX 91253, Baton Rouge, LA 70821-9253 or by fax to (225) 346-6068.

I authorize release of information pertaining to my medical history to the Louisiana Workforce Commission.

DATE _____ CLAIMANT SIGNATURE _____

PHYSICIAN

The individual named above has filed a claim for unemployment insurance benefits. The Louisiana Employment Security Law requires that a claimant be physically able to work. Please provide the following information.

- 1. What date did you consider the patient unable to work?
2. Is the patient able to work at the present time? Yes () No ()
3. What date did you release the patient as able to return to work?
4. In your opinion, is the patient able to perform his/her usual work?
5. Did the patient resign from his/her employment on your advice?
6. Was the patient's illness affected by the conditions of his/her work?
7. Was the patient's illness affected by a change in his/her working conditions?
8. If the patient is expecting a child, what is the expected date of birth?
9. If the work this individual was performing or was referred to is deemed, in your opinion, to be clearly hazardous to the health of the individual, please certify as to the specific hazards posed to the patient's health by the job.

DATE _____ DOCTOR'S SIGNATURE _____
ADDRESS _____
TELEPHONE _____

R. S. 23-1711 FALSE STATEMENTS OR REPRESENTATIONS
"WHOEVER MAKES A FALSE STATEMENT OR REPRESENTATION TO THIS AGENCY KNOWING IT TO BE FALSE, OR KNOWINGLY FAILS TO DISCLOSE A MATERIAL FACT TO OBTAIN OR INCREASE ANY BENEFIT OR OTHER PAYMENT UNDER THIS CHAPTER, EITHER FOR HIMSELF OR FOR ANY OTHER PERSON, SHALL BE GUILTY OF A MISDEMEANOR, AND SHALL BE FINED NOT LESS THAN FIFTY DOLLARS NOR MORE THAN ONE THOUSAND DOLLARS, OR IMPRISONED FOR NOT LESS THAN THIRTY DAYS NOR MORE THAN NINETY DAYS, OR BOTH, IN THE DISCRETION OF THE COURT....."