Risk Management
56 S. Lincoln Street
Stockton, CA 95203
(209)933-7110
E-FAX (209) 933-6526

PERSONAL DISABILITY WORKSHEET

NAME_____

ADDRESS_____

PHONE #_____

ID#_____

JOB TITLE_____

WORK SITE_____

SUPERVISOR/MANAGER_____

WORK HOURS _____

DISABILITY INFO:

- PERSONAL SURGERY
  DATE OF SURGERY_____
- OTHER (explain without diagnosis)

  _____
- IS THIS A NEW CONDITION? YES_____ NO_____

LAST DAY WORKED OR ESTIMATED LAST DAY WORKED_____

ESTIMATED RETURN TO WORK DATE_____

MEMBER OF CATASTROPHIC LEAVE BANK YES_____ NO_____

BARGAINING UNIT _____

INDIVIDUAL DISABILITY PLAN: AMERICAN FIDELITY _____ THE STANDARD_____

NOTES:

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