



**STATE
RETIREMENT
SYSTEMS**

- State Employees' Retirement System of Illinois
- General Assembly Retirement System
- Judges' Retirement System of Illinois

Internet: <http://www.state.il.us/srs>

E-Mail: sers@srs.illinois.gov

2101 South Veterans Parkway, P.O. Box 19255, Springfield, IL 62794-9255

NONOCCUPATIONAL DISABILITY MEDICAL REPORT

Dear Doctor:

The employee named below has made application for disability benefits from the State Employees' Retirement System. Please complete and return this form to the above address. **THE EMPLOYEE'S ELIGIBILITY FOR BENEFITS CANNOT BE DETERMINED UNTIL WE RECEIVE THIS INFORMATION.** This form is acceptable only if completed by a licensed medical doctor.

Employee Name:	_____										
S.S.N.	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
Date of Birth	____/____/____										

DIAGNOSIS: _____

CURRENT SYMPTOMS: _____

PREGNANCY (LMP): _____ (EDC): _____

PLEASE LIST RESULTS OF APPROPRIATE DIAGNOSTIC STUDIES: _____

NATURE OF TREATMENT AND DATES: (Enclose your statement if more convenient) _____

ONSET DATE OF DISABILITY _____ IS PATIENT STILL UNDER YOUR CARE? ☐ YES ☐ NO

IF PATIENT HAS BEEN RELEASED TO RETURN TO WORK: _____
(Please enter date released)

REMARKS: _____

THE ABOVE NAMED INDIVIDUAL APPEARED BEFORE ME FOR MEDICAL EXAMINATION.
THE DIAGNOSIS, TREATMENT AND REMARKS ARE MY PROFESSIONAL OPINION.

PRINTED NAME: _____

SIGNATURE: _____

ADDRESS: _____

DATE: _____

REGISTRATION NUMBER: _____

TELEPHONE NUMBER: _____

Fers Disability Medical Report Document

**United States. Office of Personnel
Management**

A red circular graphic with a gradient, appearing as a partial circle or a thick arc, located to the right of the United States Office of Personnel Management text.

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