

COMMONWEALTH OF MASSACHUSETTS
Public Employee Retirement Administration Commission

REGIONAL MEDICAL PANEL CERTIFICATE

MEMBER:
PERAC ID#:

S.S. #:
TYPE OF DISABILITY:

The member's retirement board will provide you with all information relating to the member's claimed disability and the current job description. This information is critical to your ability to perform a comprehensive medical evaluation and assess the member's ability to perform the essential duties of his/her job. If this information has not been received, please contact the PERAC Medical Panel Unit.

DID THE MEDICAL PANEL REVIEW THE MEMBER'S JOB DESCRIPTION?

YES NO

DID THE MEDICAL PANEL RECEIVE AND REVIEW MEDICAL RECORDS IDENTIFIED ON THE TRANSMITTAL OF BACKGROUND INFORMATION TO A REGIONAL MEDICAL PANEL FORM PRIOR TO RENDERING A MEDICAL OPINION IN THIS CASE?

YES NO

PLEASE LIST ANY RECORDS NOT LISTED ON THE TRANSMITTAL OF BACKGROUND INFORMATION TO A REGIONAL MEDICAL PANEL FORM WHICH THE PANEL REVIEWED.

1. IS THE MEMBER MENTALLY OR PHYSICALLY INCAPABLE OF PERFORMING THE ESSENTIAL DUTIES OF HIS OR HER JOB AS DESCRIBED IN THE CURRENT JOB DESCRIPTION?

YES NO

Please continue ONLY if you answered yes to question #1.

2. IS SAID INCAPACITY LIKELY TO BE PERMANENT?

YES NO

PERMANENCY: A disability is permanent if it will continue for an indefinite period of time which is likely never to end even though recovery at some remote, unknown time is possible. If the medical panel is unable to determine when the applicant will no longer be disabled, they must consider the disability to be permanent. However, if the recovery is reasonably certain after a fairly definite time, the disability cannot be classified as permanent. It is imperative that the medical panel make its determination based on the actual examination of the applicant and other available medical tests or medical records which have been provided. It is *not* the physician's task to look into employment possibilities that may become available to an applicant at some future point in time.

**COMMONWEALTH OF MASSACHUSETTS
PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION COMMISSION
CERTIFICATE FOR ACCIDENTAL DISABILITY (CANCER)
G.L. c. 32, s. 94B**

**MEMBER:
PERAC ID#:**

**S.S. #:
TYPE OF DISABILITY:**

When answering the following questions, please consider that the law establishes a rebuttable presumption that any condition of cancer affecting the skin, central nervous, lymphatic, hematological, urinary, skeletal, oral, prostate and respiratory tract resulting in total disability or death is service connected unless the contrary is shown by a preponderance of the evidence.

Your determination of the following questions should assist you to develop your response to Question #3.

- Does this individual suffer from one of the following types of cancer?

Skin	Urinary	Oral	Hematological	Skeletal
Lymphatic	Prostate	Digestive	Central Nervous System	Lung/Respiratory Tract

- Is the diagnosed form of cancer one which may in general result from exposure to heat, radiation, or a known or suspected carcinogen as identified by the International Agency for Research on Cancer?
- Are there any non-service connected accidents or hazards undergone which may have contributed to or resulted in the development of the cancerous condition?
- Is there evidence that, although not irrebuttable, so predominates as to obligate a fact finder to come to the conclusion that for this particular applicant a uniquely predominant non-service connected influence on the member's mental or physical condition and/or non-service connected accident or hazard caused the incapacity or fatal condition of this applicant?

3. IS SAID INCAPACITY SUCH AS MIGHT BE THE NATURAL AND PROXIMATE RESULT OF THE PERSONAL INJURY SUSTAINED OR HAZARD UNDERGONE ON ACCOUNT OF WHICH RETIREMENT IS CLAIMED?*

YES NO

IN YOUR NARRATIVE , PLEASE STATE FULLY YOUR RATIONALE FOR THE ANSWERS YOU HAVE GIVEN.

***PLEASE NOTE:** In your narrative, you must use the exact language of Question #3 in your response about causality.

Commonwealth of Massachusetts
Public Employee Retirement Administration Commission

CERTIFICATION OF MEDICAL PANEL FINDINGS

MEMBER:
PERAC ID#:

S.S. #:
TYPE OF DISABILITY:

MINORITY OPINION

*To be completed only if a joint examination is conducted by all three physicians.
The dissenting physician MUST also complete the Medical Panel Certification Minority Report.*

I hereby certify that I have examined the member along with the other members of the medical panel and that I respectfully disagree with the Majority findings.

_____ M.D.

MAJORITY OPINION

In the case of a joint examination, all three physicians must sign if they are in agreement with the majority opinion.

I hereby certify that I have examined the member named on this certificate, and that the findings stated in this certificate and narrative express my professional medical opinion which was arrived at in an independent manner and free of undue influence.

_____ M.D.

_____ M.D.

_____ M.D.

APPLICANT PHYSICIAN AND/OR EMPLOYER'S PHYSICIAN

I hereby certify that I was present at the examination conducted by the Regional Medical Panel Physician(s). I understand that I have a right to submit a written opinion to the Retirement Board.

_____ M.D.

_____ M.D.