

Pipe Fitters' Local 597
WELFARE & RETIREMENT FUNDS

Union Trustees
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Employer Trustees
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DOCTORS REPORT

Member's Name

First Middle Initial Last

Social Security Number Local 597 Union Card Number

Address

Street City State Zip Code

Nature of Illness

Is the Patient totally disabled? Yes No

If so, does this disability prevent a Pipe Fitter from engaging in their usual occupation? Yes No

How long has such disability continued? _____ (years)

In your opinion is such disability permanent and continuous? Yes No

Remarks:

I hereby certify that I am a duly licensed physician admitted to practice in the state of

Physician Signature Date / /

Print Doctor's Name

Doctor's Address
Street City State Zip Code

Doctors' Phone #

Member's Signature Date / /