

IC File # _____

EVALUATION FOR PERMANENT IMPAIRMENT

Emp. Code # _____

Carrier Code # _____

The Use Of This Form Is Required Under The Provisions of The Workers' Compensation Act

Carrier File # _____

Employer FEIN _____

Employee's Name _____

Employer's Name _____ Telephone Number _____

Address _____

Employer's Address _____ City _____ State _____ Zip _____

City _____ State _____ Zip _____

Insurance Carrier _____

Home Telephone _____ Work Telephone _____

Carrier's Address _____ City _____ State _____ Zip _____

Social Security Number _____ Sex M F Date of Birth _____

Carrier's Telephone Number _____ Fax Number _____

Date of Injury: _____

EMPLOYEE'S WORK-RELATED INJURY WILL RESULT IN:

MEMBER

% OF IMPAIRMENT

(IF AMPUTATION, DESCRIBE ON REVERSE.)

- 1) Thumb _____
- 2) Index Finger _____
- 3) Middle Finger _____
- 4) Ring Finger _____
- 5) Little Finger _____
- 6) Great Toe _____
- 7) Toes (other than great toe) _____
- 8) Hand _____
- 9) Arm _____
- 10) Foot _____
- 11) Leg _____
- 12) Back _____

Physician Signature _____

Printed Name _____

Fed. Tax ID Number _____

Date _____

Address _____

In regard to this rated body part:

- 1) Is employee at maximum medical improvement? _____
- 2) Was employee released with restrictions? _____

TEETH: Age of employee: _____

List all crowns by number : _____

List all extractions by number : _____

Has dental work been completed? Yes No

VISION: List vision reading without the use of a corrective lens.

Distance: _____ Near: _____

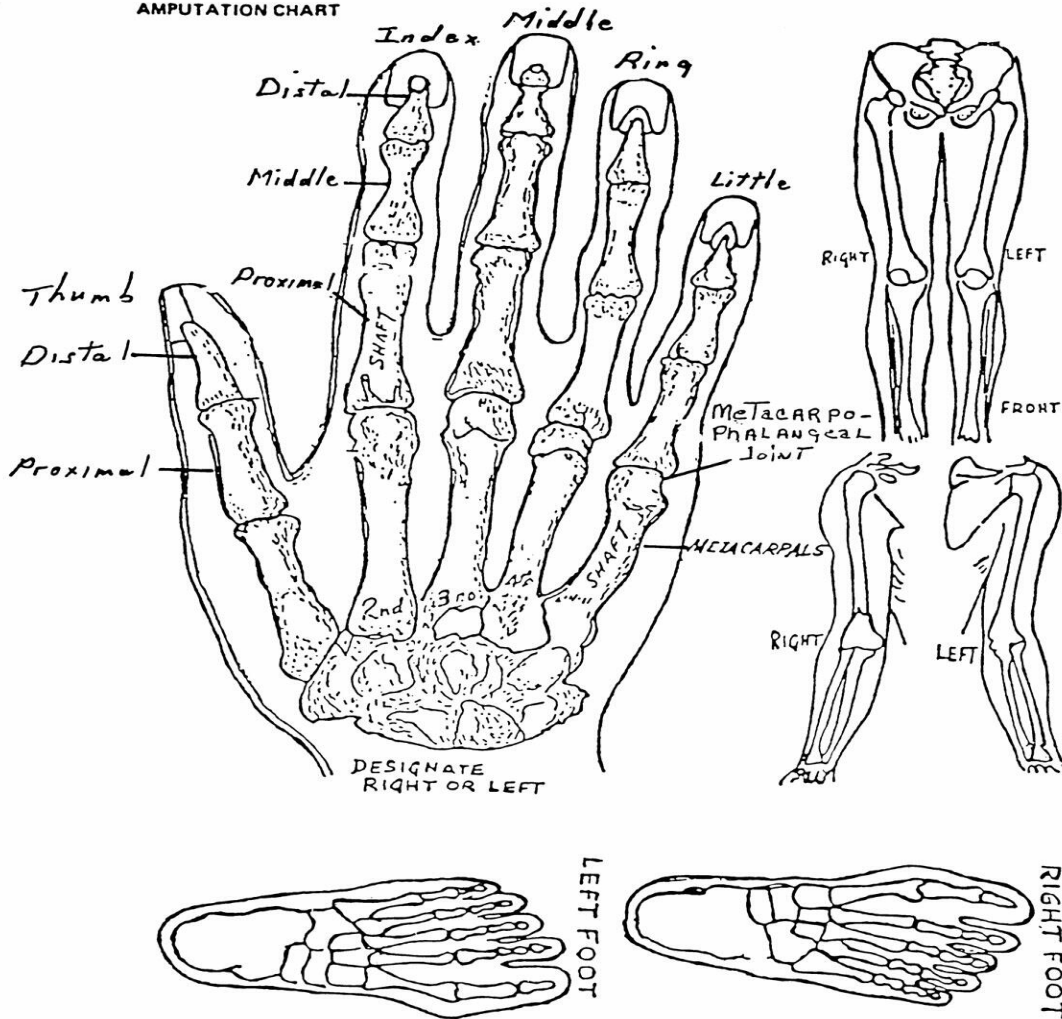
HEARING: Scale used: _____ Percentage of loss: Right ear _____

PLEASE ATTACH AUDIOGRAMS AND CALCULATIONS OF HEARING LOSS Left ear _____

OTHER: Permanent injury to or impairment of any other organ or part of body (identify) : _____

Disfigurement: Yes No Location: face head body

AMPUTATION CHART



Comments: _____

Rule 405
 Computation of Compensation for Amputations

- (1) Amputation of any portion of the bone of a distal phalange of a finger or toe at or distal to the visible base of the nail will be considered as equivalent to the loss of one-fourth (1/4) of such finger or toe.
- (2) Amputation of any portion of the bone of the distal phalange of a finger or toe proximal to the visible base of the nail will be considered as equivalent to the loss of one-half (1/2) of such finger or toe.
- (3) Amputation through the forearm at a point so distal to the elbow as to permit satisfactory use of a prosthetic appliance with retention of full natural elbow function shall be considered amputation of the hand. Otherwise, it shall be considered amputation of the arm.
- (4) Amputation through the lower leg at a point so distal to the knee as to permit satisfactory use of a prosthetic appliance with retention of full natural knee function shall be considered amputation of the foot. Otherwise, it shall be considered amputation of the leg.

A copy of this form must be provided to the employee or the employee's attorney of record if any. The original should be mailed to the Industrial Commission at the address below.