STATE OF WEST VIRGINIA
STATE AGENCY
WORKERS' COMPENSATION PROGRAM

Send Completed Form To:
Zurich Insurance
PO Box 968044
Schaumburg, IL 60196-8044
FAX: 973-394-5262

Physician's Report of Occupational Pneumoconiosis

Claimant's Name (First, Middle, Last):

Claimant's Address:

City, State, Zip:

Date of Birth:	☐ Male ☐ Female	☐ Single ☐ Married ☐ Widowed	Social Security Number:

Date of first treatment or examination:	Diagnosis:

In your opinion has claimant contracted occupational pneumoconiosis? ☐ Yes ☐ No

How long has claimant been suffering from the disease of occupational pneumoconiosis?

Has the claimant's capacity for work been impaired by occupational pneumoconiosis? ☐ Yes ☐ No

If yes, to what extent?

History: Has the claimant ever had:

	Yes	No	Date		Yes	No	Date
Pneumonia	☐	☐		Angina Pectoria	☐	☐	
Pleurisy	☐	☐		Coronary Occlusion	☐	☐	
Asthma	☐	☐		Rheumatic Heart Disease	☐	☐	
Tuberculosis	☐	☐		Congestive Heart Failure	☐	☐	
				Arthritis	☐	☐	

Other serious illnesses: ☐ Yes ☐ No	Date and describe:
Surgery: ☐ Yes ☐ No	Date and describe:
Accidents: ☐ Yes ☐ No	Date and describe:

Present complaints and duration of complaints:

Has the sputum of the claimant been examined for tubercle bacillus? ☐ Yes ☐ No

If yes, by whom?

What lab?

Findings?

Where are the lab reports filed?

If employee is deceased, was an autopsy performed? ☐ Yes ☐ No

Has claimant participated in any OP treatment program? ☐ Yes ☐ No

Have x-rays been made of the claimant's lungs? ☐ Yes ☐ No

Right lung ☐ Yes ☐ No	Left lung ☐ Yes ☐ No	If yes to either, please answer below.

Hospital or Doctor	Date	Where Filed	Findings

Have pulmonary function studies, blood gas studies or other pertinent clinical examinations been performed?
☐ Yes ☐ No If yes, please answer below

Hospital or Doctor	Date	Where Filed	Findings

Appearance: ☐ Good ☐ Fair ☐ Poor

Height: ft. in.

Weight: lbs. One year ago: lbs.

Breath Sounds: ☐ Normal ☐ Suppressed ☐ Rales ☐ Wheezing

Findings:

Heart: Blood Pressure:

Pulse:

Sounds: ☐ Normal ☐ Abnormal

Murmurs:

Findings:

Other significant physical abnormalities:

	Signature
	Address
	Date