Physician's Report of Occupational Pneumoconiosis

Return completed form to:

BrickStreet Insurance
P.O. Box 3151
Charleston, WV 25332-3151

BrickStreet Use Only
Silicosis
OP
OD

Claimant's Name (First, Middle, Last)

Claimant's Address

City, State, Zip

Date of Birth (Month, Day, Year) | ☐ Male ☐ Female | ☐ Single ☐ Married ☐ Widowed | Social Security Number

Date of first treatment or examination (Month, Day, Year) | Diagnosis Code(s)

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