

**FORM C**  
**MEDICAL REPORT TO SUPPORT EARLY RETIREMENT**  
**ON THE GROUNDS OF DISABILITY**

**HOW TO COMPLETE THIS FORM**

**FORM C – (to be completed by member's doctor) Please return to The ITB Pension Funds Medical Advisor, c/o The ITB Pension Funds, 23 King Street, Watford, Herts WD18 0BJ**

EMPLOYEE:

AGE:

JOB TITLE:

DATE OF COMMENCEMENT OF ABSENCE FROM WORK:

HEIGHT:

WEIGHT:

**TO THE EMPLOYEE'S DOCTOR**

**Permission for this Report is enclosed.**

Your patient has applied to be considered for early retirement on the grounds of disability. Approval of this application, and the extent, to which any pension is enhanced, is dependent on medical circumstances. Will you therefore please provide a full and complete medical report, in a sealed envelope for the attention of The ITB Pension Funds Medical Advisor, to accompany your patient's application.

**IF INSUFFICIENT INFORMATION IS PROVIDED THE APPLICATION IS LIKELY TO BE REJECTED.**

On receipt of your patient's application and fully completed medical reports the Scheme's Medical Advisor will pay a fee of around £30.00. Please enclose an invoice.

(If necessary, please use additional sheets).

1. (a) Are you the employee's usual doctor? YES NO
- (b) If not, please state the name and address of the employee's usual doctor.

**2. Present Condition**

- (a) What significant health problem does your patient have?
- (b) Please give a full diagnosis of present condition with copies of any relevant consultant opinions and results of investigation.
- (c) How long has the patient:
- (i) Had the condition?
  - (ii) Been disabled by it?
- (d) So far as you are aware, how does the condition interfere with daily life, e.g. mobility, walking, driving, activity, intellectual capacity, sleep and personal relationships?

**3. Previous History**

Is there anything in the previous medical history not covered above, which might be relevant to the incapacity?

**4. Prognosis**

(a) Is there expected to be any improvement or deterioration in the condition in the coming months or years?

(b) Could the employee's incapacity be treated while engaging in:

- |                                  |     |    |
|----------------------------------|-----|----|
| 1. Current full time occupation? | YES | NO |
| 2. Other full time employment?   | YES | NO |
| 3. Part time employment?         | YES | NO |
| 4. Other light duties?           | YES | NO |

(c) Is there any type of work you consider to be, or likely to be, within the patient's capabilities (part-time or full-time):

1. At the present time?
2. Within a year?
3. Within 5 years?

**5. Social Comment**

Are there any other factors of which the Trustees should be aware which are relevant to the patient's incapacity e.g. dependant relative etc.

**6. I DO / DO NOT support this claim for early retirement on the grounds of disability.**

**7. Signature of Examining Doctor: ..... Date: .....**

**Doctor's name, address and stamp: .....**

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