STATE OF CALIFORNIA
Division of Workers' Compensation – Medical Unit
P.O. Box 71010, Oakland, CA 94612
(510) 286-3700 or (800) 794-6900

Qualified Medical Evaluator's Findings Summary Form
Unrepresented Injured Employee Cases Only

Employee

. Employee Name (First, Middle, Last) 2. Social Sec No.: (Optional) 3. Date of Injury:

4. Street Address City Zip 5. Phone

Claims Administrator (if none, enter Employer information)

. 6. Name (First, Middle, Last)

7. Street Address City Zip 8. Phone

Event Date

9. Date of Appointment Call 10. Initial Examination 11. Date of Referral for Medical Testing/Consultation

12a. Date QME/QME's Report Served on all Parties 12b. . Date (s) of all prior report (s) served by this QME ?

Disputed Medical Issues And Conclusion

13. The following medical issues will be used to determine the injured employee's eligibility for workers' compensation benefits.

(Check the appropriate box)

	Yes	No	Pending or Info. Not Sent
a. Has the condition reached permanent and stationary status or maximum medical improvement?	☐	☐	☐
b. Is there permanent impairment/disability?	☐	☐	☐
c. Did work cause or contribute to the injury or illness?	☐	☐	☐
d. If permanent disability exists, is apportionment warranted ?	☐	☐	☐
e. Is there a need for current or future medical care?	☐	☐	☐
f. Can this employee now return to his/her usual job ?	☐ Yes	☐ No	

If yes:

i. Without restrictions ☐ Yes ☐ No, If Yes, Date: ______

ii. With restrictions ☐ Yes ☐ No, If Yes, Date: ______

Basis for Conclusions

(Check the appropriate box)

	Yes	No	Pending or Info. Not Sent
14. Are there subjective complaints?	☐	☐	☐
15. Are there any abnormal physical or psychological examination findings?	☐	☐	☐
16. Are impairments described and measured using:			
(For non-psyche injuries) the AMA Guides?	☐	☐	☐
(For psyche injuries) the GAF and 2005 PD Schedule?	☐	☐	☐