

Pipe Fitters' Local 597
WELFARE & RETIREMENT FUNDS

Union Trustees
James Buchanan
Thomas J. Kotel
John E. Kuszynski
Gregory J. Watson

Peter A. Driscoll, Administrator
45 N. Ogden Avenue Chicago, IL 60607
Phone: 312-633-0597 ♦ Fax: 312-829-9796
www.pf597.org

Employer Trustees
Frederick S. Oyer
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DOCTORS REPORT

Member's Name

First

Middle Initial

Last

Local 597 Union Card Number

Address

Street

City

State

Zip Code

Date you first treated Member

/ /

Nature of Illness

Is the Patient totally disabled?

Yes

No

If so, does this disability prevent a Pipe Fitter from engaging in their usual occupation?

Yes

No

How long has such disability continued?

(years)

In your opinion is such disability permanent and continuous?

Yes

No

Remarks:

I hereby certify that I am a duly licensed physician admitted to practice in the state of

Physician Signature

Date

/ /

Doctor's Name

Doctor's Address

Street

City

State

Zip Code

Doctors' Phone Number

Member's Signature

Date

/ /