

**DISABILITY APPLICATION & STATEMENT
(NOT IN THE LINE OF DUTY)**

THIS SECTION TO BE COMPLETED BY EMPLOYEE DATE _____

Name of Employee	Social Security No.	Classification
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Department	Home Address-City & State – Zip Code	Telephone No.
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Date Application Gave Up Employment Because of
Disability (last date actually worked)

Date First Treated by Physician
For this Disability

I hereby affirm that I am totally and permanently disabled to perform my regular, assigned, or comparable duties for the City of Atlanta, and such disability was either caused by or resulted from an accident or injury sustained on this job. The accident, injury, and medical condition upon which I base my application are as follows:

Regarding the above referenced injury(ies), did you receive medical attention? If so, state hospital and name of physician. _____

As a _____ for the City of Atlanta my regular assigned duties are as
Classification
follows: _____

Have you received treatment, attention, or advice from any physician or other practitioner for, or been told by any physician or other practitioner that you have or have ever had:

- | | | | | |
|--|-----|-----|-----|----|
| High blood pressure, chest pain, or heart trouble? | ___ | Yes | ___ | No |
| Asthma, bronchitis, tuberculosis, or other disease of the lungs? | ___ | Yes | ___ | No |
| Gallstone , ulcers, or any disease of the liver? | ___ | Yes | ___ | No |
| Epilepsy, paralysis, dizziness, or any mental or nervous disorder? | ___ | Yes | ___ | No |
| Cancer or other tumor? | ___ | Yes | ___ | No |
| Arthritis or rheumatic fever, back or joint/injury? | ___ | Yes | ___ | No |
| Diabetes; disease of the kidneys? | ___ | Yes | ___ | No |
| Anemia, leukemia, or disease of the blood? | ___ | Yes | ___ | No |
| Any deformity, loss or impairment of limb, sight, or hearing? | ___ | Yes | ___ | No |

List below all illness or injuries suffered during the past five (5) years, provide the dates of treatment, names of physicians or practitioners involved, during of treatment, and any other relevant information. (If more space is needed, attach sheet).