Ohio | Bureau of Workers' Compensation

Medical History and Disclosure

IMAGE IN CONFIDENTIAL FOLDER

Claimant name	Claim number(s)

Because the settlement value of future benefits is affected by life expectancy, it is important for BWC to get an accurate picture of your general health. BWC will work with you or your representative, using the requested medical information, to determine an appropriate settlement value.

The more complete your disclosure, the easier it will be for BWC to process your settlement application. Therefore, please complete this form, and submit the most recent two years of medical documentation from all non-BWC providers. You may attach additional sheets, as needed, to provide complete information.

To the best of your knowledge, do you have, have you had, or have you been diagnosed or treated for any of the following (check Yes or No for each condition).

	Yes	No		Yes	No
Diabetes	☐	☐	Any Gastrointestinal disease or disorder	☐	☐
Any circulatory disease or disorder	☐	☐	Meningitis	☐	☐
Aneurysm	☐	☐	Multiple sclerosis	☐	☐
Any heart/cardiac condition(s)	☐	☐	Muscular dystrophy	☐	☐
Asbestosis/silicosis	☐	☐	Parkinson's disease	☐	☐
Pulmonary/breathing or other disease/condition affecting the lungs	☐	☐	Progressive motor neuron disease (ALS/Lou Gehrig's)	☐	☐
Cancer	☐	☐	Stroke/CVA/transient Ischemic attack	☐	☐
Hepatitis	☐	☐	Cerebral palsy	☐	☐
Cirrhosis of the liver or other liver disease	☐	☐	Huntington's chorea	☐	☐
Kidney/renal disease	☐	☐	Alzheimer's/Dementia	☐	☐
Lupus	☐	☐	Tuberculosis	☐	☐
Amyloidosis	☐	☐	HIV/AIDS	☐	☐
Any autoimmune disorder	☐	☐	Tobacco use	☐	☐
Any blood disease or disorder	☐	☐			

Please list any other illness, condition, or disease not listed above for which you have been treated or been diagnosed.

Notice: It is a criminal violation to knowingly make a false statement, misrepresentation, concealment of fact or any other act of fraud to obtain payment as provided by BWC, or to knowingly accept payments to which that person is not entitled. Such violation is punishable by a fine, imprisonment or both.
I certify I have read the above notice and that the information provided above is accurate.

Claimant signature _____ Date _____

Certification

I have reviewed the answers to the above Medical History with my client for completeness and accuracy. I have personally explained to my client that:

- Accurate and complete answers and submission of requested medical documentation are necessary to arrive at an appropriate settlement;
- Inaccurate or incomplete information may result in the dismissal or disapproval of his/her settlement application;
- Inaccurate and/or incomplete information may cause BWC to seek recovery of any settlement funds that are paid out.

Attorney's signature _____ Date _____