



Claim numbers(s)

Injured worker information

Name

Waiver information

The "90 Day Exam" is a medical examination of the injured worker that is generally done after 90 consecutive days of temporary total disability compensation has been paid. As the employer of the injured worker, I am authorizing waiver of the medical examination for the following reason(s):

- o Injured worker remains hospitalized;
o Injured worker has just been released from the hospital and is home recovering;
o Injured worker is scheduled for or is recovering from surgery;
o Injured worker has been referred for vocational rehabilitation or is actively participating in a vocational rehabilitation plan;
o Injured worker appears to be on track to return to work and an exam does not appear to be necessary at this time;
o Injured worker is scheduled to return to work on \_\_\_\_\_;
o Other (please explain)\_\_\_\_\_

My waiver of this exam is (please check one):

- Permanent Temporary Requested follow-up examination date: \_\_\_\_\_

Employer/Employer Representative signature

Table with 2 columns: Print name, Signature, Title, Date

I am a non-attorney representative for the employer who is signing at the direction of the employer.