encova INSURANCE

PHYSICIAN'S REPORT OF OCCUPATIONAL PNEUMOCONIOSIS

Return completed form to:
Encova Insurance
P.O. Box 3151
Charleston, WV 25332-3151
Or fax to: 877-898-6980

Claimant name (first, middle, last)				Encova use only
Claimant address				Silicosis
City, state, ZIP				OP
Date of birth (month, day, year)	☐ Male ☐ Female	☐ Single ☐ Married ☐ Widowed	Social Security number	OD

In your opinion has claimant contracted occupational pneumoconiosis? ☐ Yes ☐ No

How long has claimant been suffering from the disease of occupational pneumoconiosis?

Has the claimant's capacity for work been impaired by occupational pneumoconiosis? ☐ Yes ☐ No

If yes, to what extent?

History – Has the claimant ever had

	Yes	No	Date		Yes	No	Date
Pneumonia	☐	☐		Angina pectoria	☐	☐	
Pleurisy	☐	☐		Coronary occlusion	☐	☐	
Asthma	☐	☐		Rheumatic heart disease	☐	☐	
Tuberculosis	☐	☐		Congestive heart failure	☐	☐	
				Arthritis	☐	☐	

Other serious illnesses ☐ Yes ☐ No	Date and describe
Surgery ☐ Yes ☐ No	Date and describe
Accidents ☐ Yes ☐ No	Date and describe

Present complaints and duration of complaints

Has the sputum of the claimant been examined for tubercle bacillus? ☐ Yes ☐ No

If yes, by whom?	What lab?
Findings?	Where are the lab reports filed?

If employee is deceased, was an autopsy performed? ☐ Yes ☐ No

Has claimant participated in any OP treatment program? ☐ Yes ☐ No

Have x-rays been made of the claimant's lungs? ☐ Yes ☐ No	Right lung? ☐ Yes ☐ No	Left lung? ☐ Yes ☐ No

If yes to either, please answer below.

Hospital or doctor	Date	Where filed	Findings

Have pulmonary function studies, blood gas studies or other pertinent clinical examinations been performed? ☐ Yes ☐ No

If yes, please answer below.

Hospital or doctor	Date	Where filed	Findings

Appearance ☐ Good ☐ Fair ☐ Poor	Height ft. in.
Weight lbs.	One year ago lbs.

Breath sounds ☐ Normal ☐ Suppressed ☐ Rales ☐ Wheezing

Findings

Blood pressure	Pulse
Sounds ☐ Normal ☐ Abnormal	Murmurs

Findings

Other significant physical abnormalities

Signature

Address

Date