



LOCAL UNION No. 569  
INTERNATIONAL  
BROTHERHOOD OF  
ELECTRICAL  
WORKERS

**SAN DIEGO**  
**ELECTRICAL HEALTH & WELFARE TRUST**  
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SAN DIEGO COUNTY CHAPTER  
NATIONAL  
ELECTRICAL  
CONTRACTORS  
ASSOCIATION INC.

### PHYSICIAN'S DISABILITY CERTIFICATION

Name of Patient: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Patient Soc. Sec. #: (xxx-xx-\_\_\_\_\_) Phone number: \_\_\_\_\_

Diagnosis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the patient able to perform Electrical work? \_\_\_ Yes \_\_\_ No

If "No", what is the first date the patient was unable to work? \_\_\_\_\_

How often will the patient be re-evaluated? \_\_\_\_\_

At this point in time when do you feel the patient may be able to return to work in the electrical construction trade? \_\_\_\_\_

\_\_\_\_\_  
Physician's Name (Please print or type)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

**Please fax this form and chart notes/records to (858) 565-2951.**