

You have expressed an interest in settling a claim where value may be placed in future permanent total disability or death benefits. 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 recognizes health problems are inevitable and will not reduce settlement value as long as we can document that minor health issues are properly addressed or treated. Likewise, if you do suffer from a serious condition, this will not preclude settlement. In these circumstances, BWC will work with you or your representative, using the medical information you provide, to determine an appropriate settlement value.

The more complete your disclosure, the easier it will be for BWC to promptly process your settlement application. Therefore, please complete the following medical checklist. If you answer yes to any of the questions below, please provide further information about the condition(s), treatment you received or are receiving for the condition(s), as well as the names and addresses of doctor(s), clinic(s) or hospital(s) from whom you have received treatment (including prescriptions) in the space provided below, or on a separate sheet.

Injured worker name:	Claim number(s):
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To the best of your knowledge do you currently have, have you had, or have you been diagnosed or treated for any of the medical issues below?

	Yes	No		Yes	No
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Blood disease or disorder	<input type="checkbox"/>	<input type="checkbox"/>
Any circulatory disease or disorder	<input type="checkbox"/>	<input type="checkbox"/>	Gastrointestinal disease or disorder	<input type="checkbox"/>	<input type="checkbox"/>
Aneurysm	<input type="checkbox"/>	<input type="checkbox"/>	Meningitis	<input type="checkbox"/>	<input type="checkbox"/>
Heart/cardiac condition(s)	<input type="checkbox"/>	<input type="checkbox"/>	Multiple sclerosis	<input type="checkbox"/>	<input type="checkbox"/>
Asbestosis/silicosis	<input type="checkbox"/>	<input type="checkbox"/>	Muscular dystrophy	<input type="checkbox"/>	<input type="checkbox"/>
Pulmonary/breathing or other disease/condition affecting the lungs	<input type="checkbox"/>	<input type="checkbox"/>	Parkinson's disease	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Progressive motor neuron disease (als/lou gehrig's)	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	Stroke/CVA/transient Ischemic attack	<input type="checkbox"/>	<input type="checkbox"/>
Cirrhosis of the liver or other liver disease	<input type="checkbox"/>	<input type="checkbox"/>	Cerebral palsy	<input type="checkbox"/>	<input type="checkbox"/>
Kidney/renal disease	<input type="checkbox"/>	<input type="checkbox"/>	Huntington's chorea	<input type="checkbox"/>	<input type="checkbox"/>
Lupus	<input type="checkbox"/>	<input type="checkbox"/>	Alzheimer's/dementia	<input type="checkbox"/>	<input type="checkbox"/>
Amyloidosis	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
Any autoimmune disorder	<input type="checkbox"/>	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>

Do you have, have you had, or have you been diagnosed or treated for any other illness, condition, or disease process not listed above that would shorten your life expectancy?

Please list:

If you answered yes to any of the questions on page one please provide further information about the condition(s), treatment you received or are receiving for the condition(s), as well as the names and addresses of any doctor(s), clinic(s), or hospital(s) from whom you have received treatment (including prescriptions) in the space provided below, or on a separate paper, if extra space is necessary:

Injured worker's signature X	Date signed
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Certification

I have reviewed the answers to the above *Medical History Checklist (C-61)* with my client for completeness and accuracy. I have personally explained to my client that accurate and complete answers are necessary to arrive at an appropriate settlement and that inaccurate or incomplete answers may result in the immediate dismissal of his/her settlement application, and may cause BWC to seek recovery of any settlement funds paid out.

Attorney's signature X	Date signed
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