

OEBF Local 37
3615 North Point Blvd Suite C
Baltimore, MD 21222
Phone No. 410-254-9595 / 1-800-367-7848
Fax No. 410-254-2016

Short Term Disability Benefits

WORK STATUS UPDATE To be completed by the Attending Physician

Patient Information *Please type or print*

Medical Member ID Number _____

ICD-10 Code _____

Patient Name *First/Last* _____

_____/_____/_____
Date of Birth

1. Have you released the patient to work?

Yes _____/_____/_____
Date released

Circle one: Full Duty Light Duty

No _____
To be determined Week(s) / Month(s)

Next appointment Date: ____/____/____

Brief reason for the delay: _____

2. Date of most recent visit? ____/____/____

3. This Patient is Permanently Disabled and unable to return to work ☐

Physician Information *Please type or print*

Name of Physician completing this form

Specialty

Phone Number

Address/City/State/Zip

Acknowledgement – I certify that the answers I have provided to the above questions are complete and true to the best of my knowledge and belief.

Signature _____ Date _____