

**Teacher's Retirement System  
Physician's Report of Reexamination**

PO Box 9000  
Tallahassee, FL 32315-9000  
(850) 488-2968  
Toll Free: 1-877-738-3725

Name of Patient: \_\_\_\_\_ SSN: \_\_\_\_\_

**Statement of Patient to Examining Physician:**

I am making application for continuation of disability retirement under the Teachers' Retirement System because of a disability which incapacitates me for the performance of a gainful occupation. I authorize any physician examining me to release the information recorded on the examination report and any other pertinent facts concerning my condition to the Division of Retirement.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

**Instructions for the Examining Physician:**

As the examining physician of a member applying for the continuation of disability retirement, you are requested to complete Form TR-13f. The form is arranged in the following order:

- a. Physician's Identifying Information
- b. History of Patient
- c. Findings of Present Examination of Patient

Your assistance in completing this report is appreciated.

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**Section A**

**Physician's Identifying Information:**

Physician's Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

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

License # Issued by Florida Medical Board or Board of  
Osteopathic Examiners: \_\_\_\_\_

1. When did you first examine this patient? \_\_\_\_\_

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**Section B**

**History of Patient:**

1. Medical history of patient: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Relative medical history to present condition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Has any surgery been performed? If "yes", please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section C**

**Findings of Present Examination of Patient:**

1. Examination:

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|

Date of Visit or Examination      Age      Sex      Height      Blood Pressure      Pulse      Temperature

2. Diagnosis: List any abnormalities and disorders you have found; be as specific as possible, stating how the disorders restrict the patient:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Section C continued**

3. Describe any secondary conditions affecting the patient's condition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What treatment would you prescribe for this patient and what activities would you advise this patient to refrain from performing?  
\_\_\_\_\_  
\_\_\_\_\_

5. Has the patient's condition stabilized? If not, explain his current status and prognosis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Have the patient familiarize you with the duties of the position he held at the time of his retirement:  
a. Is the patient able at this time to perform substantially all the duties of this occupation? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. How does the patient's current illness or injury restrict or inhibit specifically the performance of these duties?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Do you feel the patient can engage in a gainful occupation? Please explain your answer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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8. What other comments would you make concerning this patient's history or present examination findings that would assist the Division of Retirement in evaluating this case? \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

After examination of the patient please complete the statement below:

In my opinion, the pensioner's condition (has, has not) improved since their retirement; they (are, are not) physically or mentally incapacitated for return to duty and (should, should not) be continued on the retirement list.

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date