Virginia Workers' Compensation Commission

Attending Physician's Report

Access your claim online: webfile.workcomp.virginia.gov

Jurisdiction Claim Number (JCN)	Claim Administrator Number

Injured Worker Information

Patient's Name	Date of Birth	Date of Injury/Occupational Disease

Address	City	State	Zip Code

Name of Company/Employer	Address of Company/Employer

Patient's Account of How Injury or Exposure to Occupational Disease Occurred

Date of First Visit	Date of Discharge	Person Authorizing Treatment

Findings and Diagnosis

Findings upon examination, including results of x-rays, laboratory studies, etc. Please note any prior injuries and pre-existing conditions.

Diagnosis	Is the diagnosed condition related to the on-the-job injury? ☐ Yes ☐ No ☐ Unknown

Nature of Treatment	Dates of Treatment

Provide the names and addresses of other health care providers to whom patient was referred.

Was there any fracture or amputation? ☐ Yes ☐ No If yes, please describe below.

Was there disability from work? ☐ Yes ☐ No If yes, please provide dates below.

Disability Began / / Light Duty / / Regular Work / /

Will there be any permanent defect or disfigurement? ☐ Yes ☐ No ☐ Unknown

Has patient reached maximum medical improvement? ☐ Yes ☐ No Date / /

Attending Physician

Attending Physician's Name

Address	City	State	Zip Code

I certify that I personally examined and treated this patient.

SIGNATURE OF PHYSICIAN DATE

Attending Physician's Report Process & Instructions

Attending Physician's Report

The treating physician completes this form and the report provides specific information including the date of accident, diagnosis, prognosis, the disability period(s), and the extent of any permanent disability. This form must be signed by the treating physician.

Instructions

This form may be filed electronically through the Commission's WebFile system at webfile.workcomp.virginia.gov. To file electronically, the user must have a valid and active WebFile account. This form may also be filed by mail or in-person at 333 E. Franklin St., Richmond, Virginia 23219.

For questions or assistance with completing this form, please contact the Virginia Workers' Compensation Commission toll-free at 877-664-2566.

Amputation for Hand/Foot

In cases of amputation for hand/foot, the treating physician completes this form and may fill out the Amputation Chart located at workcomp.virginia.gov/forms/amputation-chart.

Ombudsman Office

Have questions about the Virginia Workers' Compensation Commission and no lawyer? Call the Ombuds Department at 833-448-1681, or email ombuds@workcomp.virginia.gov. We cannot give legal advice, but all conversations will be kept confidential.