pennsylvania
DEPARTMENT OF LABOR & INDUSTRY
BUREAU OF WORKERS' COMPENSATION

PHYSICIAN'S AFFIDAVIT OF RECOVERY

EMPLOYEE SOCIAL SECURITY NUMBER ☐☐☐ - ☐☐ - ☐☐☐☐ OR WC ID NUMBER ☐☐☐☐☐☐☐☐☐☐

DATE OF INJURY ☐☐ - ☐☐ - ☐☐☐☐ (MM DD YYYY)

WCAIS CLAIM NUMBER ☐☐☐☐☐☐☐

EMPLOYEE

First name ____________________

Last name ____________________

Date of birth ____________________

Address ____________________

Address ____________________

City/Town ____________ State ____ ZIP ________

County ____________________

Telephone ____________________

EMPLOYER

Name ____________________

Address ____________________

Address ____________________

City/Town ____________ State ____ ZIP ________

County ____________________

Telephone ____________ FEIN ____________

This is to certify that the aforementioned employee has fully recovered from the following work injury:

____

____

____

____

____

____

which occurred on the date shown above, and is able to resume, without limitation, his/her previous occupation of

____ on ☐☐ - ☐☐ - ☐☐☐☐ .
(MM DD YYYY)

This affidavit is based upon an examination of aforementioned employee performed by the undersigned physician on

☐☐ - ☐☐ - ☐☐☐☐ .
(MM DD YYYY)

I attest or affirm that the statements contained herein are true and correct to the best of my knowledge, information and belief.

SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME THIS

____________ DAY OF ____________ , ________

PHYSICIAN

First name ____________________

Last name ____________________

Signature ____________________

☐☐ - ☐☐ - ☐☐☐☐
(MM DD YYYY)

Any individual filing misleading or incomplete information knowingly and with the intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act, 77 P.S. §1039.2, and may also be subject to criminal and civil penalties under 18 Pa. C.S.A. §4117 (relating to insurance fraud).

Employer Information Services
717.772.3702

Claims Information Services
toll-free inside PA: 800.482.2383
local & outside PA: 717.772.4447

Hearing Impaired
PA Relay 7-1-1

Email
ra-li-bwc-helpline@pa.gov

Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program

LIBC-497 REV 04-18