

The Collection, use and disclosure of personal information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*.

Client Information

Client Surname	Given Name(s)	Age	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Client Birthdate (YYYY MMM DD)	File Number GA	Date of Request (YYYY MMM DD)	

Complete based on information provided on the Medical Report - Employability.

1. Medical Condition(s):

Treatment Reported (i.e., therapies, medication, surgeries.)	Outcome Reported (i.e., stabilized conditions, no change, patient did not follow treatment, expecting surgery in 12 months)

3. Restrictions to Employment due to the Medical Condition(s) noted above:

4. Additional Supporting Documentation Available:

- | | | |
|---|---|--|
| <input type="checkbox"/> Laboratory Reports | <input type="checkbox"/> Specialist Reports | <input type="checkbox"/> Psychological Assessments |
| <input type="checkbox"/> Radiology Reports | <input type="checkbox"/> Hospital Reports | <input type="checkbox"/> Psychiatric Assessments |
| <input type="checkbox"/> Dietary / Nutritionist Reports | | |
| <input type="checkbox"/> Other: | | |
| <input type="checkbox"/> Other: | | |

PPMB Adjudicator Consultation Request:

PPMB Adjudicator's Name	PPMB Adjudicator's Telephone
-------------------------	------------------------------

NOTE: Personal information on this form will be used to determine whether the client qualifies as a person with persistent multiple barriers to employment. Information will not be used or disclosed for any other purpose and reasonable security measures will be taken to protect the information.

Ministry Medical Consultant's Comments:

Ministry Medical Consultant's Name	Ministry Medical Consultant's Telephone	Date of Consultation (YYYY MMM DD)