

Instruction for NUCS-4194 Medical Statement

This statement is used to determine a claimant's ability to work as well as to verify medical advice given to a claimant about personal health or a medical situation relating to a family member.

This form must be returned to the Nevada Employment Security Division (ESD) upon completion. This form is NOT valid unless signed by a licensed physician, chiropractor, psychiatrist, or, in limited circumstances, a nurse practitioner or midwife (conditions apply to the final two occupations being signatories, contact a call center BEFORE have a nurse practitioner or midwife sign this document).

Next to the word Claimant ID: use either your claim ID number or your social security number.

Next to word Date Mailed: this would be the date you downloaded the form. Bear in mind that you have 10 days from the date the form has been requested to return it to the office as you were directed. If the 10th day falls on a Saturday, Sunday or Legal Holiday, you have until the following business day to return the form.

On the blank line next to "Patient's Name:", complete the name to whom this form applies. The form may NOT apply to you, especially if you quit a job to care for an ill relative or are not available for work due to the same personal needs. If the form is being used to report YOUR personal illness, injury or disability, complete this section with your information. Please print legibly.

Questions 1-15 are to be completed by a physician. Not all questions may apply, depending on circumstances. If the form relates to your personal illness, injury or disability, question 10 must include information on your primary occupation(s).

Insure that the doctor signs the form. A rubber office stamp applied in the physician's office is acceptable. The form is to be returned to the address listed. The doctor may fax the form to either of the number listed at the bottom of the form.

Remember, this form MUST bear the signature of a doctor or listed health professional in order to be valid. Make sure that all pertinent information has been completed. Failure to return this form as directed may result in a delay or denial of benefits.