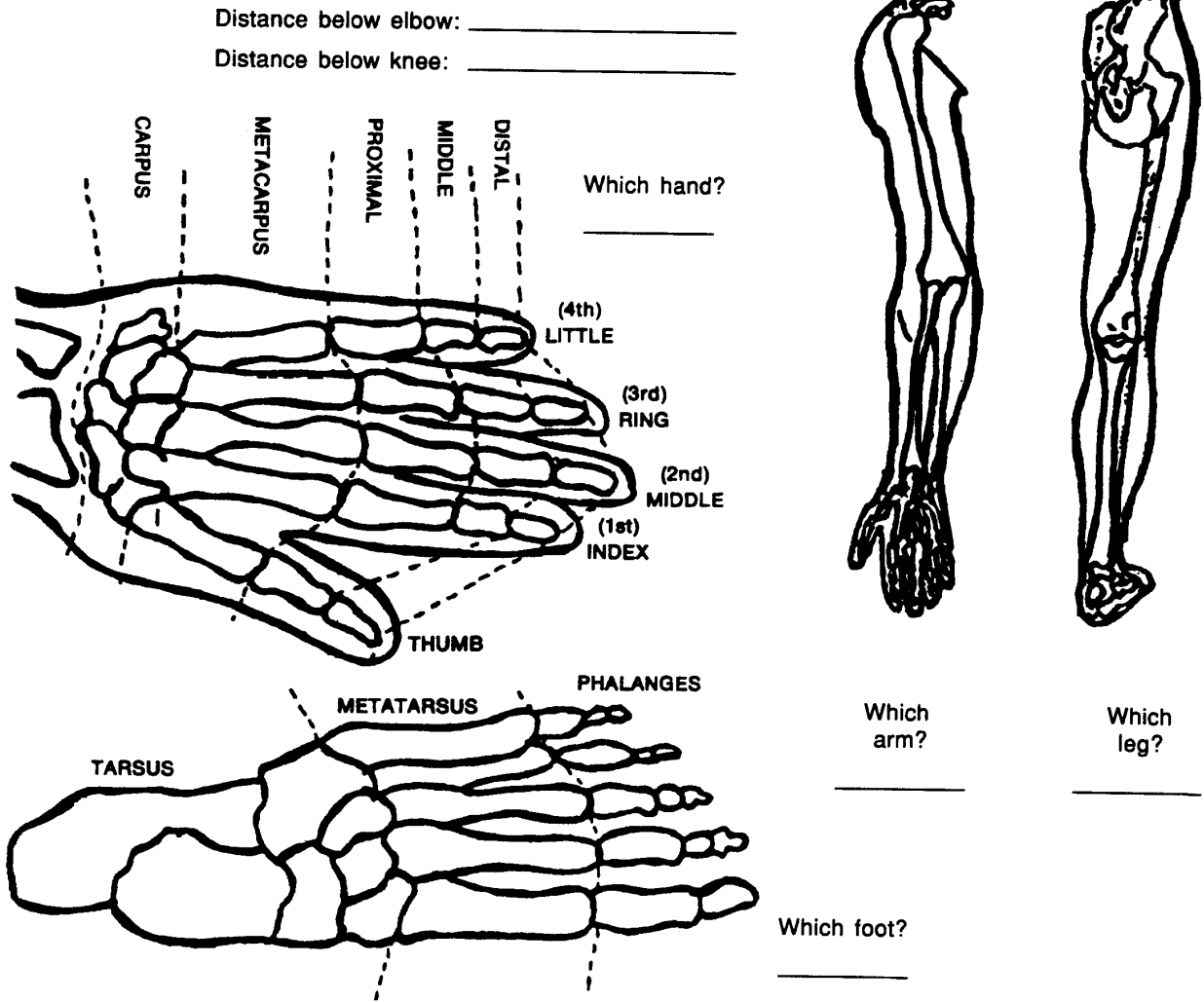


AMPUTATION CHART

Michigan Department of Labor and Economic Opportunity
 Workers' Disability Compensation Agency
 P O Box 30016, Lansing, MI 48909

Employee Name (Last, First, MI)	Social Security Number
Employer	Date of Injury
Insurance Carrier or Service Agent	Date of Birth

In all cases of amputation, the diagram below should be used to designate the exact point of amputation, which must be marked and certified by the operating surgeon only. In cases of amputation of arm or leg, surgeon must state exact distance below elbow or knee of such amputation.



I hereby certify that I marked the above diagram on _____ and that said marking correctly indicates
(Date of marking)
 the amputation(s) made upon _____ on _____ and that the
(Name of injured employee) (Date of amputation)
 remarks above, if any, are in my handwriting.

(Signature of Operating Surgeon)