AMPUTATION CHART

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

P O Box 300 fg, Latisting, Wil 46909		
Employee Name (Last, First, MI)	Social Security Number	
Employee Name (Last, 1 list, Wil)	Social Security Number	
<u>'</u>		
Employer	Date of Injury	
<u> </u>		
Insurance Carrier or Service Agent	Date of Birth	
<u>'</u>		

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.

	pelow elbow:	/ \ /	
CARPUS	(4th) LITTLE (3r RIM (1st) INDEX	IG (2nd) MIDDLE	
TARSUS	THUMB PHALAI METATARSUS	Which arm?	Which leg?
		Which foot?	
I hereby certify that I marked the above	e diagram on(Date of ma	and that said mar	king correctly indicates
the amputation(s) made uponremarks above, if any, are in my handw		On(Date of amput	and that the
LEO is an equal opportunity employer/progr		(Signature of Operatin	
reasonable accommodations are available upo			ility Compensation Act, R408.31