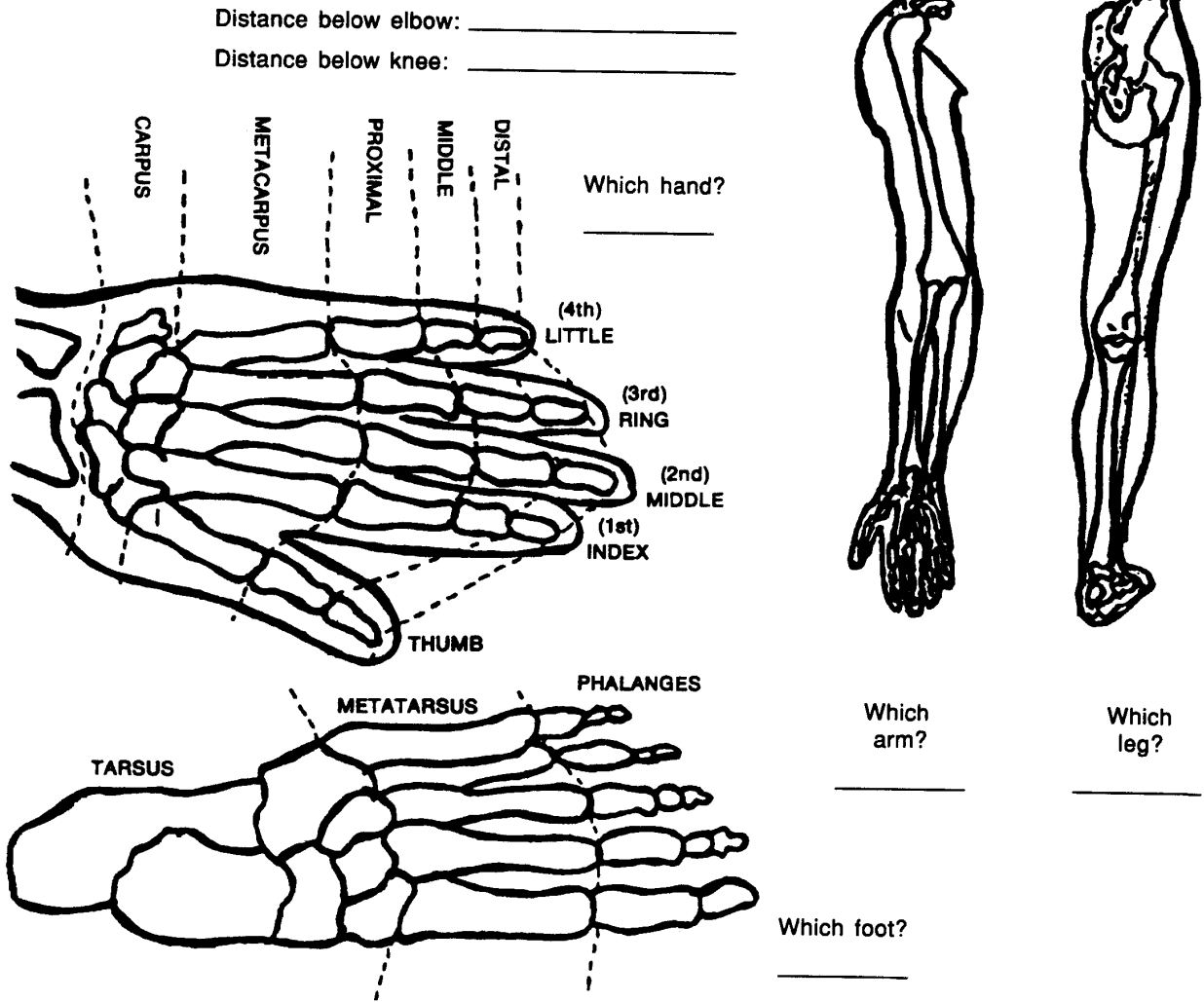


AMPUTATION CHART

Michigan Department of Licensing and Regulatory Affairs
Workers' 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)

| | |
|--|--|
| LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities. | Authority: Workers' Disability Compensation Act, R408.31 |
|--|--|