

**STATE OF CONNECTICUT
DEPARTMENT OF LABOR
EMPLOYMENT SECURITY DIVISION**

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Physician's Statement - New Mothers

SUB DATE
(for office use only)

PHYSICIAN'S STATEMENT

NEW MOTHERS

Case #:

Social Security Number

First MI Last is a claimant for unemployment benefits.

She states that she can work as of _____
Month Day Year
(supplied by claimant)

Does any medical condition exists which prevents her from working as of that date? Yes No

If you answered YES above, please answer the following questions:

What is the medical condition that prevents the claimant from working as of that date?

In your opinion, when was the claimant able to work? _____

Physician's Signature Telephone Number Date

This form must be completed for all claimants filing for benefits prior to the end of the fourth week following delivery.