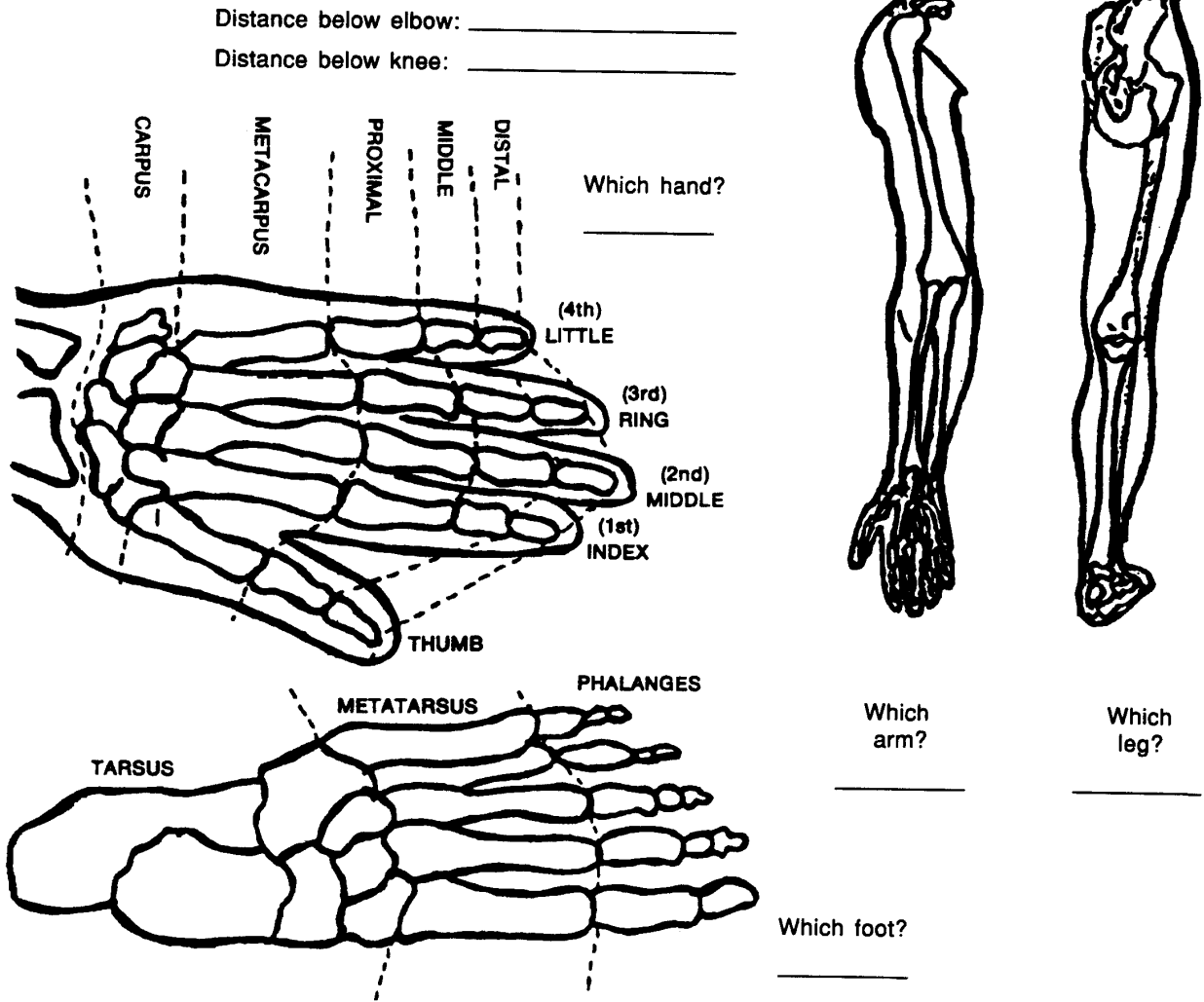


# AMPUTATION CHART

Michigan Department of Labor & Economic Growth  
 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 \_\_\_\_\_ (Date of marking) and that said marking correctly indicates the amputation(s) made upon \_\_\_\_\_ (Name of injured employee) on \_\_\_\_\_ (Date of amputation) and that the remarks above, if any, are in my handwriting.

\_\_\_\_\_  
 (Signature of Operating Surgeon)

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.	Authority: Workers' Disability Compensation Act, R408.31
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