North Carolina Industrial Commission IC File #________________

EVALUATION FOR PERMANENT IMPAIRMENT

THE USE OF THIS FORM IS REQUIRED UNDER THE PROVISIONS OF THE WORKERS' COMPENSATION ACT.

Employee's Name ______________________ | Employer's Name ______________________ ( ) Telephone Number

Address ______________________ | Employer's Address ______ City ______ State ______ Zip ______

City ______ State ______ Zip ______ | Insurance Carrier ______________________

( ) Home Telephone ______ ( ) Work Telephone ______ | Carrier's Address ______ City ______ State ______ Zip ______

XXX-XX- ______ Last 4 Digits of Social Security Number ☐ M ☐ F Sex / / Date of Birth | ( ) Carrier's Telephone Number ______ ( ) Fax Number ______

Date of Injury: ______________________

EMPLOYEE'S WORK-RELATED INJURY WILL RESULT IN:

MEMBER	% OF IMPAIRMENT (IF AMPUTATION, DESCRIBE ON REVERSE.)
1) Thumb	
2) Index Finger	
3) Middle Finger	
4) Ring Finger	
5) Little Finger	
6) Great Toe	
7) Toes (other than great toe)	
8) Hand	
9) Arm	
10) Foot	
11) Leg	
12) Back	

______________________ Physician Signature

______________________ Printed Name

______________________ Fed. Tax ID Number

______________________ Date

____
______________________ Address

In regard to this rated body part:

1) Is employee at maximum medical improvement? ______
2) Was employee released with restrictions? ______

TEETH: Age of employee: ______
List all crowns by number : ______
List all extractions by number : ______
Has dental work been completed? ☐ Yes ☐ No

VISION: List vision reading without the use of a corrective lens.
Distance: ______ Near: ______

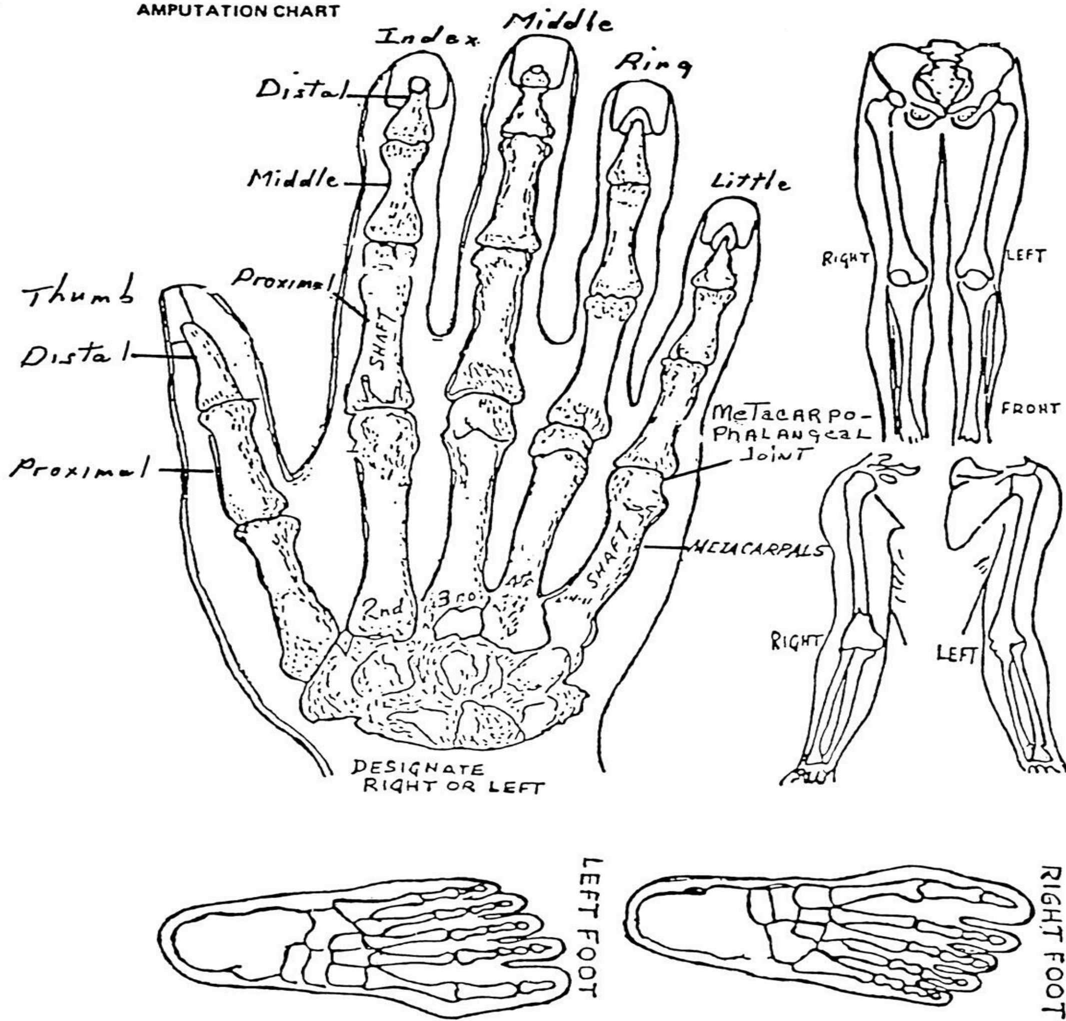
HEARING: Scale used: ______ Percentage of loss: Right ear ______
PLEASE ATTACH AUDIOGRAMS AND CALCULATIONS OF HEARING LOSS Left ear ______

OTHER: Permanent injury to or impairment of any other organ or part of body (identify) : ______
Disfigurement: ☐ Yes ☐ No Location: ☐ face ☐ head ☐ body

CARRIERS – FILE VIA ELECTRONIC DOCUMENT FILING PORTAL

FORM 25R

CONTACT INFORMATION:
NCIC-CLAIMS ADMINISTRATION
TELEPHONE: (919) 807-2502
HELPLINE: (800) 688-8349
WEBSITE: HTTP://WWW.IC.NC.GOV



Comments:

A copy of this form must be provided to the employee or the employee's attorney of record if any.
Medical Providers – Please return the completed form to the carrier.

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