Form MSD 332-VC-3

INSTRUCTIONS	AUTHORIZATION FOR DISABILITY RECORD	Veterans Administration: Retain one copy and forward duplicate to:
Applicant must complete Section I (Type or write with ink). Forward to Regional Office of Veterans Administration where disability claim is on file.		**Sullivan County Personnel Dept** **County Government Center** **100 North Street** **P.O. Box 5012** **Monticello, New York 12701**

Section I

Date____________________

To: Manager, Veterans Administration____, New York

I hereby authorize you to furnish the Municipal Civil Service Commission named above with my medical and disability record. You are released from all liability in complying with this request. It is understood that all information furnished will be treated as confidential.

Veteran's Signature:____

Print full name here:____
First Middle Last

Address:____
Street City State

Veterans Administration Claim No:____

Service Serial No:____

Examination or eligible list for which preference is claimed:

Title:____No.____________________________________
Title:____No.____________________________________
Title:____No.____________________________________

Section II - TO BE FILLED OUT BY THE VETERANS ADMINISTRATION

Date____________________
Veterans Administration Claim No:____________________

1. Does the above named veteran have a war-incurred disability now in existence? [ ]Yes [ ]No
2. Is (s)he receiving disability payments from the V.A. for such disability? [ ]Yes [ ]No
3. State percentage of war-incurred disability now in existence__________________
4. Description of such disability:____

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5. Date of last medical examination by the V.A. Medical Officer in connection with such disability__________________
6. Does the V.A. state affirmatively that a permanent stabilized condition of disability exists to an extent of 10% or more, notwithstanding the fact that such claimant has not been examined by a medical officer of the V.A. within one year?
[ ]Yes [ ]No
7. Date of next scheduled medical examination by the V.A.______________________
8. REMARKS:

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Adjudication Officer Signature

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Regional V.A. Office

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