



COMMONWEALTH of VIRGINIA
Virginia Employment Commission

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THOMAS COATES
3416 WARREN PL APT 201
VIRGINIA BEACH, VA 23452 - 5648

Claimant Information

Mat Date: 09/06/2024
ID: 54127555
First Name: THOMAS
Last Name: COATES
Cur Date: 02/18/2024

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Medical Statement

The Virginia Employment Commission (VEC) has been notified of a medical condition you have that may negatively affect your ability and availability to work. To determine your eligibility, sign the release, have your physician or licensed medical professional complete this document, and return it by 09/15/2024. Failure to comply may result in ineligibility for benefits.

Claimant Release of Information

I give permission for my physician or licensed professional to complete the questions below for the Virginia Employment Commission.
Claimant Signature: *[Signature]* Date: 9/25/2024

This section to be completed only by your physician or licensed medical professional.

1. Describe in lay terms the medical condition that negatively affects the patient's ability and/or availability to work. Avoid abbreviations.

Thomas Coates suffers from multiple physiological disorders: cardiovascular disease, thyroid dysfunction, ADD, depression, and anxiety. These impairments, once symptomatic and acute, may limit Thomas's abilities, impacting and affecting his work capabilities.

2. I last examined this patient for this medical condition on 2/23/2022 (MM/DD/YY).
3. I advised the patient to quit his/her job due to this medical condition. Yes No
- a. The date I recommended as the patient's final day on the job was June 28, 2024 (MM/DD/YY).
4. I advised the patient to take a leave of absence due to this medical condition. Yes No
5. During this condition, the patient has been totally unable to perform any work. Yes No
- a. The patient was totally unable to work starting June 28, 2024 (MM/DD/YY) and ending July 28, 2024 (MM/DD/YY).
6. During this condition, I placed limitations on the patient's ability to perform work. Yes No
- a. Describe any physical or mental limitations on the type of work the patient may perform: limit or eliminate night driving- Controlled, manage and offer support for a remote work environment, access to therapy, medical facilities, Doctors, pharmacist/specialists
- b. These limitations started June 28, 2024 (MM/DD/YY) and ended (MM/DD/YY).
7. The patient is currently able to perform some type of work. Yes No
- a. If yes, describe any physical or mental limitations on the type of work the patient may perform: limit or eliminate night driving- Controlled, manage and offer support for a remote work environment, access to therapy, medical facilities, Doctors, pharmacist/specialists
- b. If no, the earliest date the patient will be able to work is _____

In all cases, the signature of a Licensed Medical Professional is required. If the answer to question 3 and/or 4 is yes, the signature of a Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO) is required.

Physician/Licensed Medical Professional:

Signature: *[Signature]*

Name (PRINT LEGIBLY):

Johan S. Urena M. MD

Title:

MD

Date:

9/26/2024

Phone:

(757) 252-9800

Sentara Family
Medicine Physicians
Dr. Johan S. Urena
Hernandez Princess
Anne Family Practice

(757) 252-9800 -
1380 Tuscan Drive,
Virginia Beach, VA
23456

Return this form to the following address:

Virginia Employment Commission
P. O. Box 27887
Richmond, VA 23261-7887

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