

State of California Division of Workers' Compensation Medical Unit P.O. Box 71010 Oakland, CA 94612

QME Notice of Unavailability

Form must be filed 30 days prior to date of unavailability

QME first name (Required) (Print or type):	\overline{Q}	ME last name (Required) (Print or typ	oe):
Complete both pages of this application QME does not intend to perform evaluat QME evaluation examinations (initial or evaluation exams performed before becogalendar days during the QME fee perio filed less than 30 days before the QME is late application. Check the appropriate by to 90 days.	tions for unrepresented follow up) until the oming unavailable or dcalendar year without to become unavailable	ed workers. A QME who is unavail QME returns to active status. A QM supplemental reports. A QME who ut good cause may be denied reappable, attach a separate explanation of	able may not schedule or perform ME may complete reports for o is unavailable for more than 90 pointment. If this form is being of good cause for approving the
Completion of this section is required.(C I will be unavailable for all qualifie from to	d medical evaluation		
I will be unavailable only at the QN evaluation panel assignments from	ME office location (s) (MM/DD/YYYY)	listed below for all qualified media to	cal
Street Address		Street Address	
City	Zip Code	City	Zip Code
Street Address		Street Address	
City	Zip Code	City	Zip Code
Street Address		Street Address	
City	Zip Code	City	Zip Code
Street Address		Street Address	
City	Zip Code	City	Zip Code
Street Address		Street Address	
City			Zip Code
QME signature		Date	
Calif License number			

Section 33(c) of title 8 of the California Code of Regulations requires a QME to list *all* of the comprehensive medical/legal evaluation examinations already scheduled during the time requested for unavailable status at the time the request is filed with the medical unit. (Completion of this section is required)

Appointment date	Injured Worlson Name	D1	Amaintment Type	Exam Status
(MM/DD/YYYY)	Injured Worker Name	Panel number, if applicable	Appointment Type	Exam Status
Appointment date MM/DD/YYYY)	Injured Worker Name	Panel number, if applicable	Appointment Type	Exam Status
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