

Complete DWC Form-069.

Page [Number]

DD Report for Injured Employee: [Injured employee name]

Date of Exam: [mm/dd/yyyy]

### Designated Doctor Exam Findings

**Maximum medical improvement (MMI)** (Also see DWC Form(s)-069, Report of Medical Evaluation attached.)

The exam requester asked if any further healing or recovery from the employee's injury can be expected (MMI), and if so, on when the injured employee reached that point?

Yes, I certify the injured employee reached  Statutory  Clinical MMI on [mm/dd/yyyy] and have included documentation relating to this certification below.

No, I certify that the injured employee has not reached MMI, but is expected to reach MMI on or about [mm/dd/yyyy]. The reason the injured employee has not reached MMI is documented below.

### Analysis

Expand section and add sub-headings as needed.