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) (F	Print or type): QN	ME last name (Required) (Print or type	pe):
QME does not intend to per QME evaluation examination evaluation exams performed calendar days during the cale days before the QME is to be	application to request unavailability form evaluations for unrepresented ons (initial or follow up) until the Q d before becoming unavailable or seed that year without good cause may become unavailable, attach a separate or indicate that you will be unavailable.	I workers. A QME who is unavail QME returns to active status. A QI upplemental reports. A QME who y be denied reappointment. If this ate explanation of good cause for	able may not schedule or perform ME may complete reports for o is unavailable for more than 90 s form is being filed less than 30 approving the late application.
I will be unavailable for from (MM/DD/YYY)	required.(Choose only one) or all qualified medical evaluation property to (MM/DD/YYYY) all at the QME office location (s) 1	isted below for all qualified medi	cal
evaluation panel assign	ments from (MM/DD/YYYY)	_ to(MM/DD/YYYY)	
Street Address		Street Address	
City	Zip Code	City	Zip Code
Street Address		Street Address	
City	Zip Code		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	
	Zip Code		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				
(MM/DD/YYYY)	Injured Worker Name	Panel number, if applicable	Appointment Type	Exam Status
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