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**MEDICAL RECORD CERTIFICATION**

Tennessee Bureau of Workers' Compensation  
220 French Landing Drive  
Nashville, TN 37243  
Fax: 615-253-2480

[www.tn.gov/workerscomp](http://www.tn.gov/workerscomp)  
wc.courtclerk@tn.gov  
1-800-332-2667

Docket #: \_\_\_\_\_

State File #/YR: \_\_\_\_\_

RFA #: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

SSN: \_\_\_\_\_

**MEDICAL RECORD CERTIFICATION**

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Employer and Carrier

Pursuant to Rule 0800-02-21.16(2)(b), the undersigned

- medical provider
- custodian of the records

certifies that the attached medical records of \_\_\_\_\_ are true and  
(name of medical provider)  
accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date