Metatarsal Boot Waiver Request Form

Mine/Patient Information
(Please Print or Type)

Patient Information:

Patient's Name: _____Occupation:_____

Address: _____

Date of Birth_____   Phone Number_____

Working Seam Height _____

Name of Miners' Representative (If Applicable) _____

Address or Telephone Number of Miners' Rep. _____

Injured Foot (Left, Right, or Both) _____

Physician Information:

Physician_____   Phone Number _____

Office Address _____

Mine Information: (Must Be Completed by a Company Official)

Company Name _____   Mine Name _____

Mine Mailing Address _____

Mine Telephone _____   County _____

Company Official's Position _____

Company Official (Please Print) _____

Company Official Signature _____

Please Note: If the requirement for metatarsal footwear (§ 36-38-1) is waived the requirement for safety toed shoes, (§ 22A-2-55 (d)) remains in effect while working in or around a mine.

      Please complete the following questions relating to the patient's diagnosis and symptoms.

Permitting the removal of a metatarsal footwear in and around state coal mines is a serious issue and should only be considered if items 1-4 below are attempted and no relief is experienced. **Providing inaccurate or false information is also a serious matter!**

(1) Diagnosis and symptoms – please provide an explanation of a precise diagnosis and type of symptoms. Also please specify which foot is affected (left right or both.)

(2) Date of onset of symptoms: _____

(3) Are symptoms related to patient's use of metatarsal boots, in your opinion:
        ( ) Yes   ( ) No

(4) Have you recommended or has the patient tried metatarsal boots other than the pair which caused the problem? ( ) Yes   ( ) No

(5) Have you altered the size or length of the metatarsal protector?
        ( ) Yes   ( ) No   ( ) N/A

(6) Were the symptoms relieved or cured when the length of the metatarsal protector was reduced?
        ( ) Yes   ( ) No

(7) This waiver will <u>not</u> require the patient's use of metatarsal boots. Do you recommend granting this waiver? ( ) Yes ( ) No

_____
Physician's Signature

_____
Patient's Signature - I agree with the foregoing.

Sec. 22A-1A-19(d) – Whoever knowingly makes any false statements, representation, or certification in any application, record, plan, or other document filed or required to be maintained pursuant to this law or any order or decision under this law shall be guilty of a misdemeanor, and upon conviction thereof shall be fined not more than $5,000.00, or imprisoned in the county jail not more than six (6) months, or both fined and imprisoned.

Dear Doctor:

     Coal miners are required by State regulation to wear metatarsal boots to lessen the chance of serious foot injury. A small number of patients may have difficultly utilizing certain boots with metatarsal protectors due to direct irritation to the dorsum of the foot. Individuals with a high "instep" of (pes cavus) are somewhat more prone to dorsal irritation.

     There are possible problems arising from chronic irritation to the dorsum of the foot including bursitis, skin irritation, tendinitis, and compression or irritation of the superficial peroneal nerve with resultant distal.

     Solutions to such problems may include the following:

(1) Selection of a metatarsal boot, from the variety available which does not irritate the dorsum of the foot.

(2) Providing the patient with the prescription to have the length of the metatarsal protector reduced by an orthopedic shoe repair store. Reduction of the length of the metatarsal protector will decrease the area of protection. The amount of reduction should thus be kept to a minimum; only that necessary to prevent irritation.

(3) No use of metatarsal boots. (*must complete page 2)

     Since option three removes an important device for injury prevention, it will only be considered for severe deformity or if options one and two have been tried but have proven ineffective.

Physician Signature

_____

This is to acknowledge that the **physician** understands the contents of this letter.

Patient's Name (Please Print)

_____

Patient's Signature

_____