LINER LEGAL
DISABILITY LAWYERS

HIV / AIDS
MEDICAL SOURCE STATEMENT

Patient Name: _____ Date: _____

Provider Name / Specialty: _____

SECTION 1 — DIAGNOSIS, DURATION, AND LONGITUDINAL COURSE

HIV diagnosis confirmed by laboratory testing? ☐ Yes ☐ No

Date of initial diagnosis: ☐ Yes ☐ No

Current disease status:

☐ HIV infection (not AIDS) ☐ AIDS diagnosis

Condition expected to last ≥ 12 months? ☐ Yes ☐ No

Overall course over time:

☐ Stable ☐ Progressive ☐ Fluctuating / episodic

SECTION 2 — LABORATORY FINDINGS AND IMMUNE STATUS

Most recent CD4 count (approximate): _____ Date: _____

HIV viral load status:

☐ Undetectable ☐ Detectable ☐ Unknown

History of opportunistic infections or HIV-related conditions (check all that apply):

☐ Pneumocystis pneumonia ☐ Candidiasis ☐ CMV ☐ MAC ☐ Tuberculosis

☐ Recurrent bacterial infections ☐ Chronic diarrhea ☐ HIV wasting syndrome

☐ Neurologic complications ☐ Other: _____

SECTION 3 — FATIGUE, INFECTIONS, AND WORK SUSTAINABILITY

Typical baseline fatigue level:

☐ Mild ☐ Moderate ☐ Severe ☐ Very severe / disabling

Fatigue variability:

How often does fatigue or illness unpredictably worsen to a level that significantly limits functioning?

☐ Daily ☐ Several times per week ☐ Weekly ☐ Monthly ☐ Unpredictable

Due to fatigue, infection recovery, medication effects, or immune-related symptoms, the patient would be away from the work task (off-task and/or on unscheduled breaks) for approximately:

☐ 0% ☐ 10% ☐ 15% ☐ 20%+

This time away from task would be caused by (check all that apply):

☐ Severe fatigue

☐ Medication side effects (e.g., nausea, GI symptoms, dizziness)

☐ Other HIV-related symptoms

☐ Acute or recurrent infections

☐ Need for rest or recovery during the workday

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Likely absences per month due to illness or treatment:

☐ None ☐ 1 ☐ 2 ☐ 3+

SECTION 4 — SITTING, STANDING, AND WALKING TOLERANCE

Indicate the total time the patient can perform each activity in an 8-hour workday.

ACTIVITY	0	1	2	3	4	5	6+
SITTING	☐	☐	☐	☐	☐	☐	☐
STANDING	☐	☐	☐	☐	☐	☐	☐
WALKING	☐	☐	☐	☐	☐	☐	☐

Needs to alternate positions at will? _____ ☐ Yes ☐ No

Supporting findings (fatigue, weakness, deconditioning, illness recovery): _____

SECTION 5 — UPPER EXTREMITY USE AND MANIPULATIVE RELIABILITY

Reliability of hand/arm use throughout a workday:

☐ Fully reliable ☐ Intermittently reliable ☐ Markedly unreliable

Tasks limited by fatigue, neuropathy, or weakness:

☐ Handling ☐ Fingering ☐ Grasping ☐ Reaching

WEIGHT	NEVER (0%)	OCCASIONAL (≤1/3)	FREQUENT (1/3–2/3)	CONSTANT (2/3 - 100%)
<10 LBS	☐	☐	☐	☐
10 LBS	☐	☐	☐	☐
20 LBS	☐	☐	☐	☐
50 LBS	☐	☐	☐	☐

If upper extremity limitations apply: _____

ACTIVITY	0	1	2	3	4	5	6+
SITTING	☐	☐	☐	☐	☐	☐	☐
STANDING	☐	☐	☐	☐	☐	☐	☐
WALKING	☐	☐	☐	☐	☐	☐	☐

Findings supporting these limitations: _____

SECTION 6 — CONSISTENCY

Do the limitations described above reflect what you have consistently observed and documented during treatment?

☐ Yes ☐ No ☐ Partially (explain): _____

Provider Signature: _____ Date: _____

Address / Phone: _____