



**Physician's Certification of
Total and Permanent Disability**

Identification Number
(for appraisers use only)

Physician's Name (Please Print)
a physician licensed pursuant to Chapter 458 or Chapter 459, Florida Statutes, hereby
certify Mr., Mrs., Miss, Ms., _____
(Circle One) Patient's Name (Please Print)

Social Security Number _____, is totally and permanently disabled as of
January 1, _____, due to the following mental or physical condition(s):

- Quadriplegia Paraplegia Hemiplegia Legal Blindness
- Other total and permanent disability requiring use of a wheelchair for mobility
- Please check here if patient is totally and permanently disabled but does not require a wheelchair for mobility.

It is my professional belief that the above-named condition(s) render this individual totally and permanently disabled and that the foregoing statements are true, correct, and complete to the best of my knowledge and professional belief.

Signature _____ Date _____

Address _____
Street City State Zip Code

Florida Board of Medical Examiners License No. _____

Date License Issued _____

Notice To Taxpayer: Each Florida resident applying for a total and permanent disability exemption must present to the county property appraiser, on or before March 1 of each year, a copy of this form or a letter from the United States Department of Veteran Affairs or its predecessor. Each form is to be completed by a licensed Florida physician.

Notice To Taxpayer: Section 196.131(2), Florida Statutes, provides that any person who shall knowingly and willfully give false information for the purpose of claiming homestead exemption shall be guilty of a misdemeanor of the first degree, punishable by a term of imprisonment not exceeding 1 year, or a fine not exceeding \$5,000, or both.