

Physician Certification

I, _____, certify, that (patient's name) _____
(please check the one that applies below)

- 1. Has a permanent physical disability, is unable to ambulate and requires a wheelchair, walker, one long leg brace or two short leg braces, external prosthesis below knee or above, two canes or two crutches for mobility.
- 2. Has at least 80% permanent impairment of one hand or arm as determined by a physician using the standards outlined in the "Guide to Evaluation of Permanent Impairment Rating," published by the American Medical Association.
- 3. Has a permanent physical disability for which they are considered "totally" disabled under guidelines established by the Veterans' Administration and/or the U.S. Social Security Administration.

Describe in layman's terms the permanent physical disability or impairment as it relates to the above: _____

Physician's Signature: _____ Date: _____

Address: _____

Phone Number: (____) _____