

PHYSICIAN'S CERTIFICATION OF TOTAL AND PERMANENT DISABILITY

DR-416 R. 11/12 Rule 12D-16.002 Florida Administrative Code Effective 11/12

l,	, a phy	ysician licensed pursua	nt to Chapter 458 c	or Chapter 459
Physician's			·	•
Florida Statutes, hereby	certify that \(\sum \) Mr. \(\sup \) \(\lambda \)	∕Irs. ∐ Miss ∐ Ms. ຼ	otally and permanently	, disabled person
Social Security Number*	is to			
due to the following men				
Quadriplegia	☐ Paraplegia	☐ Hemiplegia	☐ Legal blin	dness
☐ Other total and p	ermanent disability requ	uiring use of a wheelcl	nair for mobility	
☐ Check here if patient	is totally or permanently	disabled but does not	require a wheelch	air for mobility
It is my professional beli		s) render		
are true, correct, and cor				otatomonto
, ,	·	,		
Signature			Date	_
Address: (print)				
Street		City	State	Zip
Florida Board of Medicine or 0	Osteopathic Medicine license	e number		
	,			
Issued on				
NOTICE TO TAYBAYEE). Fook Florido regidont	t applying for a total ar	d name an ant dia a	L:11:4. /
NOTICE TO TAXPAYER exemption must present				
of this form or a letter fro		• •		
form is to be completed	by a licensed Florida ph	nysician.	•	

*Disclosure of your social security number is mandatory. It is required by sections 196.011(1) and 196.101(5), Florida Statutes. The social security number will be used to verify taxpayer identity information and homestead exemption information submitted to property appraisers.

NOTICE TO TAXPAYER AND PHYSICIAN: Section 196.131(2), Florida Statutes, provides that any person who knowingly and willfully gives false information for the purpose of claiming homestead exemption commits 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.