TOWN OF NORTH HAVEN

PHYSICIANS CERTIFICATE
OF TOTAL AND PERMANENT DISABILITY

TO BE USED ONLY WHEN ACCEPTED PROOFS OF DISABILITY FROM SOCIAL SECURITY ADMINISTRATION, VETERAN'S ADMINISTRATION OR OTHER GOVERNMENTAL OFFICES ARE NOT OBTAINABLE

I, _____, AM FAMILIAR WITH THE SOCIAL
(PHYSICIAN'S NAME)

SECURITY ADMINISTRATION'S REQUIREMENTS FOR ESTABLISHING TOTAL AND PERMANENT DISABILITY STATUS.

IN MY OPINION, _____ MEETS OR EXCEEDS ALL SUCH
(APPLICANT'S NAME)

REQUIREMENTS AND IS TOTALLY DISABLED.

TO THE BEST OF MY KNOWLEDGE THIS DISABILITY BEGAN ON _____
(DATE OF DISABILITY)

_____ _____
PHYSICIAN'S SIGNATURE DATE SIGNED

_____ _____
PRINT PHYSICIAN'S NAME MD LICENSE # REQUIRED