

**BEFORE THE BOARD OF TRUSTEES OF THE
DES PLAINES FIREFIGHTERS PENSION FUND**

IN THE MATTER OF THE)
DISABILITY APPLICATION OF:)
)
_____,)
)
Applicant.)

PHYSICIAN'S CERTIFICATE OF DISABILITY

I, _____, being first duly sworn on oath, state that I have examined the Applicant, _____ on/between _____, 201____, pursuant to §5/4-112 of the Illinois Pension Code, 40 ILCS §5/4-101. Based upon my examination(s) and attached report/medical records, I hereby certify the following:

1. Is the applicant currently disabled from performing full and unrestricted duties as a firefighter?
Yes _____ No _____

2. If "yes," please specifically describe the medical condition(s) that have disabled or will disable the applicant from service as a police officer?

3. Please specifically describe the duration of the disability/contemplated disability and provide a date which the Applicant can be expected to return to active duty?

4. Did the disability result in the performance of an act of fire duty?
Yes _____ No _____

Dated: _____

Physician's Signature

SUBSCRIBED and sworn
to before me this ___ day
of _____, 20__

Print Name

Street

City State Zip

NOTARY PUBLIC

Telephone