

IN THE MATTER OF THE)
DISABILITY PENSION OF:)
)
_____,)
)
Recipient.)

PHYSICIAN'S CERTIFICATE OF DISABILITY

I, _____, being first duly sworn on oath, state that I have re-evaluated the Pensioner, _____ on _____, 2__, 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/opinion, I hereby certify the following:

1. Does the Pensioner remain disabled from fire service with the City of Des Plaines Fire Department?

Yes _____ No _____

2. If "yes," please specifically describe the medical condition(s) which continue to disable the Pensioner from performing unrestricted fire service?

Physician Signature

Date: _____

Print Name

Street

SUBSCRIBED and sworn

State Zip

to before me this ___ day
of _____, 20__

Telephone

NOTARY PUBLIC