
Instructions for Physician's Statement

Taxpayer

If you retired after 1976, enter the date you retired in the space provided on the statement below.

Physician

A person is permanently and totally disabled if both of the following apply.

1. They can't engage in any substantial gainful activity because of a physical or mental condition.
2. A physician determines that the disability has lasted or can be expected to last continuously for at least a year or can lead to death.

Physician's Statement

Keep for Your Records



I certify that _____

Name of disabled person

was permanently and totally disabled on January 1, 1976, or January 1, 1977, or was permanently and totally disabled on the date they retired. If retired after 1976, enter the date retired: _____

Physician: Sign your name on either line A or B below.

A The disability has lasted or can be expected to last continuously for at least a year _____

Physician's signature

Date

B There is no reasonable probability that the disabled condition will ever improve _____

Physician's signature

Date

Physician's name

Physician's address