

DOCTOR'S DISABILITY STATEMENT

Date: _____

To Whom It May Concern:

This letter is in regards to: _____

Who was examined by me on this date? _____

It is my professional opinion that he/she is suffering from the following permanent medical and/or physical disability of: _____

Based upon my diagnosis I would assign a disability rating of _____ %

This rating may be used for any public physical assistance program that allows eligibility points based on a permanent physical disability of handicap.

If additional information is necessary, please make a written inquiry at the below address:

Sincerely,

MD