State of Florida

DR-416 R. 12/94

Physician's Certification of Total and Permanent Disability

Identification Number (for appraisers use only)

a physician licensed pursuant to Cha certify Mr., Mrs., Miss, Ms.,		-	
(Circle One)	Patient's Name (Please Print)		
Social Security Number, is totally and permanently disabled as of lanuary 1,, and the following mental or physical condition(s):			
🔲 Quadriplegia 🔄 Paraplegia	a 📋 Hemiplegia 🔛 Legal Blindr	iess	
Other total and permanent disat	bility requiring use of a wheelchair	for mobility	
Please check here if patient is to	otally and permanently disabled bu	t does not require a whee	elchair for mobility.
It is my professional belief that the at permanently disabled and that the fo my knowledge and professional belie	regoing statements are true,		•
Signature			
		Date	
Address			
Street	City	State	Zip Code
Florida Board of Medical Examiners I	License No.		
Date License Issued			

Notice To Taxpayer: Each Florida resident applying for a total and permanent disability exemption must present to the county property appraiser, on or before March 1 of each year, a copy of this form or a letter from the United States Department of Veteran Affairs or its predecessor. Each form is to be completed by a licensed Florida physician.

Notice To Taxpayer: Section 196.131(2), Florida Statutes, provides that any person who shall knowingly and willfully give false information for the purpose of claiming homestead exemption shall be guilty of a misdemeanor of the first degree, punishable by a term of imprisonment not exceeding 1 year, or a fine not exceeding \$5,000, or both.