

Lake County Property Appraiser's Office

Mark Jordan, Property Appraiser

Instructions:

This form must be completed in its entirety and filed with the Property Appraiser's office when applying for First Responder Total & Permanent Disability.

Return to: Lake County Property Appraiser
Attn: Exemptions
320 W. Main St. Suite A
Tavares, FL 32778-3831

FIRST RESPONDER'S PHYSICIAN CERTIFICATE OF TOTAL AND PERMANENT DISABILITY

Section 196.102, Florida Statutes

I, _____, a physician licensed pursuant to chapter 458 or chapter 459, Florida Statutes,
Physician's name
hereby certify that _____ is totally and permanently disabled due
Applicant's name
to an impairment of the mind or body, and such impairment renders him or her unable to engage in any substantial
gainful occupation, which condition is reasonably certain to continue throughout his or her life due to the following
mental or physical condition(s):

Description of mental or physical condition

It is my professional belief that within a reasonable degree of medical certainty, the above-named condition(s) render the above named person totally and permanently disabled and that the forgoing statements are true, correct, and complete to the best of my knowledge and professional belief.

Signature

Date

Name and Mailing Address of Physician (please print)

Physician's Name

Street Address

City

FL
State

Zip

Florida Board of Medicine or Osteopathic Medicine license number _____
Issued on _____
Date

Lake County Property Appraiser's Office

Mark Jordan, Property Appraiser

Instructions:

This form must be completed in its entirety and filed with the Property Appraiser's office when applying for First Responder Total & Permanent Disability.

Return to: Lake County Property Appraiser
Attn: Exemptions
320 W. Main St. Suite A
Tavares, FL 32778-3831

First Responder's Employer Certification of Injury Section 196.102, Florida Statutes

TO BE COMPLETED BY EMPLOYER OR VOLUNTEER'S SUPERVISOR

Employee Name _____
Supervisor Name _____
Employing Entity Address _____

Job Title _____
Employing Entity Name _____

DESCRIPTION OF INCIDENT (The employer certificate must be supplemented with extant documentation of the incident or event that caused the injury, such as an accident or incident report.)

Location of Incident _____ Date of Incident _____
Incident Details _____

NOTE: A total and permanent disability that results from a cardiac event does not qualify for the exemption unless the cardiac event occurs no later than 24 hours after the first responder performed non-routine stressful or strenuous physical activity in the line of duty and the first responder provides the employer with a certificate from the first responder's treating cardiologist for the cardiac event along with any pertinent supporting documentation, stating, within a reasonable degree of medical certainty, that:

- (a) The non-routine stressful or strenuous activity directly and proximately caused the cardiac event that gave rise to the total and permanent disability; and
- (b) The cardiac event was not caused by a preexisting vascular disease.

I certify that the first responder's injury or injuries were directly and proximately caused by service in the line of duty, without willful negligence on the part of the first responder, and are the sole cause of the first responder's total and permanent disability. This statement is true and correct to the best of my knowledge.

Signature (employer/designee)

Title

Date