



**PHYSICIAN'S DISABILITY CERTIFICATION FORM**

\_\_\_\_\_ resides in rental housing that may convert to a condominium regime. Section 42-3402.08 of the District of Columbia Official Code (2001), as amended, authorizes benefits and restrictions available to those certified by a physician as meeting a specified level of disability.

*To be completed by physician:*

I have examined the above named individual, and I can certify that the individual has a medically determinable physical impairment, including blindness, which prohibits and incapacitates:

**Yes No**

- 75% of this person's ability to move about;
- 75% of this person's ability to assist himself or herself;
- 75% of this person's ability to engage in an occupation.

I hereby certify the above information is true and accurate.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
D.C. License #

**The Mayor shall not disclose information provided about this individual's disability unless the disclosure is required by law.**

NOTE: THIS FORM IS SUBJECT TO CHANGE ACCORDING TO THE DEFINITION OF PERSONS WITH DISABILITIES A.D.A CONFORMING AMENDMENT ACT OF 2006, BILL 16-0875.