

BOARD OF TRUSTEES OF THE POLICE PENSION FUND
OF THE CITY OF DES PLAINES, ILLINOIS

PHYSICIAN'S CERTIFICATE OF DISABILITY

DOCTOR - PLEASE PRINT LEGIBLY OR TYPE!

I, Doctor _____ (address) _____,
_____, a physician admitted to practice medicine in all its branches by
the State of Illinois, hereby certify under oath that I have examined (Petitioner)
_____ on (date) _____ and performed a complete
physical examination with relevant investigation into the Petitioner's ability to perform the
duties of a Police Officer in the City of Des Plaines, Illinois.

(Describe disease or disability. Give date of examination and document present condition
of petitioner).

DOCTOR: PLEASE CHECK ONE OF THE FOLLOWING:

Petitioner (is) (is not) physically and mentally able to perform the duties of a police
officer.

Signed _____
Doctor's Signature

*Note: Signature Must Be Signed Personally By
Doctor Before a Notary Public - No Rubber
Stamped or "Initialed" Signatures Acceptable*

STATE OF ILLINOIS)
) ss.
COUNTY OF _____)

Subscribed and sworn to before me on _____, _____.

Notary Public

(NOTARY SEAL)