

# AFFIDAVIT OF DISABILITY

I, \_\_\_\_\_, M.D., do solemnly swear and on my oath do state that I am licensed to practice medicine in the Commonwealth of Virginia, (or that I am a Military Officer on active duty who practices medicine with the United States Armed Forces) that I have thoroughly examined:

\_\_\_\_\_

and that I find him/her to be permanently and totally disabled which, as defined by State and County Code is a person unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment or deformity which can be expected to result in death or can be expected to last for the duration of such person's life. This person's disability is due to:

\_\_\_\_\_

\_\_\_\_\_

Date disability began: \_\_\_\_\_

I certify that the statements contained in this affidavit are true and correct.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Doctor's Signature

State of Virginia  
County of Fairfax, to wit:

I hereby certify that \_\_\_\_\_ M.D. personally appeared before me in my county and state aforesaid who being first duly sworn by me acknowledge the signature to the foregoing affidavit to be his/her own and state that on information and belief the said statements are true and correct.

Subscribed and sworn to before me the undersigned Notary Public in my county and state aforesaid the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My commission Expires