

Please ask a registered medical practitioner to complete this form, which must be scanned or photographed, and then uploaded as part of your application. Your surgery or practitioner may charge for this service. Please check with them in advance.

Medical Certification of severe mental impairment

I certify that is in my opinion suffering from severe impairment of intelligence and / or social functioning which appears to be permanent, for the purposes of the Local Government Act, 1992.

With effect from (please insert date)

Practitioner's name (please use block capitals)

Practitioner's signature

Date

Surgery or practice stamp