

B. **Critical, severe, debilitating and catastrophic in nature** No Yes
I certify my clinical notes support this claim: No Yes

If "Yes", approximate date condition commenced: _____

Probable duration of condition: From _____ to _____

Explain the medical findings supporting how the patient's health condition meets the definition above (critical, severe, debilitating and catastrophic in nature): _____

C. **Totally incapacitating** No Yes
I certify my clinical notes support this claim: No Yes

If "Yes", approximate date condition commenced: _____

Probable duration of condition: From _____ to _____

Explain the medical findings supporting how the patient's health condition meets the definition of totally incapacitating to cause the inability to work: _____

I certify that the above-named individual is suffering from an illness or injury that is life threatening or critical, severe, debilitating and catastrophic in nature, which caused the employee to be totally disabled from working. I further certify my clinical notes support all claims.

Signature of Physician Date

Name of Physician: _____

Medical Specialty: _____

Address: _____

Telephone Number: _____ Fax Number: _____