



Montgomery County
Commissioner of the Revenue
Brenda H. Winkle, Commissioner of the Revenue

755 Roanoke St, Suite 1A Christiansburg, VA 24073

GENERAL FORM OF MEDICAL AFFIDAVIT REQUEST
FOR TAX RELIEF BY APPLICANTS WHO ARE
TOTALLY AND PERMANENTLY DISABLED

AFFIDAVIT

I, _____, a medical doctor licensed to practice
(Doctor's Name) (Please Print)

medicine in the Commonwealth of Virginia, after first being duly sworn, say that the
following is true and correct to the best of my professional knowledge.

That I have personally physically examined _____
(Patient's Name) (Please Print)

on the _____ day of _____, 20____.

It is my medical determination based on a physical examination that

_____ is totally and permanently disabled, defined as "unable to
engage in any substantial gainful activity because of physical or mental impairment or
deformity which is expected to result in death or last the duration of the person's life."

(Code of Virginia, Section 58.1-32170)

Date treatment began for disabling medical problem _____.

(Doctor's Signature)

Patient's Name (Please Print)

Patient's Address (Please Print)