DISABILITY CERTIFICATE FOR NURSING SERVICES

I, _____ , have examined and/or treated _____ for injuries sustained in the motor vehicle accident which occurred on _____. It is my opinion that the aforesaid patient requires nursing case, as she/he requires assistance with the following:

- ☐ Assistance with bathing and/or in and out of tub
- ☐ Assistance to and from and/or in the bathroom or with a bedpan
- ☐ Assistance with personal grooming
- ☐ Assistance with transfers from room to room, bed to chair, etc.
- ☐ Assistance with dressing self
- ☐ Assistance with fetching, carrying and lifting things
- ☐ Assistance with in-home therapy
- ☐ Assistance with bandages and dressings
- ☐ Driving/providing transportation
- ☐ Monitoring medication
- ☐ Monitoring temperature and/or checking vital signs
- ☐ Other: _____

It is my opinion that the above named patient is/was disabled as described:

From: _____ to _____ for _____ hours per day.

From: _____ to _____ for _____ hours per day.

From: _____ to _____ for _____ hours per day.

Signed: _____
Doctor's signature

Today's Date: _____