

**DISABILITY CERTIFICATE FOR HOUSEHOLD SERVICES**

\_\_\_\_\_, have examined and/or treated  
(Doctor's name)

\_\_\_\_\_ for injuries sustained in a  
(Patient's Name)

motor vehicle accident which occurred on \_\_\_\_\_. It is my opinion that as a result of the injuries received in this accident, the aforementioned patient is disabled from doing:

PLEASE CHECK ALL THAT APPLY:

- \_\_\_\_\_ 1. "Housework" as some housework may involve bending, lifting, twisting and prolonged standing, as required by changing linens, making beds, washing floors, sinks, bathtubs, toilets, moving furniture, picking up objects from the floor, carrying garbage, etc.
  
- \_\_\_\_\_ 2. "Caring for the patient's children" which may involve bending, lifting, twisting and prolonged standing, as required by changing childrens' clothes, bathing children, cooking for children, washing the children, feeding children, cleaning or straightening up after the children, etc.
  
- \_\_\_\_\_ 3. "Caring for the patient's personal needs," which may include bending, lifting, twisting, and prolonged standing, as required by bathing the patient, cooking for the patient, dressing the patient, fetching, carrying and lifting things for the patient, etc.

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

\_\_\_\_\_ to  
(Date)

\_\_\_\_\_  
(Date)

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

\_\_\_\_\_  
Address

Today's Date: \_\_\_\_\_