



**GENERAL FORM OF MEDICAL
AFFIDAVIT REQUEST FOR TAX RELIEF**

**City of Newport News, Virginia
Office of the Commissioner of the Revenue**

AFFIDAVIT

I, _____, a medical doctor licensed to practice 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.

1. That I have personally physically examined _____ on the _____ day of _____, 20____, independently of any other doctor.
2. That my findings were:
3. That my prognosis is:
4. That my medical determination based on the above findings and prognosis indicate _____ is,
Patient
and will be, unable to engage in any substantial gainful activity because physical or mental impairment or deformity is expected to result in death or last for the duration of the person's life.

Signature of Doctor

Date

State of _____

City/County of _____

Subscribed and sworn before me this _____ day of _____, 20_____

by _____.

Notary Public

My Commission Expires _____.