

STATE OF ILLINOIS)
)
COUNTY OF _____)

**BOARD OF TRUSTEES OF THE
CHAMPAIGN POLICE PENSION FUND**

IN THE MATTER OF THE DISABILITY)
APPLICATION OF:)
)
_____))
Applicant.)

PHYSICIAN'S CERTIFICATE

The undersigned physician, being first duly sworn on oath, states that they have examined the applicant, _____, on _____ pursuant to Section 5/3-115 of the Illinois Pension Code, 40 ILCS 5/3-101 et seq. Based upon their attached report, they hereby certify that the applicant is:

_____ disabled

_____ not disabled

for full service in the Police Department for the City of Champaign.

Signature

Print Name

Subscribed and sworn to before me
this _____ day of _____,
20____.

Notary Public