



**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)