



**Tk'emlúps te Secwépemc**  
**(Kamloops Indian Band)**  
**Lands, Leasing & Tax Department**

**MEDICAL CERTIFICATE FOR OWNER/HOLDER OF PROPERTY**

Assessment Roll or Folio Number: \_\_\_\_\_

**Please print clearly and fill out form completely.**

<b>PART A – TO BE COMPLETED BY PHYSICIAN</b>	
<b>PATIENT NAME:</b>	
<b>PATIENT ADDRESS:</b>	
<b>PC:</b>	
<b>a) What is the nature of the disability?</b>	<b>b) When did this disability occur?</b>
<b>c) Is this disability permanent?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</b>	
<b>PHYSICIAN NAME – Please Print</b>	
<b>PHYSICIAN ADDRESS:</b>	
<b>PC:</b>	

**Physician Certification:**

I have read the interpretation guidelines and hereby certify that the answers to the above questions are, in my professional opinion, true and apply to the patient named above.

Physician's Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**PART B – TO BE COMPLETED BY PROPERTY OWNER:**

- a)  I am the person named in Part A above, OR
- b)  I am the spouse or a relative of the person named in part A above and that person resides in my principal residence. \_\_\_\_\_ (relationship).

I understand that I must submit supporting documentation of the disability upon request by the Tk'emlúps te Secwépemc (Kamloops Indian Band) Tax Administrator.

<b>Property Owner Address:</b>	<b>PC:</b>
<b>Property Owner Signature</b>	<b>Date signed:</b>

*It is an offense to make a false application for the:  
Handicapped Grant*