First Responder's
Employer Certification of Injury

Section 196.102, Florida Statutes

File this form with the county property appraiser.

TO BE COMPLETED BY EMPLOYER OR VOLUNTEER'S SUPERVISOR

Employee Name _____ Job Title _____

Supervisor Name _____ Employing Entity Name _____

Employing Entity Address _____

_____

_____

DESCRIPTION OF INCIDENT (The employer certificate must be supplemented with extant documentation of the incident or event that caused the injury, such as an accident or incident report.)

Location of Incident _____ Date of Incident _____

Incident Details _____

_____

_____

_____

NOTE: A total and permanent disability that results from a cardiac event does not qualify for the exemption unless the cardiac event occurs no later than 24 hours after the first responder performed nonroutine stressful or strenuous physical activity in the line of duty and the first responder provides the employer with a certificate from the first responder's treating cardiologist for the cardiac event along with any pertinent supporting documentation, stating, within a reasonable degree of medical certainty, that:

(a) The nonroutine stressful or strenuous activity directly and proximately caused the cardiac event that gave rise to the total and permanent disability; and

(b) The cardiac event was not caused by a preexisting vascular disease.

I certify that the first responder's injury or injuries were directly and proximately caused by service in the line of duty, without willful negligence on the part of the first responder, and are the sole cause of the first responder's total and permanent disability. This statement is true and correct to the best of my knowledge.

_____ _____ _____

Signature (employer/designee) Title Date