**DOCTORS CERTIFICATION FOR COUNCIL TAX DISCOUNT**

**SEVERE MENTAL IMPAIRMENT**

Applicant’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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For the purposes of the Local Government Finance Act 1992, a person is severely mentally impaired if he or she has a severe impairment of intelligence and social functioning (however caused) which appears to be permanent.

I certify that in my opinion (Mr/Mrs/Miss/Ms/Other) ­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **does / does not** (delete as appropriate) suffer from a severe impairment of intelligence and:
* **does / does not** (delete as appropriate) suffer from a severe impairment of social functioning and:
* it appears that this is permanent **with effect from: \_\_\_\_\_\_\_\_\_\_\_\_** (insert date)

Doctor’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(in block capitals)

Doctor’s surgery address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

The General Medical Services Committee of the BMA has agreed that, for the purpose of the Act, medical certificates should be issued without charge to the applicant or their representative. The regulations were amended to add the certificate to Schedule 9 of the NHS (General Medical Services) Regulations 1992 with effect from 1st April 1993.