



CIRCUIT COURT FOR _____, MARYLAND
City/County

Located at _____ Case No. _____
Court Address

In the Matter of _____

Name of Disabled Person

Docket Reference

MEDICAL CERTIFICATE - CESSATION OF DISABILITY
(Md. Rule 10-209(c)(5) and 10-710(e)(3))

NOTE TO PHYSICIAN: A petitioner will use this certificate in a legal proceeding to terminate the appointment of guardian for the patient named below. The petitioner must submit the original certificate. Your answers must be specific and detailed and based on your personal examination of the patient. You may complete the form yourself or have another person complete it under your supervision. Attach additional sheets, if necessary. Your testimony about this information *may* be required at a hearing.

Patient's Name: _____

Patient's Address: _____

I, _____
Physician's Name

Address Telephone Number

am a _____ graduate of _____ School of Medicine.
Year

I am licensed to practice medicine in the United States in the following state(s): _____

My license number is _____. I am board certified in _____.

I have known this patient for _____. My history of involvement with the patient is as follows:
Length of Time

Examination and Diagnosis

I personally examined the above-named patient on _____. The most recent exam lasted approximately _____.
Date(s) Length of Time

I performed or ordered the following tests and/or procedures: _____

I communicated with the patient in the following manner:

- English
- Other language or means (explain): _____

Upon examination of the patient, I report the following findings:

- The patient **no longer has** a disability which interferes with the ability to make or communicate responsible decisions regarding health care, food, clothing, shelter, or administration of property.

The disability was diagnosed as: _____

In my opinion, that disability has ceased.

I solemnly affirm under the penalties of perjury that the contents of this document are true to the best of my knowledge, information, and belief.

Date

Physician's Signature

Printed Name