

FIRST RESPONDER'S EMPLOYER CERTIFICATION OF INJURY

Section 196.102, Florida Statutes

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 (attach additional pages if needed) _____

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 non-routine 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 non-routine 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 pre-existing 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)

Date

Print Name (employer/designee)

Title (employer/designee)