



PHYSICIAN ATTESTATION

Please complete and return this signed form with your grant application.

To be completed by the patient's attending physician:

Name of patient: _____

Patient DOB: _____

Medical diagnosis: _____

Is the patient's diagnosis considered a life-threatening critical illness or critical injury as defined below?

Yes	No
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Critical illness or critical injury is defined as a life-threatening medical condition which requires a person to be under the active care and treatment of a physician which require periodic visits for treatment that continue over an extended period of time and may cause episodic incapacity (inability to work or perform other regular daily activities due to the serious health condition), e.g., heart attack, stroke, cancer, end-stage renal disease, major third-degree burns or paralysis.

Please explain why this medical diagnosis is life-threatening.

Date: _____

Physician name (print): _____

Physician signature: _____

Physician phone number: _____

Physician office address: _____



If the patient is not an employee of Acadian Companies, please indicate the patient's relationship to the employee:

- Spouse
- Domestic partner
- Child
- Stepchild
- Child of whom the employee has parental responsibilities

I authorize Coeurs d'Acadian to confirm my medical diagnosis with my physician and understand the information in this physician's attestation will be used to determine qualifying criteria for grant consideration from Coeurs d'Acadian.

Employee name (printed) _____

Employee signature: _____

Patient signature: _____

Date: _____