



Medical Certificate for a Current Eligible Councillor

SECTION 1 - Councillor's Details (to be completed by the Employer)

Name of Councillor:		Title:	
Home Address			
		Post Code:	
N.I. Number:		Date of Birth:	
Employing Authority:			
Please attach full details of the requirements of his / her role in office.			

SECTION 2 - Medical Practitioner's Certification

A	I certify that, in my opinion, this Councillor IS / IS NOT (please delete as appropriate) suffering from a condition that, on the balance of probabilities, renders him / her permanently incapable of discharging efficiently the duties of his / her office as a Councillor with his / her authority because of ill health or infirmity of mind or body. (If deemed IS permanently incapable, please complete part B and section 3. If deemed NOT to be permanently incapable, please proceed to Section 5).				
B	I certify that, in my opinion, this Councillor:				✓
1	IS exceptionally ill, with a life expectancy of less than 1 year.				
	Is the Councillor aware of this?	YES		NO	
2	IS NOT exceptionally ill and has a life expectancy of 1 year or more.				

SECTION 3 - Severe Ill Health Test Statement

If Section A has been completed as **IS**, I further certify that, in my opinion, this Councillor **DOES** / **DOES NOT** (please delete as appropriate) satisfy the following statement:

As a result of his / her ill health or infirmity, the Councillor is unable to continue in his / her current office and is unlikely to be capable of taking on any other paid work in any capacity, otherwise than to an insignificant extent before age 65.

(Please note that this is used to determine whether or not the person could be subject to a tax charge in accordance with the Annual Allowance test under the Finance Act 2004).

SECTION 4 - Medical Practitioner's Comments

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SECTION 5 – Medical Practitioner's Declaration

STAMP (if applicable)

I **DO / DO NOT** (please delete as appropriate) attach a copy of my full report / assessment and certify that:

I have not previously advised, or given an opinion on, or otherwise been involved in this case **AND** I am not acting, and have not at any time acted, as the representative of the Councillor named in Section 1, the authority or any other party in relation to this case **AND**

I hold a Diploma in Occupational Health Medicine (D Occ Med) or an equivalent qualification issued by a competent authority in an EEA State (with 'competent authority' meaning given by Section 55(1) of the Medical Act 1983), or I am an Associate, a Member or a Fellow of the Faculty of Occupational Medicine or of an equivalent institution in an EEA State.

Signature:			
Print Name:		Date:	

This is a medical certificate provided in respect of a current councillor member by an independent, approved, duly qualified registered medical practitioner in accordance with regulation 97 of the Local Government Pension Scheme Regulations 1997 (as amended) and for the purposes of section 229(4) of the Finance Act 2004.