

**First Responder's  
Employer Certification of Injury**  
Section 196.102, Florida Statutes

File this form with the county property appraiser

**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

**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 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 preexisting 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)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date