

In the Circuit Court of the  
Fourth Judicial Circuit,  
in and for Nassau County, Florida

Probate Division  
Case No. \_\_\_\_\_

In Re: Guardianship of

\_\_\_\_\_  
Respondent's Name  
Person with Developmental Disability  
\_\_\_\_\_

**PHYSICIAN'S REPORT**

(Required by section 744.3675, Florida Statutes)

1. Name of Physician: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name of ward: \_\_\_\_\_

3. Date of examination: \_\_\_\_\_

4. Purpose of examination: \_\_\_\_\_

a. Regular checkup: \_\_\_\_\_

b. Treatment for: \_\_\_\_\_

5. Evaluation of ward's condition: (Specify mental and physical condition at time of examination) \_\_\_\_\_

6. Description of ward's capacity to live independently: \_\_\_\_\_

7. The ward \_\_\_\_\_ does \_\_\_\_\_ does not continue to need assistance of a guardian.

8. Is the ward capable of being restored to capacity at this time? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are there any rights that can be restored at this time? Check any rights that can be restored:

( ) a. \_\_\_\_\_ to marry;

- b. to vote;
- c. to personally apply for government benefits;
- d. to have a driver license;
- e. to travel;
- f. to seek or retain employment;
- g. to contract;
- h. to sue and defend lawsuits;
- i. to apply for government benefits;
- j. to manage property or to make any gift or disposition of property;
- k. to determine his or her residence;
- l. to consent to medical and mental health treatment; or
- m. to make decisions about his or her social environment or other social aspects of his or her life.

9. Date of this report: \_\_\_\_\_

10. Signature of physician completing this report: \_\_\_\_\_