

In the Circuit Court of the
Ninth Judicial Circuit, in and for
Osceola 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 ___
9. Are there any rights that can be restored at this time? Check any rights that can
berestored:

- () 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.

10. Date of this report: _____

11. Signature of physician completing this report: _____