SAMPLE DEPARTMENT OF DEFENSE PHYSICIAN CERTIFICATION FORM FOR PERMANENT CATASTROPHIC INJURY AND NEED FOR ASSISTANCE FOR PURPOSES OF SPECIAL COMPENSATION FOR ASSISTANCE WITH ACTIVITIES OF DAILY LIVING (SCAADL)\(^1\)

Name of Soldier: __________________________

☐ 1. Soldier has a permanent catastrophic injury or illness

   A permanent catastrophic injury or illness is a permanently severely disabling injury, disorder or illness that compromises the ability of the Soldier to carry out activities of daily living to such a degree that the person requires personal or mechanical assistance to leave home or bed, or constant supervision to avoid physical harm to self or others.

List the Soldier’s permanent catastrophic injury(ies) or illness(es):

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☐ 2. Soldier needs assistance from another person to perform the personal functions required in everyday living or requires constant supervision and, in the absence of such care, would require hospitalization, nursing home care, or other residential institutional care.

__________________________________

Signature of Physician

Date

______________________________

Printed Name of Physician

Physician address: _________________________________________________

Physician telephone: ___________________ Physician e-mail: ________________

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PRIVACY ACT STATEMENT

Authority: 10 USC 3013; 37 USC 439

Principal Purposes: To certify whether a Soldier has a permanent catastrophic injury or illness. This certification will be used to help determine a Soldier’s eligibility for SCAADL payments and the amount of payments a Soldier is entitled to.


Disclosure: Voluntary: However, failure to provide the requested information may result in a delay or in the inability to process and take action on the Soldier’s application for SCAADL payments.

\(^1\) A licensed Department of Defense (DoD) military or civilian physician other than a contract physician must complete Parts 1 and 2 of this form. Part 3 may be completed by a DoD physician or a licensed U.S. Department of Veterans Affairs physician other than a contract physician. More information about SCAADL or these definitions can be found in DoD Instruction 1341.12 (Special Compensation for Assistance With Activities of Daily Living (SCAADL)).