



Hawai'i County Economic Opportunity Council

Helping People – Changing Lives



PHYSICIAN CERTIFICATION FORM

TO Hawaii County Economic Opportunity Council
47 Rainbow Drive
Hilo, HI 96720

FROM _____
Physician Name

Physician Address

RE: _____
Client Name

This is to certify that I am the Physician of the above-named who has the following disability:

Should you have any questions, please contact me at _____
Phone Number

Physician Signature

Date