



# Medical Certification

Illinois Administrative Code Part 280 states that:

1. The illness may be certified by either a licensed physician or a local board of health.
2. Certification shall include:
  - a. Name and contact information for the certifying party
  - b. Service address and name of patient
  - c. A statement that the patient resides at the premises in question
  - d. A statement that the disconnection of utility service will aggravate an existing medical emergency or create a medical emergency for the patient

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A Medical Professional is required to complete this form to prohibit disconnection of natural gas service to a residential customer due to certified medical necessity.

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**Nicor Gas Account:** \_\_\_\_\_

**Patient Phone Number:** Primary: \_\_\_\_\_

Secondary: \_\_\_\_\_

**Patient's Full Name**

**Patient's Date of Birth**

**Account Holder's Name (if different from above)**

**Account Holder's Phone Number (if different from above)**

**Street Address**

**City**

I certify that the termination of natural gas will aggravate an existing medical condition or create a medical condition for the patient.  Yes  No

I certify that the patient is a resident of the above address.  Yes  No

**Certifying Medical Professional:**

**Certification Date:**

Registered Physician

\_\_\_\_\_

Local Board of Health

**Facility Street Address & City**

Physician's Assistant

\_\_\_\_\_

Nurse Practitioner

**Phone Number/ Fax Number**

**Medical Professional Name (please print)**

\_\_\_\_\_

**Signature**

**License Number**

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All information is required. Please complete the form in its entirety and email to [G2NICORGASMEDCER@southernco.com](mailto:G2NICORGASMEDCER@southernco.com).