

I certify that the above individual meets the ADA regulations as follows: the person (1) has a physical or mental impairment that substantially limits a major life activity, (2) has a record of such an impairment, or (3) is regarded as having such an impairment.

Length of Disability (please check one)

permanent temporary _____ (please indicate timeframe)

Physician's Signature _____ Date: _____

DIAL-A-RIDE PERSONNEL ONLY

ID/DOB verified by staff Initials _____ Date _____