

Section B: Disability Information

To be completed by health care professional (doctor, nurse, physiotherapist, occupational therapist, recreational therapist)

1. Are there conditions or special health care needs which would prevent the applicant's independent use of conventional transit? Please explain:

2. Does the applicant require the assistance of a support person (personal care attendant) in order to travel?
 Yes No

Certification by health care professional

Please print

Name of health care professional:

Professional designation:

Organization's name:

Telephone:

Address:

<i>Street number and name</i>		<i>Apt. #</i>
<i>Town/City</i>	<i>Province</i>	<i>Postal Code</i>

I hereby certify that the information provided is accurate and complete to the best of my knowledge.

Signature of health care professional

Date

Personal information on this form is collected under the authority of the Municipal Act, 2001, S.O. 2001, c.25 as amended, and is used solely to determine eligibility for the Universal Support Person card for travel on Oakville Transit buses. This information is held in strict confidence. Questions about this collection should be directed to the Records and Freedom of Information Officer at 905-815-6053.

For office use only

Date approved

Comments
