



PHYSICIAN CERTIFICATION

(please check the disability(s) which pertain to the individual listed above)

Physical Disabilities

- A ___ Individuals who walk with difficulty, including individuals using a leg brace, a walker, or crutches.
- B ___ Individuals who suffer arthritis which causes a functional motor deficit in any major limb.
- C ___ Individuals who suffer amputation, anatomical deformity, or loss of major function of limbs, hands, feet (unless well compensated by prosthesis) or spine, neck or pelvic area.
- D ___ Cerebrovascular accident (stroke) causing the individual to have difficulty walking or standing.
- E ___ Pulmonary illness or individuals suffering respiratory impairment.
- F ___ Sight disabilities. Eligibility is limited to the legally blind.
- G ___ Hearing disabilities. Deafness or hearing incapacity, including only those whose discrimination for conversational speech is less than 40% (even with a hearing aid), as measured by standard audiometric tests.
- H ___ Cerebral Palsy. A disorder characterized by aberrations or motor function (paralysis, weakness, incoordination) often other manifestations or organic brain damage.
- I ___ Epilepsy. Major motor seizures (grand mal or psycho motor) substantiated by EEG, occurring more than once a month in spite of prescribed treatment.
- J ___ Neurological disabilities. Eligibility is limited to neurological neuromuscular disorders which manifest sufficient restrictions in mobility, coordination, and / or perceptiveness. Such disorders may include: Parkinson's disease, poliomyelitis, multiple sclerosis, amyotrophic lateral sclerosis, cerebellar disorder, nerve injuries, neuropathies, muscular dystrophy, and impairment of vestibular function, (Meniere's Syndrome).



Mental Disabilities

- A ___ Mental retardation. Included in this group are those individuals with an IQ of 70 or less as determined by standard test procedures administered and interpreted by a qualified psychiatrist.
- B ___ Autism. Individuals with this syndrome usually manifest severe withdrawal, inappropriate response to external stimuli, inadequate social relationships, language disturbances, repetitive motor behavior, and may also show significant impairment in general intellectual functioning.

I certify that the individual named on the front of this application is:

A ___ Permanently disabled (at least five years) or:

B ___ Temporarily disabled until _____, 20 ____.

signature of physician

date

physician name (print)

phone

Wave Transit Use Only

approved/denied/pending

date