

SECTION C: DISABILITY INFORMATION

TO BE COMPLETED BY A 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

Name (Please PRINT) \_\_\_\_\_

Professional Designation \_\_\_\_\_

Organization's Name \_\_\_\_\_

Address \_\_\_\_\_

Street Number and Name

City

Province

Postal Code

Telephone

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 Support Person Identification Card for travel on Sarnia Transit buses. This information is held in strict confidence. Questions about this collection should be directed to: Sarnia City Hall, Human Resources Department, 255 Christina St. N., Sarnia, ON (519) 332-0330

\*\*FOR OFFICE USE ONLY\*\*

Date Approved: \_\_\_\_\_

Comments:

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