YAMHILL COUNTY TRANSIT

535 NE 5th Street
McMinnville, OR 97128

Professional Verification

My name is_____and I am a Health Care Provider licensed under the laws of the State of Oregon, or other licensed professional. I have examined the person identified in this application and it is my opinion that he or she is within the meaning of the disability definition which follows:

"A person must have impairment due to illness, injury, congenital malfunction or other incapacity or disability that substantially limits one or more of that person's major life activities". "Permanent impairment means an impairment which has lasted or is expected to last at least 12 months".

The following information is requested to aid in the certification process:

- **Professional Verification:** A detailed statement from a medical professional (Physician, Psychologist, Occupational Therapist, etc.) or other licensed professional (Disability Case Manager, Direct Support Professional, etc.), detailing how symptoms or effects of the disability prevent the use of mainline transit.
- **Functional Limitations:** Specific information regarding how the disability affects mobility, stamina, or cognitive ability, such as the inability to navigate to a stop, board a vehicle, or understand schedules.
- **Temporary vs**. Permanent: If the condition is not permanent, documentation should outline the expected duration of the limitation.

The following statement describes the medical condition that substantially limits one or more major life activities of my patient.

_____

_____

_____

_____

_____

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_____

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Health Care Provider or other licensed professional completes:

_____
Name

_____
Signature

Address _____

_____

Phone # _____