

SECTION C: DISABILITY INFORMATION

TO BE COMPLETED BY A HEALTH CARE PROFESSIONAL

Does the applicant require the assistance of a Support Person in order to travel on Thunder Bay Conventional Transit?

Yes No

Please describe the support required during travel on the conventional buses.

Certification by Health Care Professional

Please Print

Name of Health Care Professional: _____

Professional Designation: _____ Telephone: _____

Address: _____

Street Number and Name

Apt. #

Town/City

Province

Postal Code

I hereby certify that the information provided is accurate and compete 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 Thunder Bay Conventional Transit Accessibility Support Person Card for Travel on Lift+ Specialized Transit. This information is held in strict confidence.

Office use only – section for tracking purposes

Date Received _____

Comments _____

Date Approved: _____ Orientation Date: _____ Expiry Date: _____