

TARTA'S REASONABLE MODIFICATION MEDICAL DOCUMENTATION FORM

A reasonable modification may be requested by individuals with disabilities as described by ADA. A new applicant will be required to submit documentation from their physician establishing ADA-eligibility.

Physician Name:

Address:

Physician Signature

Date Signed _____

Patient Name: _____

Patient Address:

Patient DOB: _____

1. The patient listed above has a medical condition(s). Yes No
2. Please list the medical condition(s):

3. The medical condition(s) is: Permanent Temporary

4. Please describe the reason this patient requires a reasonable modification to utilize TARTA's paratransit services:
