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# PARATRANSIT CERTIFICATION OF DISABILITY

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*Fax this completed form and any supporting documents to 979.862.4817 or mail to Paratransit Coordinator, Texas A&M University, MS 1250, College Station, TX 77843.*

I, \_\_\_\_\_ (Name of Physician), certify  
\_\_\_\_\_(Name of Patient), to be a severely disabled person who  
has been a patient of mine since \_\_\_\_/\_\_\_\_/\_\_\_\_ (date) and whose diagnosis is:

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Please describe the physical and/or cognitive condition and how it functionally prevents the applicant from using the Texas A&M University bus service.

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I also certify that the medical information provided in the application is accurate to the best of my knowledge and is consistent with the application's medical diagnosis.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Medical License Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

