



Olathe Taxi Program

HEALTHCARE PROVIDER CERTIFICATION

(to be completed by a healthcare professional only)

This form must be completed by an independent qualified medical professional who can verify and substantiate the applicant's functional abilities. The qualified medical professional must fall under one of the following categories:

- Physician (M.D. or D.O.) or registered nurse
- Physical or occupational therapist
- Psychiatrist, psychologist, or mental health counselor
- Ophthalmologist

Please read the following ADA (Americans with Disabilities Act) definition of a person with a disability, as it relates to public transit:

Any person with a disability who is unable, as a result of a physical or mental impairment, to board, ride or disembark from an accessible vehicle (wheelchair lift equipped) independently or complete transfers without assistance of another individual.

and/or

Any person with a disability who has a specific impairment related condition that prevents them from traveling to and from a bus stop on the public bus system. Architectural and environmental barriers such as distance, terrain or weather do not, standing alone, form a basis for eligibility. However, consideration should be given to the interaction of environmental conditions (terrain and weather) with the individual's impairment related condition.

Name of Applicant	Street Address	City	State	Zip Code
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Professional Signature	Date
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Printed Name	Certification/License Number	Phone Number
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