

To be completed by a physician, nurse, or social worker

PATIENT INFORMATION
First Name :
Date Of Birth Image: Constraint of the second sec
Full Address :
certify that is physically unable to travel to the library due to one of Applicant's Name
he following: Short or Long-term disability
Senior Citizen non-driver (over 65 years)
Pregnancy (high-risk or third trimester) or new parent (up-to 6 months after childbirth)
Parent of children with homebound disability
ertifier's Name : Certifier's Affiliation :
ertifier's Title : Certifier's Phone # :
ertifier's Full Address :
ertifier's Signature: Date:
disability is temporary, please estimate length: