

MEDICAL PROFESSIONAL'S
CONFIDENTIAL DISABILITY CERTIFICATION LETTER

1. I hereby declare, under penalty of perjury, that the following statements are true and correct to the best of my knowledge:

_____ ("Patient") is my patient is whose address is

2. My name, business address, and business telephone number are as follows:

3. I am a duly licensed physician or other medical professional in the State of Arizona and my medical license number is (if applicable):

4. I am also certified in the following medical specialty(ies), if any:

5. The Federal Fair Housing Act defines a handicapped person as one who has a physical or mental impairment which *substantially* limits one or more of such person's major life activities. I hereby certify that Patient is a handicapped person pursuant to the above definition from the Fair Housing Act due to the following conditions or for the following reasons:

A. Physical or mental impairments of patient:

B. Major Life Activities substantially affected (activities of central importance to daily life, such as seeing, hearing, walking, breathing, performing manual tasks, caring for one's self, learning and speaking):

Fair Housing Act
Disability Certification Letter

–

C. Description of Substantial Limitations (means “significant” or “to a large degree”):

Other Comments: _____

6. If the Patient is disabled as described in No. 5 above, please describe the accommodation from the Association in its policies and procedures needed with respect to the disability or disabilities and, most importantly, explain how the accommodation will specifically alleviate the effects of the disability or disabilities, i.e. how will it lessen the substantial limitations on the major life activities identified above and why this particular accommodation is necessary:

7. I understand that this information is solely for the internal use of the above-named association, that it will be kept confidential and will be provided only to authorized representatives of the above-named Association who periodically may need to verify and revalidate that this information is still correct.

I understand that, if a dispute arises concerning these issues, I may be called upon to testify concerning my professional opinions set forth in this declaration.

Signature

Name

Date