PHYSICIAN STATEMENT OF DISABILITY
(to be completed by applicant's treating physician)

This is to certify that ____________________________ is a patient under my care, and is being treated for a disabling medical condition. I further certify that this person meets the criteria for disability as specified in the Americans with Disability Act ("ADA") and therefore would be entitled to public access with a service dog.

The criteria for disability determination under ADA Law are re-printed for your convenience, and are as follows:

AMERICANS WITH DISABILITIES ACT AMENDED DEFINITION OF "DISABILITY", JANUARY 2009.

Section 902.1

(b) Statutory Definition -- With respect to an individual, the term "disability" means

(A) a physical or mental impairment that substantially limits one or more of the major life activities of such individual;

(B) a record of such an impairment; or

(C) being regarded as having such an impairment.

42 U.S.C. § 12102(2); see also 29 C.F.R. § 1630.2(g). A person must meet the requirements of at least one of these three criteria to be an individual with a disability under the ADA.

The first part of the definition covers persons who actually have physical or mental impairments that substantially limit one or more major life activities. The focus under the first part is on the individual, to determine if (s)he has a substantially limiting impairment. To fall under the first part of the definition, a person must establish three elements:

(1) that (s)he has a physical or mental impairment;

(2) that substantially limits;

(3) one or more major life activities.

Section 902.2 Impairment

(a) General -- The person claiming to be an individual with a disability as defined by the first part of the definition must have an actual impairment. If the person does not have an impairment, (s)he does not meet the requirements of the first part of the definition of disability. Under the second and third parts of the definition, the person must have a record of a substantially limiting impairment or be regarded as having a substantially limiting impairment.

A person has a disability only if his/her limitations are, were, or are regarded as being the result of an impairment. It is essential, therefore, to distinguish between conditions that are impairments and those that are not impairments. Not everything that restricts a
person's major life activities is an impairment. For example, a person may be having financial problems that significantly restrict what that person does in life. Financial problems or other economic disadvantages, however, are not impairments under the ADA. Accordingly, the person in that situation does not have a "disability" as that term is defined by the ADA. On the other hand, an individual may be unable to cope with everyday stress because (s)he has bipolar disorder. Bipolar disorder is an impairment. In that situation, the analysis proceeds to whether the individual's impairment substantially limits a major life activity.

(b) Regulatory Definition -- A physical or mental impairment means

(1) any physiological disorder, or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genito-urinary, hemic and lymphatic, skin, and endocrine; or

(2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

29 C.F.R. § 1630.2(h)

☐ I certify that the above-named patient meets the ADA criteria for disability under ADA Law.

_____________________________________________________________________________________________________________
Signature of Physician                                                Date
_____________________________________________________________________________________________________________
Printed name of Physician                                            Area of Specialty & Degree (MD, DO, PhD or APRN)
_____________________________________________________________________________________________________________
Office address
_____________________________________________________________________________________________________________
Office Phone Number