



Redwood Coast Transit Authority  
 707-308-7433 (RIDE)  
[Redwoodcoasttransit.org](http://Redwoodcoasttransit.org)

## MEDICAL VERIFICATION FORM

**To the Applicant:** The Medical Verification form is needed to apply for an RCTA Disability Picture ID Bus Card, which will show that you can ride RCTA’s regular bus routes for free.

**APPLICANT INFORMATION:**

Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### THE FOLLOWING SECTION MUST BE COMPLETED BY THE PROFESSIONAL.

**To the Professional:** This form helps confirm the applicant’s medical condition to determine if they qualify for free service on RCTA’s regular bus routes.

**PLEASE COMPLETE THE FOLLOWING:**

1. Medical Condition (Describe the individual’s the medical condition or disability):

\_\_\_\_\_

2. Duration of Condition:  Permanent     Temporary -expected duration: \_\_\_\_\_

**PROFESSIONAL INFORMATION:**

Name: \_\_\_\_\_ Professional Title: \_\_\_\_\_

Date of Last Contact with Applicant: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**CLINIC/AGENCY INFORMATION:**

Clinic/Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_

License/Certification Number: \_\_\_\_\_ State: \_\_\_\_\_

### For Office Use Only

Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_