

MEDICAL AUTHORIZATION AND RELEASE

I, _____, hereby authorize the release of any and all medical records and information relating to my diagnosis and treatment to the Transit Adjudication Bureau.

Signature of Respondent

State _____ of _____
County of _____

On this _____ date of _____, two thousand and _____, before me came _____ to me known to be the individual described in and who executed the foregoing instrument and acknowledged that he/she executed the same.

Notary Public

INSTRUCTIONS FOR PHYSICIAN (CANNOT BE COMPLETED BY A NURSE OR SOCIAL WORKER):

The Centers for Disease Control and Prevention (CDC) issued an Order on January 29, 2021 requiring the wearing of masks by people on public transportation conveyances or on the premises of transportation hubs to prevent spread of the virus that causes COVID-19. This Order was effective as of 11:59 p.m. February 1, 2021 and was published in the Federal Register February 3, 2021.

The Respondent named on the previous page seeks to enter a medical defense to the Notice(s) of Violation(s) referenced on the previous page due to an exemption for “a person with a disability who cannot wear a mask, or cannot safely wear a mask, because of the disability as defined by the Americans with Disabilities Act.”

As per the CDC, “[t]he exemption is not meant to cover people with disabilities for whom wearing a mask might only be difficult or whose disability does not prevent them from wearing a mask or wearing a mask safely.” <https://www.cdc.gov/quarantine/masks/mask-travel-guidance.html#disability-exemptions>

Based on a reasonable degree of medical certainty, the Respondent is covered by the following CDC exemption(s) from the requirement to wear a mask on public transit:

A person with a disability who, for reasons related to the disability, would be physically unable to remove a mask without assistance if breathing becomes obstructed. Examples might include a person with impaired motor skills, quadriplegia, or limb restrictions.

A person with an intellectual, developmental, cognitive, or psychiatric disability that affects the person’s ability to understand the need to remove a mask if breathing becomes obstructed.

A person with a disability who cannot wear a mask because it would cause the person to be unable to breathe or have respiratory distress if a mask were worn over the mouth and nose. A person with a condition that causes intermittent respiratory distress, such as asthma, likely does not qualify for this exemption because people with asthma, or other similar conditions, can generally wear a mask safely.

A person with a disability requiring the use of an assistive device, such as for mobility or communication, that prevents the person from wearing a mask and wearing or using the assistive device at the same time. If use of the device is intermittent and the person can remove the mask independently to use the device, then a mask must be worn during periods when the person is not using the device.

A person with a severe sensory disability or a severe mental health disability who would pose an imminent threat of harm to themselves or others if required to wear a mask. Persons who experience discomfort or anxiety while wearing a mask without imminent threat of harm would not qualify for this exemption.

The person does not qualify under one of the above exemptions specified by the Centers for Disease Control.

Please explain:

I certify under penalty of perjury that the information in this form is true and correct to the best extent of my medical knowledge.

Treating Physician Name

Treating Physician Signature

Today's Date

Hospital/Facility Name and Address

Telephone Number

Patient (Respondent) Name

Patient (Respondent) Date of Birth

Date of First Examination

Date of Most Recent Examination

MUST INCLUDE PHYSICIAN STAMP/AND OR LICENSE NUMBER

CANNOT BE COMPLETED BY NURSE OF SOCIAL WORKER