

March of Dimes Canada Retrofit Vehicle Initiative  
Verification of Disability Form

This form is to be completed and signed by one of the following professionals: (check one only)

- General Practitioner                       Medical Specialist  
 Occupational Therapist                       Physiotherapist

This is to confirm that \_\_\_\_\_ is a person with substantial impairment(s) and mobility restriction(s) caused by the following disability(ies):

\_\_\_\_\_.

This individual experiences mobility restrictions in the following activities as result of their ongoing and/or recurring disability(ies).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

Name:  
Address:

City, Prov.:  
Postal:  
Telephone:

If your office has a stamp with the required information, stamp here:

I have given my consent to the above individual to release this information to the March of Dimes Canada Retrofit Vehicle Initiative for the purpose of processing my application for funding assistance.

\_\_\_\_\_  
Signature

Print Name: \_\_\_\_\_