

SCHEDULE “B”
To By-law No. 6965

SUPPLIMENTAL FORM FOR PERSONS WITH A DISABILITY

This form is provided to Physicians in order to verify that the person named herein has a physical limitation that would prevent the person from setting out wheeled refuse/recycling carts for collection at the location specified by the Operations Division.

All information collected is under the authority of the Manitoba Personal Health Information Act (PHIA) and is protected by the Protection of Privacy provisions of PHIA and FIPPA (The Freedom of Information and Protection of Privacy Act) All information provided in this form is confidential and solely for the use of the City of Brandon Sanitation Section in determining eligibility for Set Out/Set Back service as authorized by the City of Brandon.

I authorize the professional completing this form to release pertinent medical information to the City of Brandon Sanitation Section, about my disability or health condition as it relates to determining eligibility for this specialized service.

Patients Name: _____

Address: _____
(Street Number and Name) (Postal Code)

What is the nature of the disability? _____

Is the disability permanent? _____

If the disability is not permanent, at what date would the patient be sufficiently recovered?

Physician’s Signature: _____Telephone: _____

- ☐ Physician
Psychologist/Psychiatrist
- ☐ Physical therapist
- ☐ Certified
- ☐ Chiropractor
Optometrist/Ophthalmologist
- ☐ Occupational Therapist
- ☐
- ☐ Registered Nurse
Manager
- ☐ Social Worker
- ☐ Long Term Care Case

Date: _____20____

Advocate or Spokesperson Completing Form for Applicant

- ☐ I certify that the information provided in this application is true and correct, based upon information given to me by the applicant.
- ☐ I certify that the information provided in this application is true and correct, based upon a designated service agency assessment of the applicant’s health condition or disability, which restricts their ability to manage this function.

Name

Signature

Facility or Program

Relationship to Applicant

Address

Daytime Phone Number

Date Received

Date Approved

Operations Division