## MEDICAL CERTIFICATE

| , the undersigned Dr   | Doctor of Medicine, |
|--|---------------------|
| certify that the examination of Mr/N                                   | 1s                  |
| Date of birth:   | Age:                |
| reveals no contraindications for participating in the Disabled Parking |                     |
| Enforcement Program.   |                     |
|  |                     |
| Medical certificate issued in (place):                                 |                     |
| Date:  | Doctor's sign:      |
|  | Doctor's stamp:     |