

COUNTY OF DELAWARE
DEPARTMENT OF EMERGENCY SERVICES
Disability / Medical Note Request Form

Note: Please submit this completed form to your community's public safety agency. Provide as much of the requested information as possible. The local law enforcement agency will review the form and submit it on your behalf. Please be aware that this information must be renewed annually to remain in effect.

Date of Request: ___/___/___ **Requesting Agency:** Haverford Township
(To be completed by law enforcement agency)

Address for Medical Notes: X _____ **Apt:** _____

Name of Building/Facility: _____

Municipality: Haverford Township **Phone:** _____ - _____ - _____
(Please include area code)

Name of Subject Involved: _____

Description of Subject Involved: **Age** _____ **Height** _____ **Weight** _____

Condition Requiring Caution Notes: _____

_____ blind / low vision	_____ mental illness	_____ seizure disorder
_____ communication disorder	_____ mental retardation	_____ other (specify)
_____ deaf / hard of hearing	_____ physical disability	

Other information (oxygen on premises, service dog, ramped entrance in the rear, etc.)
description: _____

TTD/TTY Use in residence? Y N

Wheelchair use in residence? Y N **Manual** **Motorized**

Motorized scooter in residence? Y N

Requesting Agency O.I.C. Approval: _____

Emergency Services Approval: _____

Caution Notes Entered by: _____ **Date:** _____

Expiration Date for Notes (required): _____
(One year maximum from date of entry, unless renewed in writing by originating agency)