



Physician's Disability Certification Form

§ 42-3402.08 of the Rental Housing Conversion and Sale Act of 1980 (D.C. Official Code 2001 ed., as amended, § 42-3401.01 et seq.) authorizes benefits and restrictions available to those certified by a physician as meeting a specified level of disability.

Tenant's Name (Please Print)

Tenant's address

To be completed by your physician:

I have examined the above-named person, and I can certify that the person is disabled as defined under the Americans with Disabilities Act of 1990, 42 USC § 12102(2)(A) and 29 CFR § 1630.2(g)(1), and that the disability began on or about _____.

I hereby certify the above information is true and accurate.

Print Physician's Name & Telephone Number

Physician's Signature

DC License Number

Date Physician Signs:

The Mayor shall not disclose information about this person's disability unless the disclosure is required by law.

**THIS FORM IS SUBJECT TO CHANGE ACCORDING TO THE
DEFINITION OF PERSONS WITH DISABILITIES ADA CONFORMING
AMENDMENT ACT OF 2006, BILL 16-0875.**