

East Bay Paratransit

1750 Broadway
Oakland, CA 94612

Dear Health Care Professional:

You are being asked to provide information regarding the disability or disabling health condition(s) of the person listed below as part of their request for mask exemption while traveling on East Bay Paratransit during the COVID-19 pandemic. The CDC has issued an order that requires face masks to be worn by all travelers while on public transportation. People must wear masks that completely cover both the mouth and nose. The CDC Order exempts people with disabilities who cannot wear a mask, or cannot safely wear a mask, because of their disability, as defined by the Americans with Disabilities Act (42 U.S.C. § 12101, *et seq.*). This is a narrow exemption to be applied in very limited circumstances. It is not meant to cover persons for whom mask-wearing may only be difficult. The TSA Security Directive gives examples of persons unable to wear a mask due to safety reasons who would be exempt, including those who do not understand how to wear or remove the mask due to cognitive impairment, cannot wear or remove a mask on their own due to dexterity/mobility impairments, or cannot communicate promptly to ask someone else to remove the mask due to speech impairments or language disorders.

East Bay Paratransit is a specialized transportation service provided by AC Transit and BART as required by the Americans with Disabilities Act (ADA). Federal Law restricts paratransit to people who are prevented or incapable of traveling alone on fixed route public transportation, like AC Transit's or BART's fixed-route service.

This exemption does not include people who find it simply difficult or uncomfortable to wear a mask.

East Bay Paratransit will use the information you provide as part of our process to determine if this applicant is prevented from wearing a face covering while riding East Bay Paratransit.

If you have questions about the process, call our Certification Office at (510) 287-5000.

This section must be completed for all applicants.

GENERAL INFORMATION

Applicant's Name _____ Date of Birth _____

Address _____
Street City State Zip

Applicant's Phone Number _____

1. a. In what capacity do you know this applicant? _____

b. When was your last face-to-face contact with him/her? _____

East Bay Paratransit

1750 Broadway
Oakland, CA 94612

2. Describe this applicant's disabilities or disabling health conditions that would prevent them from wearing a face mask of which you have professional knowledge (N95, Medical Mask, Gaiter, etc.). _____

3. How do the disabilities/disabling health conditions mentioned in question 2 affect the applicant's ability to wear a face mask (N95, Medical Mask, Gaiter, etc)?

By my signature, I certify this information is true and correct. I understand the Falsification of the information may result in denial of service to the applicant. I, Understand all information will be kept confidential.

Print Name _____

Signature _____

Title _____

California License # _____

Area of Specialty _____

Date _____

Phone _____ Fax # _____

Address _____

RETURN THE COMPLETED FORM TO EAST BAY PARATRANSIT

Fax it directly to East Bay Paratransit: (510) 287-5069

Or mail it to:

East Bay Paratransit
Certification Department
1750 Broadway
Oakland, CA 94612