

Department of Law – Transit Adjudication Bureau 29 Gallatin Place – 3rd Floor Brooklyn, NY 11201

RESPONDENT'S REQUEST FOR DISABILITY EXEMPTION FROM MASK REQUIREMENT

RESPONDENT NAME:		
FIRST	MIDDLE	LAST
NOTICE(S) OF VIOLATION(S):		
VIOLATION NUMBER(S):	VIOLATION DAT	E(S):
Check here if you have mor	e than three (3) Notice	es of Violation

INSTRUCTIONS FOR RESPONDENT: It is the responsibility of the Respondent or his/her legal representative to have this form completed in its entirety to support a defense. The Transit Adjudication Bureau (TAB) will not consider the Respondent's medical defense unless this form is completed by the Respondent's physician and returned to TAB. It is the responsibility of the Respondent or his/her legal representative to follow up with the physician to ensure this form is completed and returned to TAB. In addition, the Respondent may have received additional instructions in a separate Order of Adjournment or Request for Additional Information issued by a Hearing Officer. This form cannot be completed by a nurse or social worker.

- (1) The Respondent must sign the below authorization for the release of medical information before a <u>NOTARY PUBLIC</u>; and
- (2) The Respondent must ensure all medical questions are answered by the Respondent's <u>PHYSICIAN</u> (not a nurse or social worker); and
- (3) The Respondent must ensure this completed form is returned to TAB pursuant to the instructions in the Order of Adjournment or Request for Additional Information.

In Person: By Mail:

29 Gallatin Place, 3rd Floor PO Box 02-9133

Brooklyn, NY 11201 Brooklyn, NY 11202-9133

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MEDICAL AUTHORIZATION AND RELEASE			
,, hereby authorize the release of any and all medical			
records and information relating to my diagnosis and treatment to the Transit Adjudication Bureau.			
Signature of Respondent			
State of			
County of			
On thisdate of, two thousand and, before me came			
to me known to be the individual described in			
and who executed the foregoing instrument and acknowledged that he/she executed the same.			
,			
Notary Public			

INSTRUCTIONS FOR PHYSICIAN (CANNOT BE COMPLETED BY A NURSE OR SOCIAL WORKER):

The Centers for Disease Control and Prevention (CDC) issued an Order on January 29, 2021 requiring the wearing of masks by people on public transportation conveyances or on the premises of transportation hubs to prevent spread of the virus that causes COVID-19. This Order was effective as of 11:59 p.m. February 1, 2021 and was published in the Federal Register February 3, 2021.

The Respondent named on the previous page seeks to enter a medical defense to the Notice(s) of Violation(s) referenced on the previous page due to an exemption for "a person with a disability who cannot wear a mask, or cannot safely wear a mask, because of the disability as defined by the Americans with Disabilities Act."

As per the CDC, "[t]he exemption is not meant to cover people with disabilities for whom wearing a mask might only be difficult or whose disability does not prevent them from wearing a mask or wearing a mask safely." https://www.cdc.gov/quarantine/masks/mask-travel-guidance.html#disability-exemptions

Based on a reasonable degree of medical certainty, the Respondent is covered by the following CDC exemption(s) from the requirement to wear a mask on public transit:

A person with a disability who, for reasons related to the disability, would be physically unable to remove a mask without assistance if breathing becomes obstructed. Examples might include a person with impaired motor skills, quadriplegia, or limb restrictions.

A person with an intellectual, developmental, cognitive, or psychiatric disability that affects the person's ability to understand the need to remove a mask if breathing becomes obstructed.

A person with a disability who cannot wear a mask because it would cause the person to be unable to breathe or have respiratory distress if a mask were worn over the mouth and nose. A person with a condition that causes intermittent respiratory distress, such as asthma, likely does not qualify for this exemption because people with asthma, or other similar conditions, can generally wear a mask safely.

A person with a disability requiring the use of an assistive device, such as for mobility or communication, that prevents the person from wearing a mask and wearing or using the assistive device at the same time. If use of the device is intermittent and the person can remove the mask independently to use the device, then a mask must be worn during periods when the person is not using the device.

A person with a severe sensory disability or a severe mental health disability who would pose an imminent threat of harm to themselves or others if required to wear a mask. Persons who experience discomfort or anxiety while wearing a mask without imminent threat of harm would not qualify for this exemption.

The person does not qualify under one of the above exemptions specified by the Centers for Disease Control.

Please explain:			
I certify under penalty of perjury that the information my medical knowledge.	ation in this form is true and correct to the best extent of		
Treating Physician Name			
Treating Physician Signature	Today's Date		
Hospital/Facility Name and Address	Telephone Number		
Patient (Respondent) Name	Patient (Respondent) Date of Birth		
Date of First Examination	Date of Most Recent Examination		
MUST INCLUDE PHYSICIA	AN STAMP/AND OR LICENSE NUMBER		

CANNOT BE COMPLETED BY NURSE OF SOCIAL WORKER