



Michelle L. C. Perez  
ACTING DIRECTOR

# Department of Integrated Services For Individuals with Disabilities

Dipåtamenton Programa Para I Maninutet  
Government of Guam



Lourdes A. Leon Guerrero  
GOVERNOR

Joshua F. Tenorio  
LIEUTENANT GOVERNOR

## PHYSICIAN'S DISABILITY CERTIFICATON

This is a certification that the named individual below was determined by a physician to have met with Americans with Disabilities Act (ADA) definition of an "individual with disability(ies)" in accordance to the ADA disability criteria below.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_

- Has a physical and/or mental impairment that substantially limits one or more of the major life activities of the individual.
- Has a record of such impairment and/or
- Be regarded as having such and impairment.

### PHYSICIAN'S USE ONLY

Disability: \_\_\_\_\_

\_\_\_\_\_ Permanent \_\_\_\_\_ Temporary \_\_\_\_\_  
Length of Certification

Name of Physician: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician or Clinic Stamp: \_\_\_\_\_