

America the Beautiful Access Pass

Medical Certification Letter
For use by a licensed medical professional

To Whom It May Concern:

This letter is to certify that [REDACTED] is a patient at our practice.

He/She has been diagnosed with [REDACTED], which he/she is treated for here.

[Diagnosis] is a permanent impairment that substantially limits one or more major life activities including, but not limited to, learning, concentrating, thinking, and neurological and/or bodily functions. As such, this condition is a disability under the Americans with Disabilities Act (ADA), 42 U.S.C. 12102; 28 C.F.R. 35.104.

* Replace [Diagnosis] above with the patient's specific diagnosis before signing.

This letter is provided for the purpose of obtaining an America the Beautiful Access Pass through the United States Interagency Pass Program.

If you have any questions or concerns, please call our office.

Sincerely,

PROVIDER NAME (PRINTED)

PRACTICE NAME

PHONE NUMBER

DATE

PROVIDER SIGNATURE (PHYSICAL OR ELECTRONIC)

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