



Medical Professional Confirmation

Medical Exemption Program

The Medical Exemption program is for residents who have medical needs that create extra garbage (such as packaging, incontinence products, or unrecyclable medical waste).

Medical Professional Confirmation

I, _____ certify that
(Name of Medical Professional)

_____ creates extra medical-
(First and last name of patient)

related waste and would benefit from the Medical Exemption Program.

Need Duration

Temporary need (From _____ to _____)

Permanent need

Medical Professional's work address: _____

Signature: _____ Date: _____