



“HEARING IMPAIRED/VISUALLY IMPAIRED” Signs

MEDICAL CERTIFICATE

**Halifax Regional Municipality
P. O. Box 1749
Halifax, N. S.
B3J 3A5**

Attention: Traffic & Right of Way Services

This is to certify _____

resides at:

I have personally examined _____

and certify that this person has a hearing/sight impairment sufficiently serious to render the person unable to exercise the necessary care and caution when on the roadway.

PHYSICIAN

DATE