

"DEAF/BLIND PERSON" Signs

MEDICAL CERTIFICATE

Halifax Regional Municipality P. O. Box 1749 Halifax, N. S. B3J 3A5 e-mail: <u>traffcom@halifax.ca</u> fax: (902) 490-6727

Attention: Traffic Management

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