

## Town of Arnaudville

107 Rue de Jausers Ave, Arnaudville LA 70512  
Phone: 337-754-5911

### CERTIFICATION OF MEDICAL PROFESSIONAL

#### MEDICAL PROFESSIONAL

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

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

Office Phone Number: \_\_\_\_\_

Verification Email: \_\_\_\_\_

#### AFFIDAVIT

I, \_\_\_\_\_ (Medical Professional's Name), am a medical professional and am currently licensed to practice in the United States of America in the field of \_\_\_\_\_.

I have examined and am familiar with \_\_\_\_\_ (name of applicant).

I confirm that \_\_\_\_\_ (name of applicant) has a current, clinical diagnosis of a disability that is recognized by the Americans with Disabilities Act.

I confirm that this diagnosis would affect the ability of \_\_\_\_\_ (name of applicant) to attend a public meeting in person.

#### SIGNATURE

\_\_\_\_\_  
SIGNATURE OF MEDICAL PROFESSIONAL

\_\_\_\_\_  
Date of Signature