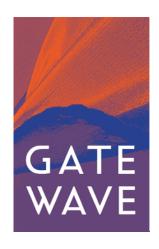
Certification of Disability

This certification is required for radio reading services in order to comply with Federal Copyright Laws. It is to be completed by a physician, Nurse, Librarian or social worker.



Return form to:	Gatewave		
	244 Fifth Avenue,		
	New York, NY 10	001	
Name of Applicant:			
(Please print)			
handicapped. <i>(Plea access conventiona disability, or a tem</i>	nature of the disability se be specific. Print had printed information deporary condition, which e of the following descr	ndicapped is definue to a visual imposition imposition in the hole of the hole	ned as the inability to pairment, a physical Iding of reading
Visual Impairmer	nt:		
☐ Diabetic Retinopa	athy 🗆 Macular D	egeneration	
□ Glaucoma □	Retinitis Pigmentosa	☐ Legally Blind	
☐ Other <i>(please sp</i>	ecify)		-
Physical Impairm	ent:		
☐ Cerebral Palsy	☐ Multiple Sclerosis	☐ Severe ArtI	nritis
☐ Amputation ☐	Spinal Cord Injury	☐ Stroke	☐ Cancer
☐ Physical inability	to hold a book or turn	pages	
☐ Hard of hearing (radios are equipped with a	headphone jack – he	eadphones not
provided)			
☐ Other (please sp	ecify)		

Other Impairme	ent (please specify):
□ Dyslexia	
☐ Extreme weakn	less or \square Excessive fatigue preventing reading of printed matte
☐ Other	
9	y that the applicant named above is unable to use conventional result of the disability described:
Certified by (signa	ature)
Title	
Please print name	e of professional signing this certification:
Business Name:	
Street Address:	
City/State:	ZIP + 4:
Telephone # _(