MERZ Housing Co-Operative Page 1 of 1 Medical Certificate To Support An Application for Medical Exemption from Participation

MERZ Housing Co-operative Inc. provides long term affordable housing for people on low incomes. We have approximately **30** members who have signed a Participation Agreement which means they have agreed to share in the work of managing the Co-operative and its **30** properties. Our rules require that every Member should participate to the best of their ability but we do allow for modified participation when a Member is injured, becomes ill or has reduced capacity.

This document is used by Members when applying for an **exemption from participation** on medical grounds. For an exemption to be granted we require information from a medical practitioner to help us make a fair and transparent decision about whether an exemption should be granted or other action should be taken.

I give permission for the proper use of my personal information by MERZ Housing Co-operative Inc. in order to assess this application.

Member's signature	Date

To be completed by Medical Practitioner:

The member is required to provide you with a copy of the Modified Job Description to assist your assessment of their medical condition and its implications for their ability to participate.

of

Member's Name		
Consultation Date / /	_ Modified Job Description	provided 🛛 Yes 🗆 No
Period during which the Member is like six months at a time):	ely to be affected (note – our pole	icies allow an exemption for a maximun
from	to	
Please indicate how your assessment	of the Member's condition was	made:
[] Information provided by the Membe	er [] Examination of the Men	nber on / /
Practitioner's name		Provider's Stamp
Provider Number		
Address		
Signature		
Date		

Medical Certificate To Support An Application for Medical Exemption from Participation MTS.docx Approved by the Member Tenant Selection Subcommittee on 13/05/2014. Ratified by Merz Committee of Management on 21/7/2014