

Date: [Insert Date]

To: [Healthcare Professional Name]
[Clinic/Hospital Name]
[Address]
[City, State, Zip Code]

Subject: Medical Certification Renewal for Paratransit Services

Dear [Healthcare Professional Name],

I am writing to request a medical certification renewal for my eligibility to use [Name of Transit Agency] Paratransit services. My current certification is set to expire on [Expiration Date].

As you are aware, I have the following condition(s): [List Medical Condition/Disability].

Due to these conditions, I continue to face functional limitations that prevent me from using standard fixed-route public transportation. Specifically, I require paratransit services because: [Briefly describe why, e.g., inability to walk to a bus stop, difficulty navigating transfers, or need for door-to-door assistance].

Attached is the [Name of Form/Renewal Application] provided by the transit agency. Please complete the "Medical Professional" section of this form to verify my continued need for specialized transportation.

Once completed, please return the form to me or submit it directly to the transit agency at the following address/fax:

[Transit Agency Name]
[Eligibility Department Address/Fax Number]

Thank you for your time and assistance in ensuring I maintain access to essential transportation.

Sincerely,

[Your Signature]
[Your Printed Name]
[Date of Birth]
[Paratransit ID Number, if applicable]
[Your Phone Number]