City of Upper Arlington

FINANCE DEPARTMENT

3600 Tremont Road | Upper Arlington, OH 43221
614-583-5291 | upperarlingtonoh.gov

Solid Waste Service Medical Exemption Form

The City recognizes that some residents are physically unable to carry a trash container to the curb, and do not have a friend, relative or neighbor who can regularly perform this task for them. The City's Solid Waste Service Provider – Local Waste Services – is happy to collect trash and recycling "at-the-door" at no additional charge for these residents, but must limit this special service to those whose mobility is impaired — specifically, residents with a physical disability that limits or impairs the ability to walk, in accordance with R.C. 4503.44 (A)(1).

This Medical Exemption Form must be completed by residents seeking at-the-door trash and recycling collection service at no additional charge. Please remember to have your healthcare provider complete and sign the Form to verify your condition. Your signed permission for the healthcare provider's verification is also required on this form.

Please note: Local Waste Services will collect trash AND recycling "at-the-door" but yard waste and bulk items will need to be placed at the curb for pick up on your regular collection day. Please make sure that whomever assists you with yard maintenance is aware of this requirement, or call Syntero/Northwest Counseling Services to request volunteer assistance, at 614-457-7876.

Residents who seek and qualify for a Medical Exemption are responsible for notifying the City if their service needs change. For example, if you leave your home or are joined at your home by a physically able person, you must notify us immediately. If you fail to do so, you could be held liable for the annual premium service fee, payable in arrears.

Medical Exemption Resident Applicant Information

PLEASE PRINT

Name: ______________________________

Address: ______________________________

☐ **OWN**	☐ **RENT***
Phone:	**Email:**

***If you rent your home, you will need to verify your address annually to continue this service**.

Affidavit:
I certify that no occupant of the above listed address is physically able to move or place the household refuse and recyclables generated on these premises to the curb, in accordance with the City of Upper Arlington's codified Ordinance relative to Solid Waste Services and collection (Chapter 935).

Applicant Signature: ______________________________ Date: ________________

Please be advised that this form may be released in response to a public records request

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Resident Consent:
I hereby give consent to my physician to release information to the City of Upper Arlington relative to my physical condition.

Applicant Name: ______________________________ Address: ______________________________

Applicant Signature: ____________________________ Date: ________________________________

Healthcare Provider's Certification for Medical Exemption Service

I hereby certify that ______________________________ is a person with a disability that limits or impairs the ability to walk and meets the following criteria from R.C. 4503.44(A)(1):

	Criteria	Yes	No
a)	Cannot walk 200 feet without stopping to rest.	☐ Yes	☐ No
b)	Cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device.	☐ Yes	☐ No
c)	Is restricted by a lung disease to such an extent that the person's forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than 60 millimeters of mercury on room air at rest.	☐ Yes	☐ No
d)	Uses portable oxygen	☐ Yes	☐ No
e)	Has a cardiac condition to the extent that the person's functional limitations are classified in severity as class III or class IV according to standards set by the American Heart Association.	☐ Yes	☐ No
f)	Is severely limited in the ability to walk due to an arthritic, neurological, or orthopedic condition.	☐ Yes	☐ No
g)	Is legally blind, or severely visually impaired.	☐ Yes	☐ No

As a result of this condition, the patient's physical abilities are impaired, restricting his/her ability to place refuse and recycling materials at the curb for collection.

The condition(s) checked above are: ☐ Permanent ☐ Temporary, likely to continue until [______________].

Healthcare Provider Name: ____

Healthcare Provider Practice: ____

Address: ______________________________ Phone: ______________

Healthcare Provider Signature: ______________________________ Date: ______________

Once completed, the resident must return this form to:

Finance Department – City of Upper Arlington
3600 Tremont Road, Upper Arlington OH 43221
Email: bills@uaoh.net

Please be advised that this form may be released in response to a public records request.