

**LEISURE KNOLL ASSOCIATION, INC.**

**MEDICAL VERIFICATION  
SNOW REMOVAL**

**If medical conditions require immediate snow removal of  
Driveway, a Doctor's Certification is required for  
Chemo, Dialysis & Radiation and should be  
attached to this sheet.**

**IT DOES NOT PERTAIN TO ROUTINE  
DOCTOR OR DENTAL VISITS.**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_

**DAYS AND TIMES OF TREATMENTS, ETC.** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ANYONE RESIDING IN THIS HOUSEHOLD REQUIRE:**

**Chemo Therapy                      YES                      NO**

**Dialysis Treatment                YES                      NO**

**Radiation                            YES                      NO**

To Be Filled Out By Administration Office:

Medical Verified:                      Yes      No

Copy of Verification:                Yes      No

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_