



# 乘車通票 (TAP) 查理卡 – 醫療保健專業人員 認證

醫療保健專業人員認證表格必須由獲得許可或認證的醫療保健專業人員填寫，並且必須在醫療保健專業人員簽名後的 60 天內由 MBTA 收到。

請工整書寫或輸入並填寫所有資訊。

申請人名稱: \_\_\_\_\_

申請人出生日期 (月/日/年) : \_\_\_\_\_ 申請人電話: \_\_\_\_\_

申請人電子郵件: \_\_\_\_\_

申請人郵寄地址: \_\_\_\_\_

醫療保健專業人員姓名: \_\_\_\_\_

執照名稱: \_\_\_\_\_ 專業: \_\_\_\_\_

執照編號: \_\_\_\_\_ 頒發州: \_\_\_\_\_

營業地址: \_\_\_\_\_

城市: \_\_\_\_\_ 州: \_\_\_\_\_ 郵遞區號: \_\_\_\_\_

電話: \_\_\_\_\_ 電子郵件地址: \_\_\_\_\_

**重要計劃說明:** MBTA根據申請人體驗的難易程度以及由於身體、精神、智力或感官殘障使用公共巴士/火車/地鐵而可能需要的額外計劃和工作來頒發交通乘車通票 (TAP) 查理卡。TAP查理卡發給具有以下殘障狀況的申請人: 等候巴士、聆聽通告、閱讀視覺標誌、理解和/或遵循指示、登上正確的火車、保持耐力、在人群中行動自如、步行一定距離換車等有中度/嚴重困難。不會根據申請人的收入水準頒發TAP查理卡。

以下部分必須由醫療保健專業人員填寫:

**1. 申請人有哪種殘障狀況?**

請使用指南 (第2頁) 中的類別編號: \_\_\_\_\_

請指明診斷:

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

**2. 如上文「重要計劃說明」部分所述，搭乘MBTA出行時，該殘障如何給申請人造成困難?**

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

**3. 預計殘障持續時間 (請僅選擇以下兩個選項之一) :**

短期殘障 (即有可能在1年內改善的情況)

長期殘障 (即沒有改善預期的情況)

**4. 本人保證，就本人所知，本人提供的上述有關此MBTA TAP查理卡申請人的資訊均準確無誤:**

醫療保健專業人員的簽名

日期

注意: MBTA 保留要求查看申請人醫療保健專業人員原始簽名的權利。

## 醫療保健專業人員指南

請使用以下類別完成對“申請人的殘疾是什麼？”的回答。醫療保健專業人員認證表格。

<ol style="list-style-type: none"><li>1. 需要使用帶輪設備行動的殘障人士，例如使用輪椅、踏板車等。</li><li>2. 行動不便殘障，導致個人行走困難或不安全，可能需要也可能不需要使用腿部支架、助步器、手杖、拐杖或其他移動設備。</li><li>3. 嚴重神經肌肉/肌肉骨骼疾病，例如肌肉萎縮症、成骨不全症或關節炎，其功能能力在進行日常生活活動的能力中受到限制。</li><li>4. 截肢：請說明受影響的肢體。</li><li>5. CVA的嚴重影響（中風），包括在CVA後4個月出現影響任何兩肢的功能性運動障礙或共濟失調的情況。</li><li>6. 嚴重肺部疾病（阻塞/限制），影響行動能力，包括在日常生活活動中、在爬一段普通樓梯或步行100公尺時、稍微用力或甚至在休息時導致呼吸困難的疾病。</li><li>7. 嚴重心臟病，包括那些導致普通身體活動中度或明顯受限的情況，以及在爬一段普通樓梯或步行一個或多個水平塊時可能導致疲勞、心悸、呼吸困難或心絞痛的情況，只要稍微用力或即使在休息。</li><li>8. 免疫功能受損的個人，由於艾滋病毒/艾滋病等疾病、癌症或癌症治療、器官或骨髓移植，或慢性疾病如狼瘡或類風濕性關節炎而導致。</li></ol>	<ol style="list-style-type: none"><li>9. 弱視，在矯正後視力較好的眼睛為20/70或更低，但不是法定盲人。</li><li>10. 法定盲人，在矯正後視力較好的眼睛為20/200或更低；或周邊視野為10°半徑或更小，無論視力如何。請注意，目前持有麻塞諸塞委員會頒發的盲人身份證或其他失明證書的申請人將有資格獲得MBTA盲人乘車查理卡。</li><li>11. 腎透析治療。</li><li>12. 失聰/聽力障礙</li><li>13. 協調性障礙，任何兩肢的功能性運動缺陷或顯著降低行走能力、協調性和/或知覺的表現。</li><li>14. 智力殘障。</li><li>15. 癲癇（驚厥）。</li><li>16. 自閉症：請描述殘障的性質和嚴重程度。</li><li>17. 神經性殘障，影響學習、感知和行為功能。請包括病情和病因的性質。</li><li>18. 精神殘障，患有以下長期精神疾病<ul style="list-style-type: none"><li>• 包括思維、記憶、感知或辨別方向方面的實質性障礙，或</li><li>• 嚴重損害判斷、行為、認識現實的能力，或</li><li>• 對達成食物、住所、衣著、財務管理和衛生保健的普通/獨立生活需求的能力有重大影響。</li></ul></li></ol>
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對於英文的醫療保健專業認證表格，請參見第 3-4 頁



# TAP CHARLIECARD - HEALTH CARE PROFESSIONAL CERTIFICATION

The Health Care Professional Certification form **must be completed by a licensed or certified health care professional** and must be received by the MBTA within 60 days of the health care professional's signature.

*Please print legibly or type and complete all information.*

Name of applicant: \_\_\_\_\_

Name of Health Care Professional: \_\_\_\_\_

Licensure title: \_\_\_\_\_ Specialty: \_\_\_\_\_

License number: \_\_\_\_\_ State issued: \_\_\_\_\_

Business address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

**IMPORTANT PROGRAM NOTE:** The MBTA issues the Transportation Access Pass (TAP) CharlieCard based on the level of difficulty applicants experience, and the extra planning and effort that may be required, to use public buses/trains/subway due to a physical, psychiatric, intellectual, or sensory disability. The TAP CharlieCard is issued to applicants with disabilities who find it moderately/severely difficult to wait for a bus, hear announcements, read visual signs, understand and/or follow directions, board the correct train, maintain stamina, function well in crowds, walk certain distances to transfer between transit modes, etc. The TAP CharlieCard **IS NOT ISSUED** based on applicant's income level.

**The following must be completed by the Health Care Professional:**

**1. What is the applicant's disability?**

Use category number(s) from Guidelines (page 4): \_\_\_\_\_

Please specify diagnosis:

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

**2. How does the disability cause the applicant difficulty, as described in "Important Program Note" section above, when traveling on the MBTA?**

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

**3. Expected duration of disability (please select only one of the two options below):**

Short-term disability (i.e. conditions with potential for improvement within 1 year)

Long-term disability (i.e. conditions with no expectation of improvement)

**4. I certify that the information I have provided above about this MBTA TAP CharlieCard applicant is correct to the best of my knowledge:**

\_\_\_\_\_  
**Health Care Professional's Signature**

\_\_\_\_\_  
**Date**

**Note:** The MBTA reserves the right to ask to see an original signature of the applicant's health care professional.

# Guidelines for Health Care Professionals

Please use the categories below to complete the response to “What is the applicant’s disability?” of the Health Care Professional Certification form.

<p><b>1. DISABILITIES REQUIRING WHEELED MOBILITY</b> such as the use of a wheelchair, scooter, etc.</p> <p><b>2. SEMI-AMBULATORY DISABILITIES</b> that cause an individual to walk with difficulty or insecurity, and that may or may not require the use of leg braces, walker, cane, crutches, or other mobility device.</p> <p><b>3. SEVERE NEUROMUSCULAR / MUSCULOSKELETAL CONDITIONS</b> such as muscular dystrophy, osteogenesis imperfecta, or arthritis where functional capacity is limited in ability to perform activities of daily living.</p> <p><b>4. AMPUTATION OF AN EXTREMITY:</b> Please specify which limb(s) are affected.</p> <p><b>5. SEVERE EFFECTS FROM CVA (STROKE)</b> including conditions where there is a functional motor deficit affecting any two limbs or ataxia 4 months post-CVA.</p> <p><b>6. SEVERE PULMONARY CONDITIONS (obstructions/ restrictions)</b> that affect mobility, including those that result in dyspnea during activities of daily living; while climbing a flight of ordinary stairs or walking 100 yards; with the slightest exertion or even at rest.</p> <p><b>7. SEVERE CARDIAC CONDITIONS</b> including those that result in moderate or marked restriction in ordinary physical activity, and that may cause fatigue, palpitations, dyspnea, or angina pain while climbing a flight of ordinary stairs or walking one or more level blocks, with the slightest exertion or even at rest.</p> <p><b>8. IMMUNOCOMPROMISED</b> individuals, due to conditions such as HIV/AIDS; cancer or treatment for cancer; organ or bone marrow transplant; or chronic diseases such as lupus or rheumatoid arthritis.</p>	<p><b>9. LOW VISION</b> where an individual has a visual acuity in the better eye, after correction, of 20/70 or less but is not legally blind.</p> <p><b>10. LEGALLY BLIND</b> where an individual has a visual acuity in the better eye, after correction, of 20/200 or less; or where the peripheral field is 10° radius or less, regardless of visual acuity. Please note that applicants with a current MA Commission for the Blind ID Card/Certificate or other blindness certification will be eligible for a MBTA Blind Access CharlieCard.</p> <p><b>11. KIDNEY DIALYSIS TREATMENT.</b></p> <p><b>12. DEAF/HARD OF HEARING.</b></p> <p><b>13. COORDINATION DISABILITIES</b> where there is a functional motor deficit in any two limbs or manifestations that significantly reduce mobility, coordination, and/or perception.</p> <p><b>14. INTELLECTUAL DISABILITY.</b></p> <p><b>15. EPILEPSY (CONVULSIVE DISORDER).</b></p> <p><b>16. AUTISM:</b> Please describe nature and extent of disability.</p> <p><b>17. NEUROLOGICAL DISABILITIES</b> affecting learning, perceptual, and behavioral functioning. Please include nature of condition and etiology.</p> <p><b>18. PSYCHIATRIC DISABILITIES</b> where there is a long-term mental illness that:</p> <ul style="list-style-type: none"><li>• includes a substantial disorder of thought, memory, perception, or orientation, or</li><li>• significantly impairs judgment, behavior, capacity to recognize reality, or</li><li>• significantly impacts ability to meet ordinary/independent life support needs of food, shelter, clothing, management of finances, and health care.</li></ul>
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