

# Medically Diagnosed for Autism Spectrum Disorder

## PERSONAL INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

## PROVIDER INFORMATION

Date \_\_\_\_\_

My signature below verifies that this person has received a diagnosis of ASD by a licensed and/or certified professional.

Health Care provider signature \_\_\_\_\_

Specialty (e.g., M.D., Ph.D., Psy.D. etc) \_\_\_\_\_

License Number \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Bring this completed form to any county health department along with a government issued identification card and \$10.

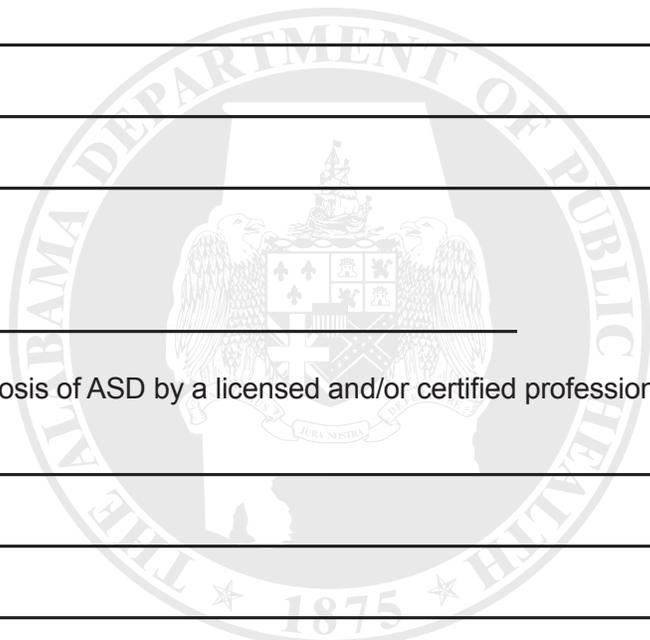
Completed application forms will be maintained at the county health department in which they are filed. A government issued identification card must be presented to obtain a replacement certification card.

Fees.

(1) Initial Issuance. A fee of \$10 shall be paid for initial issuance of a certification card.

(2) Replacement. A fee of \$5 shall be paid to obtain a replacement certification card.

Below is an example of the Certification Card.



**I Have Autism Spectrum Disorder:**

I have been medically diagnosed with autism spectrum disorder. My medical condition impairs my ability to communicate with others. As a result, I may have difficulty understanding your directions, and I may not be able to respond to your questions. I may also become physically agitated if you touch me or move too close to me.



Please do not interpret my behavior as refusal to cooperate. I am not intentionally defying your instructions.

(Please see reverse side for additional information) →

Front

If I exhibit any of these behaviors, I request that you contact the person noted below on my behalf; s/he will confirm my diagnosis and provide information you may need about my identity.

My Printed Name \_\_\_\_\_ Card Number \_\_\_\_\_

Contact Printed Name \_\_\_\_\_ Contact Printed Number \_\_\_\_\_

This certification has been issued by the Alabama Department of Public Health in accordance with Code of Ala. 1975, § 32-6-6.2

For more information, visit [adph.org](http://adph.org)

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