



**Waste Collection Limit Medical Exemption Form  
(By-law No. 2006-30 Bag Limit Medical Exemption)**

To apply for a medical exemption, please complete all the areas of this form and have a physician provide the required confirmation of need. The completed form should be faxed or mailed to the attention of the Environmental Services Technician at the number or address shown below.

The applicant confirms that this application is for an exemption to Muskoka's waste collection limit for the applicant or for a person residing at the same address as the applicant. The applicant further confirms that the exemption is sought because the volume of non recyclable waste associated with the management / treatment of a medical condition of the applicant or of a person residing at the same address as the applicant is such that it cannot be contained within Muskoka's waste collection limit. The applicant confirms that no "sharps" or liquid medical/biomedical waste will be set out for collection.

If granted, a medical exemption for Muskoka's waste collection limit is valid for one year from the date of issue. The applicant must reapply for an exemption annually. However, Muskoka may waive the requirement for a physician's confirmation of need if one is already on file and is less than three years old. Upon granting an exemption, Muskoka will provide the applicant with a sufficient number of "bag tags" to cover the volume of waste likely to be generated as a result of the medical condition. Muskoka may issue the bag tags in batches and under no circumstances will Muskoka Issue more than 52 bag tags in any twelve month period.

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Applicant's Name

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Property Address

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Mailing Address (if different from property address)

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Town

Postal Code

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Applicants Signature

(      )

Phone Number

**Physician's Confirmation of Need:**

By completing and signing the section below, the Physician confirms that a significant volume of non-recyclable waste material results from the management/treatment of the medical condition of a person residing at the above noted address, and that the said waste materials may be set out for collection by the municipality without risk to the health and/or safety of the collection personnel.

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Physician's Name (please print)	Physician's Signature	Date
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Physician's Address (or affix business card)	(      ) Phone Number
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