

International Window Film Association

(Medical exemption information for use in states without a specific form)



VEHICLE TINT MEDICAL WAIVER INFORMATION

VEHICLE OWNER INFORMATION

VEHICLE OWNER NAME	ADDRESS	PHONE NUMBER

Applicant/Legal Guardian Signature _____

VEHICLE INFORMATION

MAKE/MODEL	YEAR	TITLE	VIN	LICENSE PLATE NUMBER

MEDICAL PROVIDER CERTIFICATION

CHECK BOX THAT APPLIES: PHYSICIAN NURSE PRACTITIONER PHYSICIAN ASSISTANT OPHTHALMOLOGIST OPTOMETRIST

MEDICAL PROVIDER NAME	ADDRESS	ZIP CODE	TELEPHONE NUMBER	LICENSE

PATIENT INFORMATION

NAME	BIRTHDATE	MEDICAL ISSUE REQUIRING LIGHT SCREENING

CONCLUSIONS/RECOMMENDATIONS

Based on my examination, vehicle sun-shading is necessary for my patient's health Yes No

Medical Provider Signature _____ Date _____