

Credible Assurance from Medical Provider

Medical Eligibility Standards

The Michigan Vehicle Code (MCL 257.662a(7)) states that an individual shall not operate an electric cycle within a city that prohibits the use of nonemergency motor vehicles, unless the city council of that city, by majority vote, adopts a resolution allowing the operation of electric bicycles within the city limits. The City of Mackinac Island Code of Ordinances declared it unlawful for any person to possess, use, store, maintain, operate or to knowingly allow the possession, use, storage, maintenance or operation of a motor vehicle, whether that vehicle is in operation, engine running or not, within the city, unless specifically allowed and permitted as provided for within its Ordinance.

Under Section 66-167 of the City's Motor Vehicle Code, the use of an electric assist cycle is prohibited but allows a person with a mobility disability to use an electric cycle when necessary to reasonably accommodate a mobility disability of the person. The ordinance further requires credible assurance of a qualifying disability, which may include a statement from a medical provider confirming that the electric cycle is required because of a mobility disability.

A qualified person with a mobility disability is defined as an individual who has a physical impairment that substantially limits the ability of the individual to pedal a bicycle; and despite the person's physical limitations, he or she is capable of safely operating an electric assist tricycle/bicycle.

Physician's Determination

Circle all letters that apply:

a) An inability to walk more than 200 feet without having to stop and rest. Please provide the diagnosis for this ambulatory disability: _____

b) Patient must use a wheelchair, walker, crutch, brace, or other ambulatory aid to walk. Describe: _____

c) Patient has a lung disease from which the forced expiratory volume for one second, when measured by spirometry, is less than one liter, or from which the arterial oxygen tension is less than 60mm/hg of room air at rest.

d) Patient has a cardiac condition to the extent that my functional limitations are classified in severity as Class III or Class IV, according to the standards by the American Heart Association.

e) Patient has an arthritic, neurological, or orthopedic condition that severely limits ability to walk. Describe: _____

f) Patient has a persistent reliance upon an oxygen source other than ordinary air.

g) Patient is a qualified person with a mobility disability with another physical impairment that substantially limits the ability of the individual to pedal a bicycle. Describe: _____

Physician's Certification

Patient's Name (First, Middle, Last)	Date of Birth	Patient's Street Address
Patient's condition is: <input type="radio"/> Permanent <input type="radio"/> Temporary If temporary, estimated duration: _____ months		
Physician's Name	Medical Specialty	Office Telephone for: ()
Office Address	City, State, Zip	Email Address
Physician's Signature X	Medical License Number	Date