

## MEDICAL ALERT: RESTROOM ACCESS REQUIRED

Name:

Date of Birth:

Address:

The holder of this form uses an ostomy device or suffers from Crohn's disease, ulcerative colitis, other inflammatory bowel disease, irritable bowel syndrome, or another medical condition that requires immediate access to a toilet facility.

California State-licensed health care provider certifying medical eligibility:

Health Care Provider Name:

Health Care Provider Signature:

The California Health and Safety Code, Division 104, Part 15, Chapter 2, Article 6, Section 118700 (Assembly Bill 1632, Statutes of 2022) requires a place of business open to the public for the sale of goods that has a toilet facility for its employees to allow any individual who has an eligible medical condition, is lawfully on the premises of that place of business, and requires immediate access to a toilet facility to use the employee toilet facility, even if the place of business does not normally make the employee toilet facility available to the general public. A violation of this code is subject to a civil penalty of up to \$100.

*DISCLAIMER: The California Department of Public Health has not verified the authenticity of the health care provider's signature. Counterfeiting, alteration, or misuse of this form is prohibited.*