

Section 2 A CERTIFIED MEDICAL PROFESSIONAL (physician, occupational therapist, or physiotherapist) must complete this section.

ELIGIBILITY: Persons unable to walk more than 50 metres (150 feet).

"Walk" is defined as "progress by lifting and setting down each foot in turn, never having both feet off the ground at once." Source: The Concise Oxford Dictionary, 2001.

1. Check **ONE** of the following boxes:

Short term disability where the applicant is unable to walk more than 50 metres (150 feet) for three to twelve months. *Expected period of disability is _____ months.*

Long term disability where the applicant is unable to walk more than 50 metres (150 feet) but the disability may improve within the next 5 years, (e.g. no longer requires the use of a wheelchair). The applicant will be required to re-apply in 5 years to determine their eligibility for a placard.

Explanation: _____

Permanent disability where the applicant is unable to walk more than 50 metres (150 feet) and their disability is of a permanent nature and will not improve within the next 5 years (e.g. requires the permanent use of a wheelchair). The applicant will be able to self-declare in 5 years to renew their placard, and will not require verification from a certified medical professional.

Explanation: _____

2. Describe the nature of the applicant's disability.

3. Describe any limitations to the applicant's mobility.

4. Describe the type of aid or assistance used by the applicant, if applicable.

Wheelchair Scooter Other (*specify*): _____

5. Would you recommend a complete medical report and/or a road test to assess the applicant's ability to operate a motor vehicle?

Medical Report? Yes No Road Test? Yes No

Name of Certifying Medical Professional				Telephone Number (<i>include area code</i>)	
Address	Street	City / Town	Province	Postal Code	
Professional Designation: <input type="checkbox"/> Physician <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Physiotherapist				Registration Number	

I understand that I may be asked to verify the applicant's disability in the event of misuse or abuse of the privileges associated with the issuance of this parking placard.

Signature of Certifying Medical Professional

Date