

NYS Office of General Services Medical Parking Application

Part 2: Medical Provider Checklist for Medical Parking

To be completed by applicant and medical provider

Applicant Permission:

I _____ (applicant name), do hereby give my permission to _____ (medical provider), MD, DO, DPM, NP or PA to provide medical information concerning my application to NYS OGS, for medical parking, and to discuss this information with the NYS Employee Health Service and the OGS medical parking review committee, if requested. I further certify that to the best of my knowledge, all required information has been included, and that if it is not, I understand that the packet will be returned to me for completion and resubmittal.

Applicant Signature _____ Date _____

Medical Provider:

This form must be completed ONLY BY a medical doctor (MD), doctor of osteopathy (DO), doctor of podiatric medicine (DPM), optometrist (OD), nurse practitioner (NP), or physician assistant (PA), as defined in VTL Section 404-a.

The above state employee is applying for a medical parking permit because of a disability. This application will be reviewed pursuant to all applicable federal and state laws to determine whether medical parking is appropriate. Your diagnosis, assessment, supporting documentation, and prognosis provides the KEY input to the review process which is responsible to provide a reasonable accommodation that meets the employee's needs without creating an undue hardship on the employer.

Please indicate disability type: Long Term Temporary (How Long is the disability expected to last?) _____

Diagnosis: Provide detailed information. Supportive Documentation from your medical provider **MUST** be attached for both Long Term and Temporary disabilities

FOR LONG TERM DISABILITY: A person with one or more of the permanent impairments, disabilities or conditions which limit mobility, as listed below (check all that apply):

- Uses portable oxygen Legally blind Limited or no use of one or both legs
- Neuromuscular dysfunction that severely limits mobility Class III or IV cardiac condition (Am Heart Assn standards)
- Severely limited in ability to walk due to arthritic, neurological or orthopedic condition
- Restricted by lung disease to such an extent that forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than 60mm/hg of room air at rest



Other (explain below)

FOR BOTH LONG TERM AND TEMPORARY DISABILITY:

- Patient **CANNOT** board a handicapped accessible transit bus
 - Patient **CANNOT** climb 3-4 steps
 - Patient **CANNOT** walk, or travel 200 feet with assistive device
 - Patient is not capable of any of the above
- OR
- Patient is certified by the medical provider to have a temporary impairment of vision

Comments

Medical Provider Name

Medical Provider Address

Medical Provider Phone

Medical Provider Professional License #

Medical Provider Signature

Date

*****Please Note that No Medical Documents may be faxed to our office and must be submitted to your Parking Coordinator*****