

MDH MEDICAL PARKING APPLICATION

Temporary Permanent

Employee Name _____ Telephone _____

MDH Unit _____ Grade _____ EOD _____

THE FOLLOWING TO BE COMPLETED BY A LICENSED PHYSICIAN

Medical Certification:
I, the undersigned physician, hereby certify that the person named above on this application has appeared before me for medical evaluation, and in my medical opinion, has the conditions that are described below.

Printed Name _____ Phone _____

Signature _____ Date _____

Address _____

Medical License # _____ State _____ Exp Date _____

INSTRUCTIONS: PLEASE CHECK ALL THAT APPLY- UNMARKED ITEMS MAY DISQUALIFY APPLICANT.

Criteria for Consideration of a Medical Parking Permit

[SCORING CRITERIA: ITEMS 1, 2, AND (3 OR 4) ARE PRIMARY REQUIREMENTS]

- ___ 1. Applicant has a disability, condition, or injury limiting mobility that is:
 ___ permanent.
 ___ temporary. (Estimated duration) _____

- ___ 2. Applicant is unable to walk 200 feet without assistance and without stopping to rest.

- ___ 3. Applicant is unable to walk alone without assistance of a mechanical device or another person.

- ___ 4. Applicant requires a wheelchair or mechanical device for mobility.

- ___ 5. Applicant requires the use of the following mechanical device for mobility.

___ Crutches	___ all of the time	___ some of the time
___ Braces	___ all of the time	___ some of the time
___ Wheel Chair	___ all of the time	___ some of the time
___ Prosthesis	___ all of the time	___ some of the time
___ Other	___ all of the time	___ some of the time

(specify) _____

- 6. Applicant has a condition that substantially impairs mobility and which is so severe that the person's health would be adversely affected if the individual had to walk more than 200 feet. The adverse health effect would be:
 - further injury
 - possible respiratory failure
 - possible cardiovascular failure
 - premature labor
 - other (specify) _____

- 7. Applicant has lung disease to such an extent that he or she is always breathless
 - at rest.
 - on minimal exertion.
 - on light exertion.

- 8. Applicant has lung disease to such an extent that his/her forced expiratory volume in one second, when measured by spirometry is always less than:
 - one liter.
 - two liters.

- 9. Applicant has permanent loss of use of:
 - one leg
 - both legs

DIAGNOSIS:
 IN SUPPORT OF THE ABOVE CHECKED CRITERIA, THE PHYSICIAN IS TO PROVIDE A PERTINENT DIAGNOSIS WITH A WRITTEN DESCRIPTION OF HOW THE APPLICANT'S MOBILITY IS IMPAIRED.

Please Note: If necessary, medical parking allocations shall be prioritized by a consulting physician based on the severity of the disability with one being the highest priority, two or three being lower priorities. At anytime, your medical permit can/will be allocated to another with a higher priority.

Physician must FAX this application under cover sheet MDH 4576-4) to MDH Parking Coordinator, 410 333-7482 or mail copy to:
MDH Parking Coordinator, 201 West Preston Street, Rm LL-5, Baltimore MD 21201-2301

For Official Use Only:

Allocation Number _____ Date Issued: _____ Location: ___ Lot ___ Garage

MDH MEDICAL PARKING APPLICATION-Page 2

