

# CERTIFICATION OF MEDICAL NEED FOR PARKING

Please return to: Parking Services, 306 Broad Street, Warrensburg, MO 64093

To be complete by applicant:

Name: \_\_\_\_\_ University ID # \_\_\_\_\_

Phone #: \_\_\_\_\_ Employee: \_\_\_\_\_ Student: \_\_\_\_\_

This **MEDICALLY DISABLED PERMIT** will be granted for a specific time interval. I understand that any falsification of information on this form will result in termination of my parking privileges.

APPLICANT'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

To be completed by Physician: (Please type or print legibly) Before this application is completed, please read the letter of explanation on the reverse side.

PHYSICIAN'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ **SHORT-TERM:** For less than a semester (16 weeks) and would include, for example, post-operative recovery, complications of pregnancy, or orthopedic problems. Etc.

LENGTH OF TIME NEEDING PERMIT: \_\_\_\_\_

DESCRIPTION OF CONDITION IN NON-TECHNICAL TERMS: \_\_\_\_\_

MAXIMUM DISTANCE ABLE TO WALK-FLAT SURFACES: \_\_\_\_\_ STEPS: \_\_\_\_\_

\_\_\_\_\_ **TEMPORARY:** For a period of time longer than a semester (16 weeks) but not necessarily for life.

LENGTH OF TIME NEEDING PERMIT: \_\_\_\_\_

ENCLOSE LETTER EXPLAINING DISABILITY OR COPY OF MO PHYSICIAN'S STATEMENT FOR DISABLES PERSON'S LICENSE PLATES/PLACARD.

\_\_\_\_\_ **PERMANENT:** For individuals with permanent disabling conditions.

ENCLOSE LETTER EXPLAINING DISABILITY OR COPY OF MO PHYSICIAN'S STATEMENT FOR DISABLED PERSON'S LICENSE PLATES/PLACARD.

I certify that the applicant has a physical condition that necessitates disabled access to buildings on campus.

SIGNATURE OF PHYSICIAN (NO STAMPS): \_\_\_\_\_

DATE: \_\_\_\_\_

Dear Physician,

In the interest of the individual whose medical needs require disabled parking, University of Central Missouri gives consideration to those with special parking needs; however the University has extremely limited parking. A review of past applications has shown a wide variety of time lengths requested for similar conditions.

Consideration for those with special needs will continue, however permission must be granted in a distinct medical category. The categories are as follows:

**SHORT-TERM:** Duration of the parking permit will be for a specified length of time less than a semester, (usually 16 weeks) to be stated by the physician. This classification should be suitable for most applicants. This would include conditions such as but not limited to: athletic injuries, most surgeries, complications of pregnancy, etc. Statements such as “for as long as needed” or “for duration” will not be accepted. Time lengths must be specific. A brief statement describing the condition on the application will be sufficient.

**TEMPORARY:** Duration of the parking permit is usually for a semester block. This classification will apply to applicants that are expected to recover slowly from extensive operative procedures or require long-term rehabilitation. If the condition requires disabled access for longer than a semester but will not continue for life, please indicate a specific length of time in a detailed letter or a copy of the state temporary state Physician’s Statement for Disabled Person’s Licenses Plates/Placard.

**PERMANENT:** To continue for life. This classification will be for those whose disability qualifies them for the disabled permit issued by the State of Missouri. Please include a detailed letter or a copy of the permanent state Physician’s Statement for Disabled Person’s Licenses Plates/Placard. Individuals who qualify under this category will have the University’s Certification of Medical Need for Parking form on file for 4 years.

Your cooperation in this matter is sincerely appreciated.

Sincerely,

Parking Services  
University of Central Missouri