



PART II. (to be completed by certifying physician).

MEDICAL CERTIFICATION

Name of Physician: \_\_\_\_\_

License No.: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Name of Handicapped Person: \_\_\_\_\_

(please print)

In the space below, please indicate the handicapping condition which necessitates that the above applicant be granted a Handicapped Parking Permit, thereby entitling this individual to special parking privileges; and indicate if this condition is expected to be permanent.

We have provided a definition of a "handicapped person" presently being utilized to determine eligibility for such a permit under Section 1203-A of the Vehicle and Traffic Law (Chapter 838, Laws of 1977).

A "handicapped person" shall mean any person who has any one or more of the following impairments, disabilities or conditions which are permanent in nature:

- (a) has limited or no use of one or both lower limbs;
- (b) has a neuro-muscular dysfunction which severely limits mobility;
- (c) has a pulmonary or cardio-vascular condition which limits mobility or severely limits the individual's activities in the open air;
- (d) a person whose physical or mental impairment or condition is other than those specified above but is of such nature as to impose unusual hardships in utilization of public transportation facilities and such condition is certified by a physician duly licensed to practice medicine in this State as constituting an equal degree of disability (specifying the particular condition) so as to prevent such person from getting around without great difficulty;
- (e) a child with any one or more of the impairments or conditions listed above;
- (f) other.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Physician

NOTE: The above certification may be made by the applicant's personal physician or may be furnished, at no cost or expense to the applicant, by a physician designated by the Issuing Agent upon request by the applicant or parent or guardian of such applicant.