



Attending Physician's Statement (Request for a reduced parking permit or adapted transport)

Employee's name _____

McGill ID # _____

I authorize the release of any information with respect to this claim to my employer and/or his representative.

Employee's signature _____

Date _____

To the Employee:

Do you have a disabled parking permit from the SAAQ? Yes No

If yes, submit this form and a copy of your disabled parking permit.

If no, please submit this form with information provided by your attending physician as indicated below.

To the Attending Physician,

In order to determine if your patient is eligible for a reduced parking permit or adapted transportation, we need to obtain answers to the following questions:

Diagnosis: _____

Treatment Plan: _____

Does your patient require assistance to move about? Yes No

If yes, specify: _____

Can your patient move around without risk to his/her own health or safety? Yes No

If no, specify: _____

Does your patient's condition impair their ability to walk distances/take stairs? Yes No

If yes, specify restrictions involved: _____

What are the symptoms relative to the condition and how to they prevent your patient from taking public transportation to work? _____

Explain how driving to work would help eliminate risks to the health or safety of your patient. _____

Patient's situation:

Start date _____ Probable end date: _____

PHYSICIAN INFORMATION

Name _____ License # _____

Signature _____ Date _____

Address, phone #, and fax #, or clinic stamp