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’s signature Date

The employee is responsible for the completion of this form without expense to the University.

(2018)