CERTIFICATION OF MEDICAL NEED FOR PARKING
To be completed by a licensed health care provider (Please Print):

Explanation of Rutgers Parking and Transportation System
The Department of Transportation Services provides a comprehensive transit system which serves all destinations on the New Brunswick/Piscataway campuses. All of our campus buses are equipped to handle mobility impaired individuals with low entrance steps and/or mechanical platforms for wheelchair accessibility. The average walking distance from each transit stop to classroom or residential facilities is \( \frac{1}{8} \) – \( \frac{1}{4} \) miles or a 2-5 minute walk. The duration of a transit trip between campuses averages from 5-20 minutes. Parking decks and lots are also centrally located to academic and residential areas also averaging a 2-5 minute walk.

Dear Physician:

Your patient is making an application for medical authorization for accessible parking on the New Brunswick/Piscataway campus of Rutgers University. Parking at Rutgers is extremely limited, but we are dedicated to meeting the needs of our students, faculty, and staff with legitimate medical reasons for special parking. Please complete the following form in its entirety. Every effort will be made to honor legitimate requests for the benefit of your patient. Abuse of the system for medical permits will threaten the viability of the system for everyone.

1. Diagnosis and Description of Medical Problem:

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

   LENGTH OF TIME NEEDING PERMIT: ___________________________

   □ SHORT-TERM: (Includes such needs as post-operative recovery, complication of pregnancy or orthopedic problems.) Short-term parking permits will be granted for up to 6 weeks at a time. If parking is needed for greater than 6 weeks, the patient must re-submit a Certification of Medical Need.

   □ TEMPORARY: For a period of time longer than a semester (16 weeks), but not life-long.

   □ PERMANENT: For individuals with permanently disabling conditions. Individuals requesting Permanent Handicapped parking must have a State issued DMV handicapped parking hangtag and Disabled ID.

2. How far can the patient walk?
   a. Less than 2 minute walk
   b. 2-10 minutes
   c. > 11 minutes
Certification of Medical Need for Parking

3. How many pounds of books can the patient carry?
   a. 3-5 lbs
   b. 6-20 lbs
   c. > 20 lbs

4. Pregnancy: A Normal Pregnancy is not a medical indication for a parking permit
   a. EDC: _____________
   b. Does the patient have pregnancy complications resulting in need for parking permit:
      _____Yes (if yes, please explain below) _____No

5. Appointments: Routine appointments are generally not a medical excuse for a permit.
   a. Does the patient have an uncontrolled condition or require appointments for
      specialized procedures? _____Yes (If yes, please explain below) _____No

Bus transportation is provided by Rutgers for all university affiliates throughout the campus. Can the patient ride a bus? _____Yes _____No (If no, please explain):
(All of our campus buses are fully equipped to handle mobility impaired individuals with low entrance steps and or mechanical platforms for wheelchair accessibility)

This form must be filled out completely or it will not be reviewed. Submission of this form does not guarantee additional parking privileges will be approved. This form should also be accompanied by a class schedule. Contact our department in 3-5 business days to check the status of your request.

I hereby attest that all the information provided above is accurate and true to the best of my knowledge. I understand providing false information could result in the loss of parking privileges for the academic year. I also understand and agree this application may be reviewed Rutgers University physician.

_____________________________   ____________________________
Patient’s Signature              Date

_____________________________   ____________________________
Physician’s Signature            Date

Physician’s name address and phone (please print)