

Medical/Professional Verification

(Not a request for copies of medical records)

**Applicant's
Name** _____

Capacity in which you know applicant

Date of applicant's last visit:

Please describe the applicant's disability/condition in layman's terminology.

Please describe the impact this disability/condition has on the applicant's ability to use fixed route buses:

Is Disability/Condition Permanent? ___Yes ___No

If temporary, when will applicant be able to resume normal travel patterns?

Date: _____

Is Disability/Condition Periodic? ___Yes ___No

Under what circumstances does Disability/Condition flare-up?

How far can the applicant walk without assistance ? Please check

- Length of one football field (300 feet)
- Less than one city block (500 feet)
- One length of a football field and back (600 feet)
- One lap around a track? (1,320 feet)

Does the applicant use a mobility device? Please check all that apply.

- White Cane Orthopedic cane (3 or 4 prong)
- Walker Braces Crutches Wheel Chair
- Motorized Wheelchair Scooter Other

How far can the applicant travel using a mobility device? Please check

- Length of one football field (300 feet)
- Less than one city block (500 feet)
- One length of a football field and back (600 feet)
- One lap around a track? (1,320 feet)

Does the disability/condition prevent the applicant from getting to or from a bus stop? Yes No Sometimes. If yes/ sometimes please explain.

Does the disability/condition prevent the applicant from waiting at a bus stop? ___Yes ___No ___Sometimes.

How long can the applicant wait, if sitting? _____minutes

How long can the applicant wait if standing? _____minutes

How long can the applicant wait if using a mobility device?
_____minutes

Does the disability/condition prevent the applicant from riding a wheelchair accessible bus? ___Yes ___No ___Soetimes. **If yes/sometimes please explain:**

Does weather affect the applicant's ability to travel? ___Yes ___No ___Sometimes. **If yes/sometimes please explain:**

Does the applicant have the capability to:

Give addresss and phone number? ___Yes ___No

Recognize a destination or landmark? ___Yes ___No

Deal with unexpected change(s) in route? ___Yes ___No

Ask for, understand and follow directions? ___Yes ___No

Does the applicant require a personal care attendant/assistant when traveling by bus? Yes No

Does the applicant have any other medical conditions of which MAX should be aware ? If yes describe:

I certify that the information contained herein is true and correct to the best of my knowledge and ability.

Signature _____ Date _____

Print Name _____

Professional Title _____

Clinic/Agency _____

Phone Number _____

Address _____

City _____ State _____ Zip _____