

UNIVERSITY OF KENTUCKY
Parking & Transportation Services
Application for Disability Parking Permit

SECTION I - Applicant

Name _____ Campus phone _____ Home phone _____
Campus Department & Address _____
Home Address _____ Zip Code _____
Soc Sec No. _____ Current Permit: ___ Student ___ Employee ___ Retiree ___ Donovan ___ Other _____

I am requesting a disability parking permit due to the following mobility problems and/or medical conditions.

By signature below, applicant authorizes physician to complete Section II below, and to release information regarding medical condition.

Date _____ Signature of Applicant _____

SECTION II - Physician

Fill in all in all items shown below. The University of Kentucky Application Review Committee for Parking for People with Disabilities, which includes physicians, will review this information.

1. Specific diagnosis of medical condition: _____

2. Date of injury or onset of illness or medical condition _____
3. Is condition permanent? ___Yes ___No; if no, how long will applicant be disabled? _____
4. How does this disability or medical condition conform to attached criteria (**be specific**); see KRS 186.042 (see page 2 of this document) _____

5. Include or attach information on test results, surgeries, medication, or other information that supports this request (e.g. pulmonary function studies for asthma). _____

6. Does applicant require aids for walking, e.g., cane, walker, wheelchair, or other assisting device? ___No ___Yes, please specify _____
7. Other information or comments in support of this application for disabled parking (attach additional sheets if necessary) _____

Physician Name (please print) _____ Phone: _____

Physician Address _____

Date _____ Physician Signature _____

Return form to:
Disability Resource Center
University of Kentucky
2 Alumni Gym
Lexington, KY 40506-0029
Phone: (859)257-2754
FAX: (859) 257-1980

KENTUCKY REVISED STATUTE 186.042 (1992)

For the purposes of this section, "*persons with disabilities which limit or impair the ability to walk*" means persons who, as determined by a licensed physician:

- Cannot walk two hundred (200) feet without stopping to rest;
- Cannot walk without the use of, or assistance from a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assisting device;
- Are restricted by lung disease to the extent that the person's forced respiratory and expiratory volume for (1) second, when measured by spirometry, is less than (1) liter, or the arterial oxygen tension is less than (6) mm/hg on room air at rest;
- Use portable oxygen;
- Have a cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV according to standards set by the American Heart Association; or
- Are severely limited in their ability to walk due to an arthritic, neurological, or orthopedic condition.