

MEDICAL PARKING APPLICATION**PRIVACY ACT STATEMENT:**

The Social Security Administration (SSA) is authorized to collect the information requested on this form by the Federal Property and Administrative Services Act of 1949, as amended, 63 Statute 377, 390 (40 U.S.C. 471, 486 and 41 CFR 101-20.104-2). The information is used in providing standards for apportioning and assignment of handicapped parking spaces on SSA managed and SSA-controlled property and on property assigned to SSA by the General Services Administration (GSA) or any other agency and to allocate and check parking spaces assigned to handicapped personnel and others.

You do not have to give us this information. However, without the information we will be unable to consider your eligibility for handicapped parking privileges. The information you provide may be disclosed to the Department of Justice in the event of litigation where the defendant is SSA, any SSA component, or any SSA employee in his or her official capacity; to a congressional office requesting information on your behalf; to volunteers or individuals working under a service contract and other individuals performing functions for SSA if they need access to the records for the performance of their assigned agency functions; to the GSA and the National Archives and Records Administration for conducting records management studies.

Explanations about these and other reasons why information about you may be used or given out are available by contacting the Director, Office of Protective Security Services, 1-M-25 Operations Building, 6401 Security Boulevard, Baltimore, Maryland 21235.

PAPERWORK REDUCTION ACT STATEMENT:

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take the physician about 1 hour to read the instructions, gather the facts, and answer the questions. *You may send comments on our time estimate above to: SSA, 1338 Annex Building, Baltimore, MD 21235-0001. Send only comments relating to our time estimate to this address, not the completed form.*

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INSTRUCTIONS TO APPLICANT:

DEFINITION OF DISABILITY: To be eligible for the accommodation of medical parking, an employee must have a medical condition or mobility impairment that rises to the level of a "disability", as defined by the Rehabilitation Act of 1973. To qualify for medical parking, the "disability" must substantially (severely) limit the employee's ability to walk. Pursuant to the Act, the employee's limitation must be substantial (severe). In determining whether the disability "substantially limits" the employee's ability to walk, consideration will be given to: (1) the nature and severity of the impairment; (2) the duration or expected duration of the impairment; and (3) the permanent or long-term impact, or the expected permanent or long-term impact resulting from the impairment. In support of the employee's application for a medical parking assignment, a physician's report must be submitted which provides objective medical documentation supporting the severity of the disability, such as physician office notes, x-ray reports, MRI reports, pulmonary function tests, or other medical testing results.

SUBMISSION OF PHYSICIAN'S REPORT: This form, accompanied by the required medical documentation, must be forwarded from the physician's office directly to the Public Health Physician in a separately contained sealed envelope to the address listed below. Completed forms may be faxed to 410-597-0455.

OBVIOUS PHYSICAL IMPAIRMENTS: Employees with plainly obvious physical impairments, such as leg amputations, wheelchair-bound employees, or employees with plainly obvious neurological impairments due to strokes, multiple sclerosis, cerebral palsy, etc., are asked to contact the Public Health Physician directly during office hours at 410-966-8273 to receive a medical permit. Subsequent to this approval, these employees will be responsible for updating their parking permit with the parking office.

OFFICE INFORMATION: Public Health Physician at 410-966-8273, FAX 410-597-0455, office hours are Tuesday, 8 a.m. to 12 noon and Thursday, 8 a.m. to 4:30 p.m.

TO BE COMPLETED BY APPLICANT:

Name _____ DOB _____

Office/Company _____ Work Schedule _____

Building _____ Room No. _____ Telephone No. _____

Do you have a current medical parking permit? No ___ Yes ___

If Yes, complete the following: Area _____ Lane _____ Space _____

Permit expires _____

CONSENT: I request that, and have authorized, my physician to give the information requested and any additional medical information required, as pertains to this application for medical parking.

Signature: _____ Date: _____

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INSTRUCTIONS TO PHYSICIAN: The above-named individual is applying for medical parking assignment for medical reasons. To be considered for the accommodation of medical parking, the individual's disability must substantially (severely) limit the individual's ability to walk, as substantiated by both clinical notes from the individual's medical record, as well as by objective medical documentation such as X-ray reports, MRI report, pulmonary function tests, or other medical testing results.

TO BE COMPLETED BY THE PHYSICIAN:

Patient's Name: _____ DOB _____

Patient's Disability: (Specific medical diagnosis, not a symptom).

Injury Date: _____ Surgery Date: _____

Date you last examined this patient for this condition? _____

What medications are you now prescribing for this condition? _____

Other active management this patient is currently receiving? _____

Anticipated length of time patient will be disabled? _____

Date when this patient is to follow up with you? _____

If this patient has been directed by you to use an ambulating assistance device, please state which kind _____

Medical documentation required with this form:

1. Copies of the two most recent physician office notes, concerning this patient's disability (notes should be reviewed so as to delete any personal information not pertaining to the disability).
2. Copies of any diagnostic reports relevant to determining the severity of this patient's condition; for example, A. Cardiac Disabilities -- recent ETT, ECHO, or cardiac procedure report. B. Pulmonary Disabilities -- recent spirometry report or chest x-ray report. C. Degenerative Joint Disease -- recent x-ray report or MRI report.

(over)

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Physician's Printed Name: _____
(Or attach business card.)

Telephone No.: _____

Address:

Physician's Signature: _____ Date: _____

SUBMISSION OF REPORTS: This completed form and accompanying medical reports may be faxed (410-597-0455) or mailed:

Public Health Physician, Social Security Administration
Second Floor Link, Room 8
6401 Security Boulevard
Baltimore, MD 21235-6401

FAILURE TO PROVIDE THE NEEDED INFORMATION COULD RESULT IN THIS APPLICATION BEING DENIED.