



Disability Service

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DISABLED PARKING AND BUS: MEDICAL REPORT

TO BE COMPLETED BY MEDICAL DOCTOR

Doctor's Name: _____

Applicant's Name: _____

Parking at the University is VERY SCARCE. We have only a limited number of designated parking bays available for people with mobility impairments. In order to ensure that the people whose need is greatest have access to this parking and the use of the bus, we need to make sure that the bays are not assigned to people who could make alternate arrangements. Please note therefore that this application provides information in terms of which applications will be considered. It is not a guarantee that the privilege will be granted.

Medical condition from which the mobility impairment results: _____

Please give a detailed description of how this impacts on the applicants' mobility.

Four horizontal lines for describing mobility impact.

Additional pages / documents may be attached.

Nature of mobility impairment:

- (a) Wheelchair user Yes No
(b) Other (able to walk, but only short distances) Yes No

How far can the person walk? On a flat surface _____

On an incline (hill) _____

How many stairs can the person climb? _____

Is the disability permanent or temporary? _____

If temporary, for how long will the person require parking or use of the bus? _____

PLEASE ATTACH A COPY OF YOUR LETTERHEAD.

Doctor's Signature Tel. No. Date