

LSU HEALTH SCIENCES CENTER – NEW ORLEANS

PHYSICIAN’S CERTIFICATION OF MOBILITY IMPAIRMENT

I certify that (Name) _____

meets the requirements as stated below and qualifies for a mobility impaired parking space/hangtag.

LIFELONG OR TOTALLY IMPAIRED

(Physician’s certification required on initial application only.)

PERMANENTLY IMPAIRED

(Condition expected to last at least two (2) years. Physician’s certification required at each renewal of hangtag.)

TEMPORARILY IMPAIRED

(Condition expected to last for less than two (2) years. Physician’s certification required at each renewal of hangtag.)

One Year

Six Months

Three Months

Other

Physician’s Signature

Date

Address

Telephone #

REQUIREMENTS

The term, “mobility impaired person”, shall include any person who is impaired because of any of the following conditions:

1. Cannot walk two hundred feet without stopping to rest.
2. Cannot walk without the assistance of another person, walker, cane, crutches, braces, prosthetic device, or wheelchair.
3. Is restricted by a lung disease to such an extent that the person’s forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than sixty min/hg on room air at rest.
4. Uses portable oxygen.
5. Has a cardiac condition to the extent that the person’s functional limitations are classified in severity as Class [I] or Class [IV] according to standards by the American Heart Association.
6. Has a diagnosed disease or disorder, including a severe arthritic, neurological, or orthopedic impairment which creates a severe mobility limitation.

TO BE COMPLETED BY LSUHSC PARKING OFFICE

Parking Gate Tag # _____

Hangtag#/Accessible Decal# _____

Date Issued _____

Exp.Date _____

Issued By _____