



Application for Accessible Parking Permit

The completed applications are to be delivered to the City of Whitehorse at 2121 Second Avenue, Whitehorse, YT

PART A – APPLICANT INFORMATION – TO BE COMPLETED BY APPLICANT OR LEGAL GUARDIAN

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Legal Last Name of Applicant												Legal First Name						Initial	
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Date of Birth						SEX		Phone Number						Postal Code					
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Street Address/Physical Address												City/Town/Village							

PART B – HEALTH INFORMATION

Instructions: Health professionals to complete sections 1, 2, and 3.

Health documents filed in support of this application are privileged – subject to the confidentiality provisions of the Freedom of Information and Protection of Privacy Act.

SECTION 1 – CONDITION (PATIENT/APPLICANT MUST MEET ONE OF THE FOLLOWING CONDITIONS)

Walk is defined as” Move at a regular and fairly slow pace by lifting and setting down each foot in turn, never having both feet off the ground at once.”

- A** Cannot walk 50 meters without assistance of another person or a brace, cane, crutch, a lower limb prosthetic device or similar assistive device or who requires the assistance of a wheelchair.
- B** Is severely limited in the ability to walk 50 meters due to an arthritic, neurological, musculoskeletal or orthopedic condition.
- C** Visual acuity is 20/200 or poorer in the better eye with or without corrective lenses or whose greatest diameter of the field of vision in both eyes is 20 degrees or less.

Medical name(s) of Applicant’s condition(s): _____

Specify condition/illness (layman terms): _____

YES NO Would you recommend a complete medical report and/or road test to assess the applicant’s ability to operate a motor vehicle?
 YES NO If yes, has this information been forwarded to the Yukon Motor Vehicle Branch?

SECTION 2 – STATUS OF CONDITION

This patient is experiencing a mobility impairment which is: (Check only ONE condition).

- Temporary Condition; estimated length of the condition in number of months _____. (Maximum 12 months).
- Permanent disability (**LIFE TIME CONDITION THAT WILL NOT CHANGE** the status of requiring an accessible parking permit)

SECTION 3 – REGULATED HEALTH PROFESSIONAL CERTIFICATION

I am registered with:

- Registrar of Medical Practitioners , Yukon Medical Council pursuant to the *Medical Profession Act*
- Yukon Registered Nurses Association (Community Practitioner)

For the reasons specified in Section 1, it is my opinion that the patient has a mobility impairment that poses a risk to their health by walking 50 meters or meets the criteria for visual acuity as noted in Section 1.

Note: as the authorizing medical professional, you are verifying the applicant meets the conditions set out in this form and have fully completed this application. Should there be misuse or abuse of the privileges associated with the issuance of this permit, you may be requested to verify the applicant’s disability.

Health Care Providers Stamp

Stamp Name & Address of Regulated Health Professional

PRACTITIONERS NAME (PRINT): _____ PRACTITIONERS NAME (SIGNATURE): _____
 DATE OF EXAMINATION: _____