

Part 3: Medical Eligibility Standards and Medical Professional Certification

As the medical professional(s) executing this document and verifying the nature of the applicant's disability, I understand that making a false representation of a person's disability for the purposes of obtaining any type of disabled parking placard may result in suspension or revocation of my license and a fine of up to \$1,000. As a licensed physician, advanced practiced nurse, optometrist, chiropractor or physician's assistant, I certify the applicant has a condition that constitutes him/her as a person with disabilities.

Length of Disability: (Check one)

- Temporary Disability; the duration of this disability is _____ (maximum 6 months)
- Permanent Disability
- Meter-Exempt Disability (Must complete and sign Part 4 also.)

Check all that apply: (MUST check at least one):

- Is restricted by a lung disease to such a degree that the person's forced (respiratory) expiratory volume (FEV) for 1 second, when measured by spirometry, is less than 1 liter.
- Uses a portable oxygen device.
- Has Class III or Class IV cardiac condition according to the standards set by the American Heart Association.
- Cannot walk without the use of or assistance from a wheelchair, a walker, a crutch, a brace, a prosthetic device, or another person.
- Is severely limited in the ability to walk due to an arthritic, a neurological, an oncological, or an orthopedic condition.
- Cannot walk 200 feet without stopping to rest because of one of the above five conditions.

Check all that apply: (MUST check at least one diagnosis):

- | | |
|-----------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Amputation of extremity(s) _____ | <input type="checkbox"/> Arthritis of the _____ |
| <input type="checkbox"/> Spina Bifida | <input type="checkbox"/> Osteoarthritis of the _____ |
| <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Chronic Pain due to _____ |
| <input type="checkbox"/> Quadriplegia/Paraplegia | <input type="checkbox"/> Legally Blind with limited mobility |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Pregnancy (third trimester) 90 days maximum |

Other Diagnosis: _____
 If none of the above conditions apply, list the medical condition that impacts the person's mobility.

Medical Professional's Printed Name	Specialty	
Office Address	City, State, ZIP	
Medical Professional's Signature	State Professional License Number (NOT NPI#)	Today's Date
Signature of Collaborating/ Supervising Physician (if signed above by resident/assistant)	Supervising State Professional License Number	

Part 4: Medical Eligibility for Meter-Exempt Parking

The meter-exempt parking certification must be completed only when the applicant qualifies. To qualify, the applicant **MUST have a VALID Illinois driver's license**, have an ambulatory disability described in Part 3, and also have one of the following conditions listed below. **Economic need is not a consideration for meter-exempt parking.**

The applicant is eligible for meter-exempt parking as provided by statute due to the following **PERMANENT** medical condition or disability:

Check all that apply:

- Cannot manage, manipulate or insert coins, or obtain tickets in parking meters/ticket machines due to lack of fine motor control of BOTH hands.
- Cannot reach above his/her head to a height of 42 inches from the ground due to a lack of finger, hand or upper-extremity strength or mobility.
- Cannot approach a parking meter due to his/her use of a wheelchair or other device for mobility.
- Cannot walk more than 20 feet due to an orthopedic, a neurological, a cardiovascular or a lung condition in which the degree of debilitation is so severe that it almost completely impedes the ability to walk.
- Missing a hand(s) or arm(s) or has permanently lost the use of a hand or arm.
- Patient is under 18 years of age and incapable of driving.

Medical Professional's Signature	State Professional License Number (NOT NPI#)	Today's Date
Signature of Collaborating/ Supervising Physician (if signed above by resident/assistant)	Supervising State Professional License Number	

FOR SECRETARY OF STATE OFFICE USE ONLY

Parking Placard Number: _____ Expiration Date: _____
 Issued By: _____ Issue Date: _____