

PHYSICIAN'S VERIFICATION FORM – TEMPORARY PKG/ELEV

Confidential
Rec'd ___/___/20__ Comp Req Rep
Thru: Fall Spring Sum ___/200__

Please print clearly. Incomplete forms will not be processed.
Return to Student ACCESS Office, 874 Dillingham Blvd. (5-107B)
Hon., HI 96817 or FAX 808-844-2391.

Banner I.D. # or Birthdate

Last Name First Name M.I.
Mailing Address City HI Zip Code
Phone (please circle: home/work/cell) Email address @

Students: Non-renewable arrangements for up to 4 weeks may be made for acute orthopedic injuries (i.e. broken leg) that impair mobility. An official valid disability parking placard is required to park on-campus after 4 weeks. This allows adequate time for the student to obtain the official placard. For questions, call 844-2392 voice/text.

Physicians: Your patient is requesting temporary arrangements to get on-campus parking/elevator access due to their recent injury. An official parking placard issued by the State will be required for ongoing arrangements. Student parking is a 10-minute walk to the main campus (flat terrain). Students with restrictions on the amount of weight they carry do not qualify for parking and are advised to use wheeled bags and backpacks unless contraindicated (explain below). Please note the condition and time period and mark the appropriate sections. Thank you.

TEMPORARY PARKING AND ELEVATOR REQUEST GOOD thru ___/___/___ (limit 4 weeks):

My patient's condition is _____ and therefore needs:

Parking on main campus

My patient needs parking on the main campus because he/she is:

- Unable to walk more than 200 feet without stopping to rest.
Unable to walk without the assistance from a walking device, wheelchair, person or
other: _____
Unable to walk 10 minutes on flat terrain. These are the risks if student does not get accommodation: _____

Floor-to-Floor Elevator Access

My patient needs elevator access to get to and from class(es).

If the floor-to-floor elevator becomes inoperable up to 3 days, my patient:

- Can walk up or down a half flight of stairs to get to/from class.
Cannot walk up or down a half flight of stairs to get to/from class.
Relocate class Yes or No
Impact if unable to relocate class: _____

If the floor-to-floor elevator becomes inoperable for more than 3 days, my patient:

- Can walk up or down a half flight of stairs to get to/from class.
Cannot walk up or down a half flight of stairs to get to/from class.
Relocate class Yes or No
Impact if unable to relocate class: _____

In an emergency, in order to exit the building, my patient:

- Can walk down the stairs & does not require help.
Can walk down the stairs but requires help.
Cannot walk down the stairs and would need evacuation assistance.

EXAMINING PHYSICIAN TO SIGN

As M.D., I attest the above to be true & request good thru date above after which an official disability parking placard will be required to park on-campus at HCC.

Physician's Signature Date Phone Number Official Stamp

Printed Name Address