

ELIGIBILITY SECTION

This must be completed and signed by any of the following health care specialists licensed to practice in any state: a physician, an advanced practice nurse, a chiropractor, physician assistant who is licensed or certified, a Christian Science Practitioner residing in Wisconsin, or by an authorized VA representative. This statement is for issuance of a disabled parking ID card and is not to be considered as a claim for VA benefits.

Please check appropriate boxes.

Temporary Disability until _____
Give specific date of expiration. Temporary ID cards are issued for a **MAXIMUM PERIOD OF 6 MONTHS**

Permanent Disability

Does the applicant's medical condition or disability impair his/her ability to SAFELY operate a motor vehicle? The Department has a responsibility to ensure that all drivers are able to exercise reasonable control over their vehicles. If the answer is yes, the applicant will be required to complete a driving examination.

YES NO

Please Print Clearly

Name of Person Certifying Eligibility
Address
City, State, Zip Code
Medical License Number
Area Code and Office Telephone Number

Eligibility Statement

I certify that the applicant is disabled according to the conditions specified below. I have indicated above whether this is a temporary or permanent disability.

(Authorized Signature of Health Care Specialist)

(Date)

SIGNATURES NECESSARY

Your health care specialist **MUST** complete and sign the "Eligibility Statement" for the following:

- First-time applicants;
- Replacements of permanent cards issued before July 1994;
- Renewal of expiring permanent (blue) cards;
- Extension of temporary disability.

Are you eligible?

Any person certified by an authorized health care specialist as having a temporary or permanent disability is eligible for the Disabled Parking Identification Card. By legal definition, this includes any person who:

- Cannot walk 200 feet or more without stopping to rest;
- Cannot walk without the use of, or assistance from, another person or brace, cane, crutch, prosthetic device, wheelchair or other assistance device;
- Is restricted by lung disease to the extent that forced expiratory volume for 1 second when measured by spirometry is less than one liter or the arterial oxygen tension is less than 60 mm/hg on room air at rest;
- Uses portable oxygen;
- Has a cardiac condition to the extent that functional limitations are classified in severity as class III or IV, according to standards accepted by the American Heart Association;
- Is severely limited in the ability to walk due to an arthritic, neurological or orthopedic condition;
- Has an equal degree of disability to those described above.