

Medical report to support temporary disability parking permit application



City of HOBART

When to use this form

This form is needed when you apply for a temporary disability parking permit. It must be filled in by a qualified health professional and then attached to your temporary disability parking permit application.

Medical Practitioner details

Title Required

First name Required

Last name Required

Practice or business name Required

Email address

Telephone number Required

Address Required

Preferred contact method (Select 1 option) Required

- email
- telephone
- Australia Post

Applicant's details

Applicant's full name Required

Please provide an overview of the temporary disability Required

**As a result of the temporary disability, will the applicant be totally reliant upon any of the following walking aids?
(Select 1 or more options)** Required

- wheelchair
- walking stick
- walking frame
- white cane
- 4 point stick
- crutches
- other
- none of the above

If other, please specify

Does the applicant meet the following criteria:

Unable to walk (Select 1 option) Required

- yes
 no

Only able to walk very short distances (up to 50 metres within 5 minutes) without the assistance of another person or use of a complex walking aid. (Select 1 option) Required

- yes
 no

Please advise the length of time the applicant is expected to meet the criteria (minimum period of six months or three months where the applicant relies on a wheelchair). Required

Is this application an extension to a current temporary disability parking permit? (Select 1 option) Required

- yes
 no

If yes please advise the length of time the applicant's current permit should be extended by.

Declaration

In making this application: (Select 1 or more options) Required

- I hereby certify that the information given by me is true and correct. Required
- the applicant has given me permission for their details to be provided. Required
- I have no objection to this report being referred to an independent medical referee for assessment. Required
- I agree that by typing my name below I have signed this application. Required

Name of signatory Required

Date Required

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