

APPLICATION FOR MEDICAL RESERVE PARKING PRIVILEGES

PLEASE READ BEFORE COMPLETEING THIS FORM

The location of Grays Harbor College is very special; however, it is on a hill. This creates some drawbacks in terms of accessibility. In an effort to deal with this, we have reserved a portion of our student parking lot for students who would suffer a medical threat if they were subject to climbing the steps from our lower parking lots.

The hill, which has been affectionally named "Cardiac Lane," is somewhat of a climb. It is composed of 78 steps and several walkways; the majority are covered and have hand rails. For most students, cardiac lane is an inconvenience; however, for others it is a major concern due to physical limitations. If this is the case, Medical Reserve parking may be an option. Please be aware of the following:

- **A person who has Medical Reserve parking privileges is not guaranteed a parking spot. Medical Reserve parking is limited to availability.**
- **A Medical Reserve permit does not allow the holder to use parking reserved for persons who have state issues disabled parking permits.**

We respectfully ask that all applicants use Medical Reserve parking as a last resort. The demand for this parking is always much higher than the amount of parking that is available.

Sincerely,

Accessibility Services

(Over)

ACADEMIC SCHOOL YEAR _____

Please return completed form to:

Accessibility Services
1620 Edward P. Smith Drive
Aberdeen, WA 98520
Fax: (360) 538-4299



GRAYS HARBOR COLLEGE

Permit #'s

_____ Su _____ F _____ W _____ Sp
(Official use only)

This Portion to be completed by Applicant

_____ Last Name _____ First Name _____ Student ID _____

_____ Mailing Address _____ City/State _____ Zip Code _____

_____ Phone Number _____ Email _____

Have you had a permit in the past? Yes _____ No _____

Student Signature: _____ Date: _____

Please Note: In general, Medical Reserve is for temporary conditions and must be renewed each academic school year unless the applicant's physical impairment is ongoing. Medical Reserve Parking passes must be picked up from Accessibility Services each quarter. Persons needing permanent accessible parking can apply for a "State Disabled Parking Permit". (Students with a valid state permit in their name are automatically eligible to use "Medical Reserve Parking").

This portion is to be completed by Applicant's Physician

I certify that I am a Licenses Physician and the applicant has a disabling condition indicated below that qualifies them for Medical Reserved Parking privileges at Grays Harbor College.

_____ The applicant's physical impairment is temporary and medical reserve parking will be needed till: ____/____/____

_____ The applicant's physical impairment is ongoing and medical reserve parking will be needed while the student is enrolled at GHC.

Please Circle all category letters that apply to student's condition

Mobility

C = Limited Gait or Range of Motion (Amputee, Hemiplegic, Brace/crutch user, Arthritis, etc.)

D = Paraplegic (Wheelchair user, Spinal Cord Injury or other condition limiting use of lower extremities, etc.)

E = Quadriplegic (Wheelchair user, Spinal Cord Injury or other condition limiting use of upper & lower extremities)

Chronic/Acute Health

K = Cancer (Hodgkin's, Leukemia, Carcinoma, etc.)

L = Cardiovascular/Pulmonary (Such as: Cardiac Diseases, Hypertension, Atherosclerosis, Thrombosis, Chronic Bronchitis, Asthma, COPD, etc.)

M = Orthopedic Conditions (Such as: Arthritis, Osteoporosis, Degenerative Disk, Fractures, etc.)

N = Organ, Blood, Gastrointestinal, Connective Tissue, Immune Disorders (Such as: Renal Disease, Diabetes, Lupus, CFS, Lupus, HIV/AIDS)

Neurological/Nervous System

P = Motor Neuron (Such as: Cerebral Palsy, Multiple Sclerosis, Parkinson's, Migraines, Polio, Muscular Dystrophy, etc.)

Q = Acquired Brain Injury (Head injury/trauma to brain from external or internal force such as Concussion, Confusion, CVA, Aneurysm, Meningitis, Abscess, Brain Tumor, etc.)

Pregnancy: When is the applicant due? _____/_____/_____

_____ Print Full Name of Physician

_____ Signature of Physician

_____ Date