



**Complete Section if University or Hospital Employee**

Department Name: \_\_\_\_\_ Dept. # : \_\_\_\_\_

Building Name: \_\_\_\_\_ Work Schedule: \_\_\_\_\_

**Complete Section if UNC Student**

Please Provide Building(s) / School Location

School (ex. General College, Law) \_\_\_\_\_

Campus Location (ex. Main quad., medical school) \_\_\_\_\_

Disability permits are assigned for one specific location and P2P is available for intra-campus travel to accommodate access to multiple locations.

**Physician's Information**

Please have treating physician complete form. Students may contact Campus Health Services at 966-2281 for assistance with this form and/or follow-up for the medical condition.

**Physician's Name (Printed):** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
City State

Please provide specific diagnosis and findings including ICD-9-CM Coding associated with applicant's condition that is relative to their mobility limitations.

**ICD-9-CM** \_\_\_\_\_ **Condition** \_\_\_\_\_

**ICD-9-CM** \_\_\_\_\_ **Condition** \_\_\_\_\_

1. Indicate if condition is  Permanent or  Temporary (Dates: From \_\_\_\_\_ To \_\_\_\_\_ )  
 Continuous or  Intermittent (Frequency \_\_\_\_\_ )

2. Wheelchair / Mobility Scooter Required:  Yes or  No

3. Distance: Number of \_\_\_\_\_ Feet or \_\_\_\_\_ Yards individual is able to walk

4. Elevation / Steps Limit:  No Limit or  Limit (How many can applicant negotiate?) \_\_\_\_\_

5. Can applicant utilizing accessible public transit?  Point to Point Service (vans)  Chapel Hill Transit buses ( Please explain if they aren't able to utilize \_\_\_\_\_ )

6. Other Comments: \_\_\_\_\_

