



**Medical Need Special Parking Request Instructions**

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Students may request special parking for a qualified medical condition. Special parking requests of greater than 90 days are routed through Duke Student Health; for requests of 90 days or less, please contact Duke Parking & Transportation Services. Only completed requests are reviewed. A completed request consists of this form completed by the student and medical provider. The medical provider (MD, DO, PA, and NP) cannot be someone with whom you have a significant emotional relationship (e.g. parent, sibling, or other relative). Recommendations and/or statements included in the medical documentation should not be interpreted as automatic approvals for special parking. Previously approved parking from Duke or other institutions or agencies does not guarantee approval of this request. The information below will be reviewed and forwarded to Parking & Transportation Services for final approval and assignment.

**FOR STUDENT TO COMPLETE:**

Student Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Duke Unique ID: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
(Please provide local or campus address)

Phone: \_\_\_\_\_ Duke E-mail: \_\_\_\_\_

By signing, the student is providing release for Duke Student Health to discuss his/her request with Duke Transportation & Parking and/or the Healthcare Provider completing the information on the following page.

\_\_\_\_\_  
**Student Signature** \_\_\_\_\_ **Date**



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Student Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Duke Unique ID: \_\_\_\_\_ DOB: \_\_\_\_\_

**FOR HEALTHCARE PROVIDER TO COMPLETE:**

The above student is requesting to be considered for special parking at Duke University. Your professional opinion will be used in the consideration of this request. Special parking is extremely limited and only those students with the greatest medical need(s) will receive special arrangements. **Please answer all questions (1-8); incomplete requests will not be reviewed.**

1. Diagnosis: \_\_\_\_\_

2. ICD 9 code: \_\_\_\_\_

3. Description of student's condition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What is the maximum distance the student can walk at a given time? \_\_\_\_\_

5. Does the student have difficulty with stairs?  No  Yes

6. Is student able to ride the bus?  No  Yes

If "No": Duke University Parking & Transportation Services offers comprehensive transit options that includes transportation from parking lots, frequent stops, multiple campus routes, and shuttle services. Please describe in detail why student cannot ride the bus.

\_\_\_\_\_  
\_\_\_\_\_

7. Is condition expected to last...  90 days or less  More than 90 and  $\leq$  1 year

> 1 year

8. \_\_\_\_\_  
Signature of Medical Provider Printed Name of Medical Provider Date

Provider Address: \_\_\_\_\_

Telephone & Fax: \_\_\_\_\_

Submit all forms to:

Devdutta Sangvai, MD, MBA,  
Medical Director, Duke Student Health  
DUMC Box 2899 Durham, NC 27710.  
Or Fax to (919) 681-2874