



**Department of
Environmental
Conservation**

MOTOR VEHICLE ACCESS FOR PEOPLE WITH DISABILITIES FOR THE USE OF STATE LAND

**Doctor Certification of Mobility Impairment
Confidential**

PATIENT INFORMATION

Last Name: _____ First Name: _____ MI: _____

Street Address: _____

City/Town: _____ State: _____ Zip: _____

RELEASE

I hereby release Doctor _____ from any and all liability for damages of any nature which may accrue because of any activity undertaken pursuant to the certification below:

(Signature of Patient) _____
(Date)

DOCTOR'S CERTIFICATION *(Please print or type the following)*

I, _____, (*circle one*) MD DO DPM PA NP, hereby state and affirm that _____, is my patient and, as his/her licensed physician, I certify that he/she has one or more qualifying disabilities as listed on the reverse of this form, and that the disability is (*circle one*) Permanent Temporary. If temporary, the term of the disability is _____ months.

Physician's Name: _____ License #: _____

Street Address: _____

Town/City: _____ State: _____ Zip: _____

Telephone #: (_____) _____

Signature _____ Date: _____
(Physician)

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A qualified person with a disability is an individual who:

- 1) Cannot walk 200 feet without stopping to rest; or,
- 2) Cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device; or,
- 3) Is restricted by lung disease to such an extent that the person's forced (respiratory) expiratory volume for one 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; or,
- 4) Uses portable oxygen; or,
- 5) Has a cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV according to standards set by the American Heart Association; or,
- 6) Is severely limited in their ability to walk due to an arthritic, neurological, or orthopedic condition.

A qualified person who can sign the Doctor Certification includes the following:

- 1) Doctor of Medicine (MD)
- 2) Doctor of Osteopathy (DO)
- 3) Doctor of Podiatric Medicine (DPM)
- 4) Physician's Assistant (PA)
- 5) Nurse Practitioner (NP)