



Mobility Impairment Form

This is supporting documentation only, a Parking Application must also be submitted

This application will be treated as confidential

To be completed by applicant

Name:

QUT Student

QUT Staff

Other

Student/ Staff Number:

To be completed by a Health Professional (Medical Practitioner, Physiotherapist, Occupational Therapist)

I certify that is suffering from : (briefly describe medical condition in layman's terms)

.....
.....

The nature of the applicant's condition will affect:

their ability to use public transport due to:

their ability to walk distances.

In my professional opinion they cannot walk more than

100 metres (cannot walk from parking areas to buildings on campus)

500 metres

1000 metres

1500 metres

2000 metres

without undue pain or further aggravating their condition.

their ability to carry loads.

In my professional opinion they cannot/should not be expected to walk more than metres when carrying a load 10 kg

In my professional opinion they cannot/should not carry more than kg when walking 500 metres.

This impairment is:

temporary and should be reviewed after/...../.....

3 months

6 months

1 year

permanent and reviewed after 5 years.

I understand that a member of the University Administration may contact me to seek further advice in order to clarify the information supplied in this form.

Signature: **Date:**

Name and Address of Health professional (or stamp):

..... Contact Telephone:

Parking at QUT is extremely limited and is allocated on a 'needs' basis. This form has been designed to obtain information regarding the applicant's medical condition to enable Parking Services to rank their application on a 'needs' basis.

This form requests information purely about their medical condition. The form does not address what other options may be available or how other circumstances may impact on their requirement for parking on campus. The Parking Application form captures this information.