



**Hamilton**  
Bermuda at its *best*

**MEDICAL FORM FOR DISABLED PARKING PERMIT**

This form must be completed by the disabled person's medical or psychiatric caregiver. For the purpose of the allocation of a disabled person's parking permit, the City of Hamilton uses the definition of "disabled" in the U.K.'s Disability Discrimination Act 1995, as follows: "A disabled person is a person who has a physical or mental impairment which has a substantial and long term effect on his or her ability to carry out normal day-to-day activities".

***PLEASE CLEARLY PRINT ALL INFORMATION***

Name of Disabled Person: \_\_\_\_\_

Please give brief description of the nature of the disability: \_\_\_\_\_

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

Can the patient move/walk independently?    Yes             No

If "no" above, what type of assistance does the patient require to move about? \_\_\_\_\_

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

This disability is:    Permanent             Temporary

If temporary, how long will a permit be required? \_\_\_\_\_

The disability is:    Slight             Moderate             Severe

Please PRINT Name: \_\_\_\_\_

(Medical or Psychiatric Caregiver)

Signature/Stamp: \_\_\_\_\_

(Medical or Psychiatric Caregiver)

Date: \_\_\_\_\_