

**MEDICAL INFORMATION FORM**

Medical Professional, (Doctor, RN, LPN, Social Worker, Case Worker) Please complete Section A - E as appropriate.

Applicants Name: \_\_\_\_\_

MAP Services are for persons who cannot use MATS fixed routes. The information you provide will allow appropriate evaluation of this request for certification. (Section A & E and at least one of section B-D must be completed. THANK YOU!

**SECTION A.**

1. Capacity in which you know the applicant: \_\_\_\_\_
2. What is the health condition or disability which prevents applicant from using regular bus service? \_\_\_\_\_
3. Is this public transportation disability temporary? Yes  No

**SECTION B. If applicant has a visual impairment:**

1. Visual Acuity with best Correction Right Eye  Left Eye  Both
2. Visual Fields Right Eye  Left Eye  Both
3. Visual Impairment Right Eye  Left Eye  Both

**SECTION C. Does the applicant have mobility impairment? Is applicant able to:**

1. Mobility Impairment Yes  No
2. Wait outside at street-side with no facilities (bench, etc) for 10 minutes? Yes  No
3. Using mobility aid or on their own how far is the applicant able to travel without assistance of another person?  
Less than 200 feet  1/4 mile (3 blocks)  1/2 mile (6 blocks)   
3/4 mile (9 blocks)  more than 3/4 mile
4. Is the applicant's ability to independently travel this distance affected by :  
(check all that apply)  
Hot Weather  Cold Weather  Steep Hill  None   
Street Crossing  Other  Please explain \_\_\_\_\_

**SECTION D: Does the applicant have a cognitive disability? Is applicant able to:**

1. Cognitive Impairment Yes  No
2. Give address and telephone numbers upon request? Yes  No
3. Recognize a destination or landmark? Yes  No
4. Deal calmly with unexpected situations/changes in routine? Yes  No
5. Ask for, understand, and follow directions? Yes  No
6. Safely travel through crowded facilities (i.e. bus transfer center) Yes  No

**SECTION E.**

1. PROFESSIONAL'S NAME & TITLE: \_\_\_\_\_
2. FIRM: \_\_\_\_\_ TELEPHONE : \_\_\_\_\_
3. ADDRESS/CITY/ZIP: \_\_\_\_\_
4. SIGNATURE: \_\_\_\_\_