

**Request for Special Parking/Transportation Consideration
Faculty and Staff Form**

(Faculty and Staff, complete the below information)

Date: _____

Name: _____ **DU ID#:** _____

Address: _____ (Home)
_____ (Office)

Name of Department: _____

Telephone #: _____ **Email:** _____

I. Nature of Health Problem and reason(s) for special parking: _____

II. Release of Medical Information: I, _____, voluntarily give Duke University permission to contact Dr.(s) _____ Address _____ at _____ (phone number) and/or review my records at Duke University Health System, as necessary, to obtain further health information related to my request for special parking consideration. I further understand that all information obtained will be maintained and used in accordance with applicable confidentiality requirements.

Copies of this completed form must be forwarded to Employee Occupational Health and Wellness (EOHW) P.O. Box 3148, DUMC, Durham, NC 27710 (fax) 919- 681-0555 and to the Disability Management System (DMS) 402 Oregon Street, Durham, NC 27708 (fax) 919-668- 3977.

EOHW will make appropriate recommendations to Parking and Transportation Office after review is completed.

Documentation for Special Parking Consideration

(Faculty and staff, complete the below information)

Date: _____

Name: _____ DU ID#: _____

Address: _____

Release of Medical Information: I, _____, voluntarily give Dr.(s) _____ Address _____, permission to share medical information as necessary, for discussion of my case as it relates to my request for special parking/transportation consideration.

Signature: _____

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(Faculty and staff: Please have the below information completed by your treating physician. Please forward completed form to: George Jackson, MD, Director, EOHW, DUMC Box 3148, Durham, NC 27710 fax to (919) 681-0555)

Date: _____

A. Brief Description of condition with diagnosis and limitations of activities.

Is the condition: Temporary _____ Duration Permanent

B. Maximum walking distance (in feet): _____

C. Does the employee have difficulty negotiating stairs?

No Yes Maximum Capacity of Stairs? (list number of steps) _____

Signature of Provider

Printed name or stamp

Address of Provider

Telephone number