

# Medical Verification for Niner Paratransit



Name \_\_\_\_\_

49er Card ID# \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Campus Department \_\_\_\_\_

UNC Charlotte email \_\_\_\_\_

Please check:  Student  Employee  Other

***I request Niner Paratransit services due to the following mobility impairments and/or medical conditions:***

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

***With the signature I authorize my physician to complete the information below about my medical condition and return the form to the Office of Disability Services of UNC Charlotte.***

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Physician - This information is being provided to support the need of on-campus transportation services for the above individual. Please comprehensively complete ALL items shown below.**

1. Specific diagnosis \_\_\_\_\_ 2. Permanent condition? Yes  No

3. Date of injury/onset of illness/condition \_\_\_\_\_

4. Duration of condition \_\_\_\_\_

5. How does this condition impair mobility? *(be specific)* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician Name *(please print)* \_\_\_\_\_

Physician Address \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

*Return form to:*  
UNC Charlotte Office of Disability Services  
9201 University City Blvd.  
Charlotte, NC 28223-0001

Phone: **704-687-0040** Fax: 704-687-1395

