NEW YORK STATE OF OPPORTUNITY | Department of Environmental Conservation

PHYSICIAN'S CERTIFICATION OF MOBILITY IMPAIRMENT FOR MOTOR VEHICLE ACCESS TO STATE LAND

Patient Information

Last Name	First Name	Middle Initial
Street Address		
City/Town	State	Zip

Patient Release

I, hereby release (physician's name) _____ from any and all liability for damages of any nature which may occur because of any activity undertaken pursuant to the certification below.

Signature of patient:	Date:

Physician's Certification (please print or type the following)

I, _____, (circle one) MD, DO, DPM, PA, NP, hereby state and affirm that _____, is my patient and, as his/her licensed physician, I certify that he/she has one or more qualifying disabilities as listed on the reverse of this form, and that the disability is (circle one) **PERMANENT / TEMPORARY.** If temporary, the term of the disability is _____ months.

Physician's Name:		License #:
Address:		
Town/City:	State:	Zip:
Signature:	Phone:	Date:

Doctor Certification of Mobility Impairment

*** QUALIFYING DISABILITIES ***

A qualified person with a disability is an individual who:

1) Cannot walk 200 feet without stopping to rest; or,

2) Cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device; or,

3) Is restricted by lung disease to such an extent that the person's forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than 60 mm/hg on room air at rest; or,

4) Uses portable oxygen; or,

5) Has a cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV according to standards set by the American Heart Association; or,

6) Is severely limited in their ability to walk due to an arthritic, neurological, or orthopedic condition.

January 7, 2015