

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

