



**TEMPORARY DISABILITY PERMIT REQUEST FORM**

**DEFINITION: PERSON WITH DISABILITY ILLINOIS COMPLIED STATUTES 625 ILCS 5/1-159.1**

A natural person who, as determined by a licensed physician: (Check all that apply)

- \_\_\_\_\_ 1) cannot walk 200 feet without stopping to rest;
- \_\_\_\_\_ 2) cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair or tother assistive device;
- \_\_\_\_\_ 3) is restricted by lung disease to such an extent that his or her 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;
- \_\_\_\_\_ 4) uses portable oxygen;
- \_\_\_\_\_ 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;
- \_\_\_\_\_ 6) is severely limited in the person’s ability to walk due to arthritic, neuroglial or orthopedic condition.

**THIS SECTION TO BE FILLED OUT BY PHYSICIAN**

Patient’s Name \_\_\_\_\_

Patient’s Condition and Diagnosis \_\_\_\_\_

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

Estimated length of disability in days (maximum 45 days) \_\_\_\_\_

I herby certify that the physical condition of the person with disabilities named above constitutes him or her as a person with disabilities as described under Illinois Complied Statutes 625 ILCS 5/1 – 159.1.

Physician’s Signature \_\_\_\_\_ Physician’s License # \_\_\_\_\_

Physician’s Name (please print) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone with Area Code \_\_\_\_\_

**THIS SECTION TO BE FILLED OUT BY JOLIET JUNIOR COLLEGE POLICE DEPARTMENT**

Permit Number \_\_\_\_\_ Issued Date \_\_\_\_\_ EXP Date \_\_\_\_\_

Vehicle Information: Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_

Plate Number \_\_\_\_\_ Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Send from via E-mail to [cprecrods@jjc.edu](mailto:cprecrods@jjc.edu), or deliver to Campus Police G1024