



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 hereby 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 cprecords@jjc.edu, or deliver to Campus Police G1024