



Disabled Person's Pass Medical Evidence Form

You should only complete this medical evidence form if you are applying for a Disabled Person's Pass **and** have answered 'Yes' to part 4b or 5 of our main Disabled Person's Pass application form. To complete the main application form please visit www.doncaster.gov.uk/doitonline/mobility-travel-pass-application. We cannot make a decision on your entitlement until we receive an application form. The main application form can only be completed online.

We can only accept this form if;

- You complete parts 1 and 2 and sign part 2 and
- Your Doctor or Medical Practitioner completes parts 3 and 4. They must put their initials in a relevant box at part 3 and they must also sign and stamp part 4. **We cannot accept this form if the doctor has not completed is correctly.**

Important information for you is included in part 1.

Part 1: Information for the applicant

Have you completed our main Disabled Person's Pass application form online?

Yes

You should do this before submitting this form to us. This medical evidence form is only required if you answer 'Yes' to part 4b or 5 of the main online application form.

Do you need assistance to complete the online form?

Assistance can be found at our offices in the Civic Office, Waterdale, Doncaster.

What do I do with the form once it has been completed by my Doctor or Medical Practitioner?

Check that your Doctor or Medical Practitioner has answered the question in Part 3, and that they have ***initialled not ticked*** the relevant box that applies to you and fully completed the declaration at part 4. **Forms which are incomplete will be rejected, so please check the form once the doctor/medical professional returns it to you, so as not to delay your application.**

The form can be brought into our office or posted to Benefits Section, Civic Office, Waterdale, Doncaster, DN1 3BU.

Part 2: Your personal details (To be filled in by the applicant)

Full name
(including title)

Address:

Date of birth:

Phone:

Postcode:

Email:

Signed:

Date:

Part 3: Eligibility (To be completed by the Doctor or Medical Practitioner)

Dear Medical Professional,

The person named overleaf is applying for a Disabled Person's Pass on the basis that they are an eligible disabled person as defined in **section 146 of the Transport Act 2000**. This is clarified in more detail in the options set out below.

This form asks for information about the applicant's disability, please answer to the best of your professional knowledge and judgement. The information you provide will determine whether the applicant qualifies for a Disabled Person's Pass.

Any professional fees or charges should be charged to the applicant.

Please **initial** in the box to indicate which of the following conditions apply to the applicant, a **tick in a box cannot be accepted.**

Please initial

Deaf, **total** hearing loss of more than 70db

Without speech – unable to make clear basic requests or ask specific questions, but, **not** where slow or difficult to understand e.g. stammer

Some other permanent and substantial disability that causes considerable difficulty in walking

Without the use of both arms, whether by reason of the absence of limbs or otherwise

Have been or would be refused a driving license on medical grounds **other than** the persistent misuse of drugs or alcohol

Part 4: Verification (To be completed by the Doctor or Medical Practitioner)

I certify that I am the Doctor / Medical Practitioner of;

PATIENT'S FULL NAME _____

and in my medical opinion they meet the condition indicated by my initials in part 3.

Name of Doctor:

Position:

Address:

Tel:

Signed:

Date:

Official Stamp

Please Note

Forms can only be accepted where the Doctor or Medical Practitioner has answered the question in Part 3, **initialled, not ticked** the relevant box and fully completed the declaration in part 4, including an official stamp. Forms which are incomplete will be rejected and a replacement form issued to the applicant for completion in full. Thank you.

On completion, please return this form to the applicant.