Student Health Services

107 Eickhoff Hall 2000 Pennington Road Ewing, N.J. 08628-0718 Phone: 609-771-2889; Fax: 609-637-5131 E-Mail: health@tcnj.edu

MEDICAL PARKING APPLICATION FORM FOR RESIDENTIAL FIRST-YEAR STUDENTS

HEALTHCARE PROVIDER'S STATEMENT

Dear Health Care Provider:

Residential first-year students are not permitted to park on campus. However, those students who demonstrate a compelling need for personal transportation to attend <u>frequent</u>, <u>scheduled medical or psychological appointments</u> may qualify for an exception to this policy. Appointments must be scheduled at least weekly and NOT on an "as needed" basis.

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Student's name:				Date of Birth:		
1.	Diagnosis:					
2.	Is this a permanent or temporary_	health issue?				
3.	What is the purpose of these scheduled o	ffice appointments?				
4.	What is the frequency of these appointments? x week that begin/began on the following date:					
5.	. How long do you anticipate these appointments being needed (e.g., "4 weeks", until "Nov 1, 2019"):					
6.	What is the date of the student's next app	pointment:				
7.	If mobility is limited, does this student als	o need closer parking t	o classes & residence hall? N	lo Ye	2S	
8.	Additional Information to support this rec	quest:				
Нес	alth Care Provider's Signature:		D	ate:		
Нес	alth Care Provider's Printed Name AND Cred	dentials:				
Lice	ense Number and State (required)		Telephone: (_)		
Off	ice address:					
	Street	City	Sto	ate	ZIP	