

Date: [Date]

To: [Department of Motor Vehicles / Relevant Authority]

Address: [Office Address]

City, State, Zip: [City, State, Zip Code]

Subject: Medical Certification for Permanent Disabled Parking Placard

To Whom It May Concern,

I am writing to formally certify that my patient, **[Patient Full Name]**, born on **[Patient Date of Birth]**, is under my professional care and has been diagnosed with a permanent physical disability.

According to the criteria established by [State/Province] law, the patient suffers from a permanent condition that severely limits their mobility. Specifically, the patient meets the following requirement(s):

- [Condition Example: Cannot walk 200 feet without stopping to rest]
- [Condition Example: Cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device]
- [Condition Example: Is restricted by lung disease to such an extent that forced expiratory volume (FEV1) is less than one liter]
- [Condition Example: Uses portable oxygen]
- [Condition Example: Has a cardiac condition to the extent that functional limitations are classified in severity as Class III or Class IV according to standards set by the American Heart Association]

Due to the lifelong nature of this impairment, I recommend the issuance of a **Permanent Disabled Parking Placard** to assist with their daily mobility and access needs.

If you require any further information or medical documentation, please do not hesitate to contact my office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Printed Name]

[Medical License Number]

[Clinic/Hospital Name]

[Phone Number]