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**To the Employee:**

Please indicate the name of the building you are working in: \_\_\_\_\_

Please indicate if this request is for proximity parking and/or adapted transport?      Proximity Parking      Adapted transport

Do you have a certificate for parking for persons with a disability from the SAAQ?    Yes    No

If yes, submit this part of form with a copy your certificate for parking from the SAAQ directly to [parking.services@mcgill.ca](mailto:parking.services@mcgill.ca)

If no, please submit this form with information provided by your attending physician to [disability.hr@mcgill.ca](mailto:disability.hr@mcgill.ca)

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**To the Attending Physician,**

McGill University wishes to accommodate its employees whose medical condition limits their ability to walk about on campus or take public transportation to and from the campus. We provide access via adapted transport on campus and/or parking on campus. Since access restrictions

(e.g. limited ability to walk, stand, etc.)	Degree of severity: Light, Moderate, Severe	Details of restrictions (e.g. maximum distance the patient can walk, maximum time the patient can stand, etc.)

**Other comments:**

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**Duration of the restrictions:** \_\_\_\_\_

Are you recommending that your patient apply to obtain a certificate for parking for persons with a disability from the SAAQ?  Yes  No