

# Medical Pro-Forma Questionnaire

Relating to the request for the provision of a disabled parking bay for the severely mobility impaired person detailed below.

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_ **Postcode** \_\_\_\_\_

**Please complete the questionnaire below in order to enable Lancashire County Council to assess the suitability of the applicant.**

1. Please provide a brief description of the nature of the applicants' disability.
  
2. Is the applicant able to walk in excess of 20 metres unaided?
  
3. Do you consider that the applicant is able to be left unattended in a safe area for short period of time (this can be within the applicants' property)? If not Please explain what would happen in such a scenario.

**Please insert doctors' stamp below**

**Signed** \_\_\_\_\_

**Printed** \_\_\_\_\_

**Dated** \_\_\_\_\_