The College of New Jersey
Student Health Services
P.O. Box 7718
Ewing, N.J. 08628-0718
Phone: 609-771-2483; Fax: 609-637-5131
E-Mail: hlthserv@tcnj.edu

The College of New Jersey

MEDICAL PARKING APPLICATION FOR RESIDENTIAL FRESHMAN
HEALTHCARE PROVIDER'S STATEMENT

Student's name: _____ Date of Birth: _____
Last First

Dear Healthcare Provider:

Residential freshmen are not permitted to bring personal vehicles to campus. Exceptions are made for students who demonstrate a compelling MEDICAL need to attend frequent (at least, weekly), scheduled (not "as needed") medical, dental or psychological appointments.

Please complete the following and give to patient or fax to TCNJ Student Health Services:

1. Diagnosis: _____

2. Is this a permanent _____ or temporary_____ disorder?

3. How often is this patient scheduled to be seen in your office? _____ x Week for _____ Weeks;

   Other: _____

4. What is the purpose of these visits (Note that routine allergy injections and routine labs can be done in Student Health Services): _____

   _____

5. What is the date of this patient's next appointment: _____

6. If mobility limited, does this patient also need closer parking to classes & his/her residence hall?

   No _____ Yes _____

COMMENTS: _____

_____

Health Care Provider's Signature:_____ Date: _____

Health Care Provider's Printed Name: _____

Telephone: (_____) _____

Address or office stamp: _____

_____