1. Access Verification of Disability Letter to be completed by your physician.
2. Proceed to your physician’s office with Verification of Disability Status for Issuance of Handicapped Parking Decal/Placard. This must be endorsed by physician. The physician will fill in “Medical evaluation of”, circle they concur applicant has a disability, circle they concur a placard should be issued and they will check whether disability is permanent or temporary.
3. Return to JSVRO for approval and issuance of decal.

Returning:

1. Once the handicap placard has expired, the member should return the placard to JSVRO.

FROM: Provost Marshal’s Office, Marine Corps Base, Camp Butler

TO: Commanding Officer, U.S. Naval Hospital, Camp Butler

SUBJ: VERIFICATION OF DISABILITY STATUS FOR ISSUANCE OF

HANDICAPPED PARKING DECAL/PLACARD

1. A request for issuance of a handicapped parking decal/placard has been received from\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

2. It is requested that you complete the attached endorsement, which provides medical verification of the disability claimed by the above named individual.

3. Point of contact at this command is the SNCOIC of JSVRO at 645-7481.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BY DIRECTION

FIRST ENDORSEMENT \_\_\_\_\_\_\_\_\_\_\_

DATE

FROM: Commanding Officer, U.S. Naval Hospital, Camp Butler

TO: Provost Marshal’s Office, Marine Corps Base, Camp Butler

1. Returned.

2. A medical evaluation of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been conducted.

3. I (DO)(DO NOT) concur that the applicant has a disability which limits or impairs the ability to walk.

4. I (DO)(DO NOT) concur that the issuance of a handicapped parking decal/placard.

5. A. \_\_\_\_ This disability is a permanent condition; therefore, a

Permanent handicapped parking decal/placard should be issued.

B. \_\_\_\_ This disability is a temporary condition; therefore, a handicapped parking decal/ placard should be issued to expire no later than \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

6. Remarks:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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MEDICAL DOCTOR