



**INCORPORATED VILLAGE OF OCEAN BEACH**

P.O. BOX 457, OCEAN BEACH, NEW YORK 11770-0457  
TEL: (631) 583-5940 FAX: (631) 583-7597

**MEDICAL/DISABILITY PERMIT APPLICATION**

**PHYSICIAN'S STATEMENT FOR APPLICANT'S NEED OF MEDICAL PERMIT**

Dear Physician:

The Incorporated Village of Ocean Beach is an island community without cars, two long city blocks wide and ten short city blocks long. Bicycle riding is prohibited in the summer season when the sidewalks are congested with pedestrians for the safety of bicycle riders and pedestrians alike.

In-season permits are granted for those persons with medical problems for whom bicycle, adult tricycles or single seat motorized carts are safe and who require these assisted modes of transportation because of their problems in order that they may obtain household necessities.

**\*\*\*\*\*PLEASE PRINT CLEARLY\*\*\*\*\***

- 1. NAME OF APPLICANT: \_\_\_\_\_
- 2. APPLICANT'S DATE OF BIRTH: \_\_\_\_\_
- 3. MEDICAL DIAGNOSIS: \_\_\_\_\_  
\_\_\_\_\_
- 4. EXPLAIN IN SIMPLE TERMS WHY THIS DIAGNOSIS IMPAIRS THE APPLICANT'S ABILITY TO WALK AND WHY YOU ADVISE THE USE OF A BICYCLE, TRICYCLE, OR SINGLE SEAT MOTORIZED CART: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 5. DURATION OF DISABILITY \_\_\_\_\_
- 6. PHYSICIAN ADVISES USE OF: \_\_\_\_\_ ( ) BICYCLE  
\_\_\_\_\_  
( ) TRICYCLE  
\_\_\_\_\_  
( ) SINGLE SEAT MOTORIZED CART  
\_\_\_\_\_  
( ) MULTI SEAT MOTORIZED CART
- 7. DOES APPLICANT NEED ASSISTANCE FROM ANOTHER INDIVIDUAL TO OPERATE ITEM SELECTED IN QUESTION #6 ABOVE? YES/NO (circle one)
- 8.

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PHYSICIAN'S SIGNATURE**

\_\_\_\_\_  
**PHYSICIAN'S PRINTED NAME**

\_\_\_\_\_  
**PHYSICIAN'S ADDRESS**

\_\_\_\_\_  
**PHYSICIAN'S TELEPHONE NUMBER**