



www.k-transit.com

KIWANIS TRANSIT

WELLESLEY, WILMOT AND WOOLWICH TOWNSHIPS

13 Industrial Drive, Unit C, Elmira, Ontario N3B 2S1

Phone: (519) 669-4533 Toll-free: 1-800-461-1355

Fax: (519) 669-3124

Email: kiwanistransit@rogers.com

MOBILITY ASSESSMENT FORM

TO BE COMPLETED BY ATTENDING MEDICAL PROFESSIONAL **BEFORE** YOU MAY BE CONSIDERED ELIGIBLE FOR TRANSIT SERVICE.

Applicant's Name: _____
(First) (Last)

Address: _____
(Number) (Street)

(Town) (Postal Code)

Telephone: _____ Date of Birth: _____
(Month/Day/Year)

SIGNATURE OF APPLICANT: _____ DATE: _____

Your client has applied to Kiwanis Transit for use of Specialized Transit Service.

1. Diagnosis of Illness/Disability: _____

2. Describe the impact of the illness/disability on the applicant's mobility.

3. Is the applicant physically able to walk 175 meters? YES NO

4. Is it expected the applicant's physical mobility will improve? YES NO

Please advise anticipated END date: _____

5. Is there a condition that will prevent the applicant from driving a motorized vehicle?
Please describe:

Please circle: Temporary YES NO Specify anticipated END date _____
Permanent YES NO

I have fully assessed the mobility restrictions of _____ as they relate to
Kiwaniis Transit's Eligibility Mandate. (applicant's name)

Please indicate your professional designation: _____

Print Name: _____ Signature: _____

Phone Number: _____ Fax Number: _____

When you are finished this form,
please mail to Kiwanis Transit at the above address or fax to: 519-669-3124