

**MICHIGAN STATE UNIVERSITY
MEDICAL VERIFICATION
TO AUTHORIZE SPECIAL SEATING (NOT PARKING) AT ATHLETIC EVENTS**

PRINTED NAME: _____

SEASON TICKET HOLDER: YES _____ NO _____ NAME ON THE SEASON TICKET ACCOUNT _____

SEASON TICKET HOLDER CUSTOMER NUMBER IF AVAILABLE: _____

WHAT SPORT OR SPORTS DOES THIS REQUEST PERTAIN TO: _____

IF THIS REQUEST IS FOR INDIVIDUAL GAME(s), WHICH GAME(s) (including dates) DOES THIS PERTAIN TO:

YES **NO***

1. Do you use a wheelchair or motor vehicle because of a disability? _____

IF YOU CHECKED YES, please sign here and send the form to:

Michigan State University
Spartan Ticket Office
#211 Jenison Field House
East Lansing, MI 48824-1025

You do not need to provide medical documentation. I hereby attest that I use a wheelchair or motor vehicle because of a disability.

Signature

Date

***IF YOU CHECKED NO**, please complete the following information and send this form and supporting medical documentation to:

The University Physician's Office
Michigan State University
346 Olin Health Center
East Lansing, MI 48824-1037

2. DOB: _____ HEIGHT: _____ WEIGHT: _____

DIAGNOSIS: _____

##PLEASE ATTACH SUPPORTING INFORMATION FROM YOUR PHYSICIAN##

(COPY OF RECENT PHYSICAL EVALUATION, OFFICES NOTES, ETC. PRESCRIPTION PAD NOTES AND PHYSICIAN LETTERS WILL NOT SUFFICE.)

* Disability means an "impairment that substantially limits one or more of the major life activities of such individual."
Disability generally means permanent condition and does not include such temporary conditions as:

- Broken bones
- Pneumonia, bronchitis, sinus infection, cold, etc.
- Joint replacement or transplant (knee, hip, etc.)

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PLEASE CHECK ANY OF THE FOLLOWING THAT YOU NEED AS AN ACCOMODATION:

DO YOU USE:	YES	NO
A WALKER/CRUTCHES	_____	_____
A CANE	_____	_____
PORTABLE OXYGEN	_____	_____
MEDICAL ASSISTANCE NECESSARY	_____	_____

Why do you need accessible seating? _____

CAN YOU CLIMB A LIMITED NUMBER OF STAIRS?	YES	NO
	_____	_____

I AUTHORIZE _____ TO SEND MY
PLEASE PRINT NAME OF DIAGNOSING PHYSICIAN

MEDICAL RECORD TO/OR SPEAK WITH THE UNIVERSITY PHYSICIAN WHICH SUPPORTS MY SEATING REQUEST FOR ATHLETIC EVENTS. I ALSO AUTHORIZE THE UNIVERSITY PHYSICIAN TO SPEAK WITH ATHLETIC DEPARTMENT WHEN THERE ARE QUESTIONS ABOUT HOW TO BEST ACCOMMODATE THE REQUEST.

PHYSICIAN'S PHONE NUMBER: _____

PHYSICIAN'S ADDRESS: _____

Signature of ticket holder/person requesting accommodation: _____

Please remember that accessible seating is intended for those who truly need it. Thank you for your cooperation as we work to ensure the accessible areas are available to those in need.

Accessible seating ticket fraud includes misrepresentation of a physical disability or impairment for the purpose of obtaining accessible seating. MSU reserves the right to take appropriate action which may include relocation, removal or season ticket revocation for accessible seating fraud.

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