

Applicant's Name: _____
 Date of Birth: _____
 Date of Assessment: _____
 Start Time: _____
 End Time: _____

SUBJECTIVE HISTORY:

PRIMARY IMPAIRMENT(S)?	
PHYSICAL/MOBILITY IMPAIRMENT(S)?	
MENTAL/COGNITIVE IMPAIRMENT(S)?	
VISUAL IMPAIRMENT(S)	
COLOR DISCRIMINATION	TESTED: <input type="checkbox"/> YES <input type="checkbox"/> NO PASSED: <input type="checkbox"/> YES <input type="checkbox"/> NO
SIGNIFICANT MEDICAL HISTORY:	
APPLICANTS EXPLANATION OF INABILITY TO TRAVEL BY LOCAL BUS, LIGHT RAIL OR METRO SUBWAY:	

SECTION ONE: MOBILITY ASSESSMENT

1. Does applicant use an assistive device for ambulation?	<input type="checkbox"/> Y <input type="checkbox"/> N	If Yes, Describe:
2. Can applicant stand while completing initial paperwork?	<input type="checkbox"/> Y <input type="checkbox"/> N	If No, how long could the applicant stand: Why did the applicant have to sit?
2. Can applicant ambulate independently with above assistive device?	<input type="checkbox"/> Y <input type="checkbox"/> N	If Yes, how far could the applicant ambulate safely? <input type="checkbox"/> 1 block

		<input type="checkbox"/> 3 blocks (1/4 mile) <input type="checkbox"/> 6 blocks (1/2 mile) <input type="checkbox"/> 9 blocks (3/4 mile)
3. Can applicant safely and independently negotiate the following? If "No" Briefly explain:		
		Explanation:
a. Curb cuts?	<input type="checkbox"/> Y <input type="checkbox"/> N	
b. Intersections?	<input type="checkbox"/> Y <input type="checkbox"/> N	
c. Walk up and down two 12" steps with handrail?	<input type="checkbox"/> Y <input type="checkbox"/> N	
d. Able to ambulate ramp in/out of clinic?	<input type="checkbox"/> Y <input type="checkbox"/> N	
4. Please rate the following		
		Comments:
a. Stamina/Endurance		
b. Upper Body Strength		
c. Lower Body Strength		
d. Balance		
e. Coordination		
5. Outdoor Ambulation (1/8 mile)		
		Comments:
a. Able to follow directions along route?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments:
b. Able to navigate around large obstacles?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments:
c. Able to navigate around small obstacles?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments:

SECTION TWO: GENERAL ASSESSMENT ISSUES:

1. Please describe any of the following conditions which may adversely affect the applicant's independent mobility:		
a. Weather (heat, cold, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments:
b. Lighting (low light, bright light, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Comments:

In my opinion and with a reasonable level of effort, this patient is able to ride MTA Local Buses, Light Rail, and/or Metro Subway?

Yes No With the following considerations (Check all that are appropriate and explain below):

- Unable to climb 12 inch step
- Limited by Ambulatory Endurance beyond _____
- Unable to cross intersections
- Other: Please specify below

Evaluator Name: _____

Evaluator Signature: _____

Date: _____

MTA Contact: Richard Solli
Manager, Certification, Customer Service & Communications
4201 Patterson Avenue, Room 222
Baltimore, MD 21215-2222
410-764-7622
(F) 410-764-7526