

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