

## Medical Evidence Questionnaire

**(To be completed if you have declared that you are unable to use public transport)**

Name.....Date of Birth .....

College .....

Hampshire County Council's School Transport Service can only provide the most cost-effective transport. Alternative transport is only provided if you have a physical disability or have a medical condition that prevents you from using public transport.

1) I have a physical disability (i.e. an inability to walk) which prevents me from accessing public transport

Yes    No

If yes, please give details -

.....  
.....

2) My special need means that I am unable to access public transport for the following reason(s);

(a) I currently have no concept of road safety Yes    No

(b) I am unable to use or understand public transport timetables Yes    No

(c) I would have difficulties getting on / off a bus at the correct stop Yes    No

(d) I am vulnerable to unfamiliar persons Yes    No

(e) Unfamiliar situations cause high levels of anxiety/stress Yes    No

(f) Other Yes    No

If you have answered yes to any of the above, please give more detail as to why public transport is not appropriate

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3) I would be able to use a college campus bus if available (destination specific transport)

Yes    No

If no please give reasons why .....

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4) Part of my college course includes independent travel training

Yes    No

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### To be completed by GP / Social Worker

I..... agree that the above statements are a correct assessment of the student in question at this current time.

Signed..... Print Name..... Date.....

**\*\*PLEASE NOTE – FORMS SIGNED BY COLLEGE/SCHOOL TUTORS  
WILL NOT BE ACCEPTED\*\***