

Print form

Clear form

Arrival date
Recipient

**Please read the instructions on how to fill in the form on page 4!**

**Personal information**

Name
Personal identity code
Address
Telephone number

**Disabilities or illnesses affecting mobility**

Disability or illness 1					
<b>Hindrance to mobility</b>	0 none	1 minor	2 occasionally severe	3 severe	4 unreasonable
Disability or illness 2					
<b>Hindrance to mobility</b>	0 none	1 minor	2 occasionally severe	3 severe	4 unreasonable
Disability or illness 3					
<b>Hindrance to mobility</b>	0 none	1 minor	2 occasionally severe	3 severe	4 unreasonable
Disability or illness 4					
<b>Hindrance to mobility</b>	0 none	1 minor	2 occasionally severe	3 severe	4 unreasonable

## Functional description

**The functional description is a summary that should be prepared with care.**

Is the hindrance to mobility persistent (lasting over a year)?

Yes                  No

Patient's mobility prognosis:

Will remain unchanged          Will deteriorate          Will improve within \_\_\_\_\_ month(s)

How and to what extent does the disability or illness hinder the use of public transport services?

Other factors hindering the use of public transport services, if any

Walking distance in metres:

The distance was:          provided by the patient          determined by a healthcare professional.

**Observations and information about the applicant's mobility**

Mobility aids				
Wheelchair	Walker	Crutches	Walking stick	No aids
Other, please specify				
Is the applicant's use of public transport services hindered by their poor eyesight?				
Yes	No	Occasionally		

**Description of eyesight (fill in only if the applicant's mobility is hindered by poor eyesight)**

Visus: right	/left	Measurement date:	/ unknown
Has the patient been diagnosed with an eye disease?			
Yes	No		

**Observations about the patient's mobility and other factors to be taken into account in the assessment**

Does the applicant suffer from dyspnoea while moving indoors?
Yes      No      Occasionally
Does the applicant have a permanent right under the Health Insurance Act to use a taxi, disabled taxi or ambulance?
Yes      No
Does the assessment of transport needs need to be supplemented with a test trip on public transit with a physiotherapist?
Yes      No
Does the applicant have any clear differences in mobility at different times of the year? Why?
Yes      No
Doctor-patient relationship: since what year has the doctor known the applicant personally?
Has the assessment included a meeting with the patient?
Yes      No

**Need for assistance in public transit**

According to the Act on Disability Services and Assistance, the transport benefit can be implemented not only as a transport service but also in the form of assistance provided by a personal assistant.
Is the patient assessed as being able to use public transport services with assistance or accompaniment?
Yes      No

**Doctor's assessment of the type of transport benefit**

If the benefit is provided as a transport service, the patient needs a
taxi      disabled taxi

### Doctor's contact information and signature

Telephone number
Ideal contact time
Clinic address
Place and date
Signature and name in block capitals or stamp

### Things to note when filling in the medical certificate:

In the context of the organisation of transport services and associated escort services, a person with a severe disability means a person who has particular difficulties with mobility and is unable to use public transport services without unreasonable difficulty due to their disability or illness. The concept of a person with a disability is not defined solely on medical terms, as the person's social conditions and living environment are also taken into account in the assessment.

### The applicant's disabilities or illnesses

Please write diagnoses in Finnish and, if necessary, in Latin in the order of how relevant they are to the applicant's need for a transport service. Tick (x) the numbers that best describe the applicant's mobility.

Diagnoses alone seldom provide a sufficient basis for a decision, meaning why the applicant is unable to use public transport services. Various objective measurement results can be of crucial help.

In this context, **mobility** means the impact of the applicant's disability or illness on their ability to use public transport services (including neighbourhood buses, low-floor trams and the metro).

1. Does not significantly hinder the use of public transport services.
2. Minor hindrance, but not an obstacle to their use by itself. Minor hindrances are common among older people.
3. The hindrance is occasionally unreasonable, for example during difficult weather conditions or due to major variations in the illness or the applicant's home being difficult to reach by public transport. The applicant is unable to use public transport services without unreasonable difficulties.
4. The applicant is unable to use public transport services without unreasonable difficulties.

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