#18

Mayor Sullivan

Oct. 17, 1988

Ordered:

That the City Manager be and hereby is requested to confer with the Director of Traffic and Parking relative to the request of the Parrella Family regarding a "Handicapped Parking" permit ~~the erection of a "Handicapped Sign"~~

A-1

Ordered — Request
That the C/M confer
with the Trapp.
Commissioner Lee directed
to consider the
request of the Parcell
family as per the
attached information
for a Handicap
parking permit.

A V. AG

The Commonwealth of Massachusetts

Registry of Motor Vehicles

NUMBER

11538

EXPIRATION DATE

OCT. 22, 1991

142

Registrar of Motor Vehicles

PARKING PERMIT

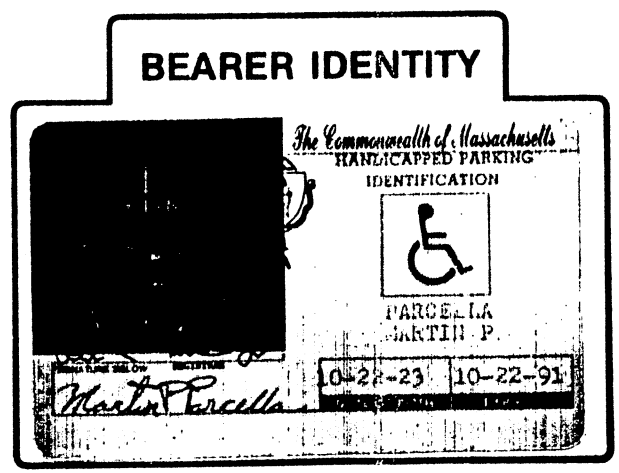
THE REVERSE SIDE OF THIS PERMIT MUST BE DISPLAYED SO AS TO BE VISIBLE THROUGH THE LEFT PORTION OF THE FRONT WINDSHIELD

This permit is for the exclusive use of the authorized bearer while being transported in a private passenger vehicle.

Use of this permit by any person other than the authorized bearer may result in revocation of said permit.

Anyone, other than the authorized bearer, who displays this permit in a motor vehicle shall be subject to a fine of one hundred dollars.

BEARER IDENTITY



Form MAB-2D:50M-3/88-D534374

Re: Martin Parcella

PART B

PHYSICIAN'S QUESTIONNAIRE

PLEASE NOTE: Approval of Handicap Plates or Placard for your patient is based upon information provided by you. Therefore, it is important to submit all pertinent Medical Facts relative to the Applicant's Disability.

ATTENDING PHYSICIAN'S NAME: Elliott L. Thrasher, M.D.,

ADDRESS: 300 Mt. Auburn St., Cambridge, MA TEL. # 661-0805

A. DATE OF LAST PHYSICAL EXAMINATION 2/1/88

B. NATURE OF HANDICAP Severe osteoarthritis of both knees and (R) shoulder

C. IS THIS HANDICAP: PERMANENT ☑ TEMPORARY ☐

D. PLEASE NOTE WHICH, IF ANY, OF THE FOLLOWING HANDICAPS IS ATTRIBUTABLE TO THE APPLICANT:

1. LOSS OF, OR PERMANENT LOSS OF USE OF ONE OR BOTH FEET ☐
   (Please Describe) _____

2. LOSS OF, OR PERMANENT LOSS OF USE OF ONE OR BOTH HANDS ☐
   (Please Describe) _____

3. DECLARED LEGALLY BLIND: YES ☐ NO ☐
   (Please attach copy of certification)

4. EXTREMELY UNFAVORABLE COMPLETE ANKLYOSIS OF THE KNEE ☐

5. COMPLETE ANKLYOSIS OF TWO (2) MAJOR JOINTS OF A LOWER EXTREMITY ☐

6. SHORTENING OF THE LOWER EXTREMITY OF THREE-AND-ONE HALF INCHES, (3½ inches or more) ☐

7. COMPLETE PARALYSIS OF THE EXTERNAL POPLITEAL NERVE (COMMON PERONEAL) AND CONSEQUENT FOOT DROP ACCOMPANIED BY CHARACTERISTIC ORGANIC CHANGES, INCLUDING TROPHIC AND CIRCULATORY DISTURBANCE. ☐

8. CHRONIC RENAL FAILURE REQUIRING REGULAR DIALYSIS ☐

9. CHRONIC LUNG DISEASE (Complete Information Requested Below) ☐

   Fev-1 Test Results (Litres or CC:) _____

   Is Oxygen Therapy Prescribed? YES ☐ NO ☐
   (If YES, please describe) _____

10. CHRONIC HEART DISEASE (a copy of patients functional and therapeutic classification under the American Heart Association guidelines must be submitted). ☐

E. PRESCRIBED PERMANENT AMBULATORY AIDS USED: YES ☑ NO ☐

(If YES, please describe) Crutches for knees but (R) shoulder arthritis makes using aids difficult.

ATTENDING PHYSICIAN'S SIGNATURE E L Thrasher M.D.

REGISTRATION NUMBER 37092

IF YOU WISH TO PROVIDE FURTHER MEDICAL INFORMATION REGARDING THE APPLICANT'S DISABILITY PLEASE FEEL FREE TO SUBMIT AN

CCM-101

City of Cambridge

18.

IN CITY COUNCIL

October 17, 1988

MAYOR VELLUCCI

ORDERED: That the City Manager be and hereby is requested to confer with the Director of Traffic and Parking relative to the request of the Parcella Family regarding a "Handicapped Parking" permit.

In City Council October 17, 1988.
Adopted by the affirmative vote of 9 members.
Attest:- Joseph E. Connarton, City Clerk.

A true copy;

ATTEST:- Joseph E. Connarton

Joseph E. Connarton, City Clerk.

Order #18 F-464

M. Vellucci order re: that the City Manager be requested to confer with the Director of Traffic & Parking on the request of the Parcella Family for a "Handicapped Parking" permit.

In City Council,

October 17, 1988

10-17-88

M. Vellucci:

Order Adopted

9-0-0-0.