

Network of Women with Disabilities A project of the Suffolk Community Council

CHECK LIST FOR MEDICAL OFFICES

Please display this check list where any staff member can easily access it to provide full and accurate information when a person with a disability calls

This information will enable a person with a disability to make a decision about their individual accessibility to your office. It is not intended to ascertain compliance with any particular laws.

Entrance to Your Building:

- Is there a curb cut at the entrance to your building? _____ Y _____ N ____N
- Is the curb cut flush to the road?
- Is there a handicapped designated parking spot 96" in width? ____Y ___N
- Does this accessible parking have a 96" access aisle? _____Y ____N
- Are there steps at your entrance? Y N If yes, how many steps?
- Is there high contrast at steps and signs for people with visual disabilities? ____Y ____N
- Is there a ramp from the sidewalk to the door? Y N How wide is it? _____ inches
- Are there handrails along the steps and/or ramp? ____Y ___N
 Is there a bump or saddle at the building entrance? ____Y ___N If so, how many inches high is it? inches

Office Accessibility:

- What is the width of your entrance door, measured inside the frame? inches
- Does the door swing in or out? ____In ___ Out
- How wide is/are your hallways? inches
- What is the width of your interior door, measured inside the frame? _____ inches
- What is the wall to wall width of your exam room(s)? _____ feet by _____ feet
- Is there at least a 60" by 60" square of clear floor space? Y N
- How high above the floor is your patient reception window ledge? feet
- Do you have an assistive listening system for people with hearing impairments? Y N
- Will someone assist a person who is visually impaired, or has limited use of their hands or arms, to fill out forms, etc.? ____ Y ____ N
- Do you have a phone number or name to call to hire a sign language interpreter if necessary? Y N
- Does your office have an exam table that moves up and down in height? ____ Y ____ N
- Does your fire alarm have both a siren and blinking lights?
 Y N

Bathroom Accessibility:

- How wide is your bathroom? From wall to wall it measures _____ feet.
 Is there at least a 60" by 60" square of clear floor space? ____Y ___N
- Does your bathroom have grab bars? ____ Y ___ N
- How high is the sink? _____ inches above the floor ... the towel dispenser? _____ inches
- Can both be reached from a sitting position?
 Y

Diagnostic Tools:

Are your diagnostic tools and scanner accessible to someone who cannot stand? Mammography: ___Y __N X Ray: ___Y ___N Labs: ___Y ___N Other:____

This questionnaire is available in alternative format for people with visual disabilities Please call Suffolk Community Council, Inc. at 631-434-9277

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Helpful Resources:

Suffolk County Office of Handicapped Services PO Box 6100 Hauppauge NY 11788-0099 631-853-8333 Voice 631-853-8339 Fax 631-853-5658 TTY* www.suffolkcountyny.gov

DBTAC Northeast ADA Center 201 ILR Extension Building Cornell University Ithaca NY 14853 800-949-4232 Voice/TTY* Northeastada@cornell.edu United States Access Board 1331 F Street, NW, Suite 1000 Washington DC 20004 202-272-0081 Fax 800-872-2253 Voice 800-993-2822 TTY* www.access-board.gov

ACCESS CHECK LIST FOR MEDICAL OFFICES

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* TTY is Text Telephone or Teletypewriter for people who are deaf

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