

VERIFICATION OF FITNESS TO DRIVE

NAME _____ BIRTHDATE _____

(Check one) District Employee _____ NON- District Employee _____

ADDRESS (City, State, Zip Code) _____

TELEPHONE NUMBER _____

Persons driving school-owned vehicles or private vehicles to transport students must submit at least once every three years to the district administrator or designee a medical opinion stating that he/she is not afflicted with or suffering from any mental or physical disability or disease such as to prevent reasonable control of a motor vehicle.

ATTEST: My signature verifies that I have evaluated the above named individual and find the individual is not afflicted with or suffering from any mental or physical disability or disease such as to prevent reasonable control of a school-owned vehicle or a private vehicle transporting students.

PHYSICIAN _____ DATE: _____
(Signature)

NAME: _____ PHONE #: _____
(Please print name)

<p>NOTE: This verification must be renewed every three (3) years and filed with Business Office in Parkview School District.</p>

APPROVED: July 18, 2011
September 16, 2013
OCTOBER 22, 2018