FITNESS TO DRIVE

State legislation requires that school employees who drive vehicles transporting students to and from school-sponsored events meet certain requirements. Specifically, the school is required to determine that the following physical requirements are met:

1. Shall submit at least once every 3 years to the school a medical opinion that the operator is not afflicted with or suffering from any mental or physical disability or disease such as to prevent the operator from exercising reasonable control over a motor vehicle.
2. Have sufficient use of both hands and foot normally employed to operate foot break and foot accelerator.

This medical opinion must be issues by a licensed medical doctor.

PHYSICIAN'S STATEMENT

I hereby certify that _____ is not affected with or suffering from any mental or physical disability or disease such as to prevent him/her from exercising reasonable control over a motor vehicle.

Signature of **Licensed Physician:** _____

Name and Address of **Licensed Physician:**

_____

_____

_____

_____

Date: _____

This medical opinion must be given by a licensed medical doctor.

Statement required at least once every three years to comply with current legislation.

Return to: Chippewa Falls Area Unified School District
1130 Miles Street
Chippewa Falls, WI 54729