

MEDICAL OPINION VERIFICATION OF FITNESS TO DRIVE VEHICLE TO TRANSPORT STUDENTS

751.5-
Exhibit 4

Waunakee Community School District

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MEDICAL OPINION VERIFICATION OF FITNESS TO DRIVE VEHICLE TO TRANSPORT STUDENTS

NAME _____ BIRTHDATE _____

DISTRICT EMPLOYEE

NON-DISTRICT EMPLOYEE

ADDRESS _____

TELEPHONE NUMBER _____

I certify that I am authorized within my scope of professional practice to conduct a general physical examination of a patient and that I have conducted a general physical examination of the individual identified above on this form within the past three months of the date of this certification. Based on the results of that general physical examination, the individual's own representations about his/her current health, and any other relevant information of which I have knowledge, it is my opinion that the individual identified above on this form:

(1) has sufficient use of both hands and the foot normally employed to operate the foot brake and foot accelerator for purposes of operating a motor vehicle; and

(2) is not afflicted with or suffering from any known vision impairment or any known mental or other physical disability or disease such as to prevent the individual from operating and exercising reasonable control over a motor vehicle.

HEALTH CARE PRACTITIONER _____ DATE _____

(Signature)

NAME _____

(Please print name)

BUSINESS ADDRESS _____

*NOTE: This verification must be renewed **every three (3) years** and filed with the Business Office of the Waunakee Community School District. The form shall be maintained in a confidential medical file. For employees, it will be kept separate from the employee's *general personnel file*.*

Adoption Date: September 9, 2024