



PORTAGE LA PRAIRIE SCHOOL DIVISION
535 THIRD ST. N.W. PORTAGE LA PRAIRIE, MANITOBA R1N 2C4
TELEPHONE 857-8756 FAX 239-5998

MEDICAL REPORT

SURNAME _____ **GIVEN NAMES** _____

PATIENT'S RELEASE: I hereby authorize release of this information to The Portage la Prairie School Division.

Signature _____ **Date** _____

TO THE EXAMINING PHYSICIAN: This medical report is required by the School Division for the purpose noted. It is expected your examination will include the **Medical Examination Requirements** for all new employees plus the **Class Two Licence Requirements** for all Bus Drivers as listed on the reverse.

As a prerequisite to a job offer so as to assure the Division that this candidate is physically and medically capable of performing the responsibilities and duties associated with employment as _____
This medical is at the request of your patient and is therefore at his/her expense.

As an annual requirement associated with maintaining a School Bus Driver's Certificate and Class 2 Driver's Licence. The medical standards for a class 2 licence are shown on the reverse. This medical is at the request of the School Division. Please bill the School Division directly.

PHYSICIAN'S STATEMENT: I hereby certify that the above named patient has been examined by me for the purpose stated. This patient is free from contagious disease and is **is not** physically and medically capable of performing the responsibilities and duties as a: **School Bus Driver (class 2 licence)** _____
other employment as noted above _____

Are there any restrictions or limitations on the duties this candidate can be expected to carry out?

yes no

If yes, explain: _____

Physician's Signature _____ **Date** _____

PLEASE PRINT: Physician's Name _____

Address _____ Telephone _____

City _____ Postal Code _____

THIS REPORT IS TO BE COMPLETED AND FORWARDED TO:
THE PERSONNEL DEPARTMENT
PORTAGE LA PRAIRIE SCHOOL DIVISION
535 - 3rd STREET N.W.
PORTAGE LA PRAIRIE, MANITOBA
R1N 2C4 TELEPHONE 857-8756

FOR DIVISION OFFICE USE: Accept _____ Reject _____ Second Opinion Req'd _____

Signature _____ Date _____



MEDICAL STANDARDS - CLASS 2 LICENCES

VISION

- Best eye 20/30 or better, worst eye not less than 20/50 aided or unaided.

COLOUR RECOGNITION

- Must be able to accurately identify the colours red and green.

FIELD OF VISION

- Not less than 120 degrees in each eye.

DIPLOPIA

- Not acceptable.

MEDICAL STANDARDS

To the examining physician, please refer to your *Medical Standards for Driving Manual* for clarification or telephone the exclusive physician only line @ 204-945-5340.

PHYSICAL EXAMINATION REQUIREMENTS

- | | |
|---|--|
| 1. Colour perception (Red, Yellow, Green) | 9. Vascular system |
| 2. Visual acuity | 10. Blood pressure - Systolic, Diastolic |
| 3. Hearing (conversational voice) | 11. Respiratory system |
| 4. Central Nervous System | 12. Abdominal viscera |
| 5. Coordination and muscle control | 13. Hematopoietic system |
| 6. Spine | 14. Urine |
| 7. Neck and extremities | 15. Alcoholism, drug addiction |
| 8. Heart | 16. Psychiatric or mental disorders |