



**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      |