

**PINE COUNTY HEALTH & HUMAN SERVICES VOLUNTEER DRIVER
MEDICAL STATEMENT**

RE: _____

The person named above has applied to be or currently is a volunteer driver with Pine County Health & Human Services. In order to complete our files, we are asking for certification of this volunteer's medical condition and ability to safely operate a volunteer passenger vehicle in accordance with the attached volunteer position description. Typical passengers using the volunteer driver program cover all ages ranging from small children to elderly and disabled persons. Trip assignments range from traveling a few miles to several hundred miles.

Please check the appropriate response:

_____ The above named person has no known medical condition which would interfere with safe driving of a volunteer passenger vehicle, and is able to perform all of the functions of volunteer driving. I have reviewed all prescription and/or over-the-counter medications currently being taken by the above individual. I have no concerns regarding their use while he/she is operating a motorized vehicle.

_____ I recommend the following restrictions for the above named person: (e.g., avoid night driving, no small children, transport only persons who need no assistance, etc.)

_____ I do not recommend the above named person to be a volunteer driver for the county due to:

Physician's signature*

Date

Physician's printed name: _____

Address: _____

Telephone: _____

*The signer of this Medical Statement certifies that the Volunteer Transportation Driver Job Description has been reviewed and that to his/her knowledge, the above named person is capable of safely performing these duties.

Please return directly to Transportation Coordinator in attached self addressed stamped envelope. Thank You.