



## Transportation Medical Release Form

\_\_\_\_\_  
(Printed Name of Staff)

Please be advised that the above-named individual has no medical restriction/limitations for driving a motorized vehicle and has:

“sufficient use of both hands and the foot normally employed to operate the foot brake and foot accelerator.”

The department of transportation may require substantiation of such use by a driving examination conducted by the department or by a medical opinion.

\_\_\_\_\_  
(Physician's Signature)

\_\_\_\_\_  
(Date)

Operator requirements. The operator:

1. Shall possess a valid Wisconsin operator's license or a valid operator's license issued by another jurisdiction, as defined in s. 340.01 (41m), or a valid commercial driver license issued by Mexico.
2. Shall be at least 18 years of age.
3. Shall have sufficient use of both hands and the foot normally employed to operate the foot brake and foot accelerator. The department of transportation may require substantiation of such use by a driving examination conducted by the department or by a medical opinion.
4. Shall submit at least once every 3 years to the school a medical opinion in such form as the school may prescribe 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. The examination report prescribed in s. 118.25 (2) and (4) may be used to satisfy this requirement. This subdivision applies only if the vehicle used under sub. (1) is owned or leased by a school or a school bus contractor or is operated by a school district employee.

\_\_\_\_\_  
(Staff Signature)

**\*\*\*Please attach a copy of your current Driver's License and Insurance ID card.**

Return to Coleen in District Office. Thank you!