

GOLD BAR • INDEX • STARTUP • SULTAN

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# SULTAN SCHOOL DISTRICT No. 311

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514 4th Street • Sultan, Washington 98294  
(360) 793-9800 • Fax (360) 793-9890

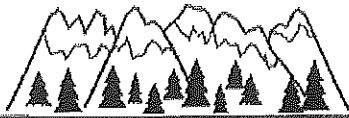
## DRIVER AUTHORIZATION REQUIREMENTS

	<b>I have provided written assurance that I possess the physical health necessary to safely transport students.</b>
	<b>I have provided a driving record abstract as required by the district or filled out and returned the request for drivers abstract, and provided for the payment for the drivers abstract.</b>
	<b>I hold a current and valid first aid card or equivalent.</b>
	<b>I do not hold a current and valid first aid card or equivalent, but I will be obtaining one within 30 days and providing a copy of qualification to Sultan School District Transportation</b>
	<b>I have provided a copy of my Driver's License.</b>
	<b>I understand the reporting requirements to be able to continue to drive district owned vehicles.</b>
	<b>I understand the pre-trip and post trip requirements and where to report vehicle problems.</b>
	<b>I understand that the district may have any other requirements as per district policy.</b>

I, \_\_\_\_\_ understand and have marked the above requirements for a Type II authorization. I participated in the Type II class held today and understand the liability and responsibility of driving school district vehicles and students.

\_\_\_\_\_  
Name (signed)

\_\_\_\_\_  
Date



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## MEDICAL INFORMATION

Please review the following questions before you sign and return the Medical health assurance statement to the district.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## MEDICAL HISTORY

		YES	NO
1	Have you lost use/sight of either eye?		
2	Is peripheral (side) vision restricted?		
3	Are you color blind?		
4	Do you have or have you ever had cataracts?		
5	Can you hear normal conversations?		
6	Is a hearing aid used?		
7	Are there any restrictions posted on your Driver's License other than glasses?		
8	Have you ever been tested / treated for Diabetes		
9	Have you ever been treated for Epilepsy?		
10	Have you ever had:		
	Convulsions		
	Fainting Spells?		

If you answer yes to any of these questions, please confirm with your doctor that your physical condition does not hinder your ability to drive students safely.

## MEDICAL HEALTH ASSURANCE STATEMENT SULTAN SCHOOL DISTRICT #311

### To Whom It May Concern:

As a Type II Driver applicant, I provide this written assurance to the Sultan School District that I possess the physical health necessary to safely transport students.

NAME (sign) \_\_\_\_\_ DATE \_\_\_\_\_