# Bus Driver Medical Clearance Form
# Administrative Procedure 2.A.07C

**TO ALL EMPLOYEES:**

Please return this completed form to your supervisor within 24 hours of being away from work due to accident or serious illness, and/or prior to the start of your next scheduled shift.

| **A. To be completed by the employer and/or worker** | |
|---|---|
| Worker's Last Name: | First Name: |
| Phone Number: | Date of Birth: |
| Address: | |
| Date of Accident/Illness: | |
| Employer Address: Box 1200, Gimli, MB R0C 1B0 | |
| Employer Contact Name and Title: Cara Desimpelaere, Human Resources Officer | |
| Employer Telephone: 204-642-6260 | |
| Employer Fax: 204-642-7273 | |
| 1. Type of job at time of accident (attach job description): | |
| 2. Areas of Injury(ies)/Illness(es): | |
| 3. Potential Employment Hazards:<br>☐ Explosives ☐ Electric Shock Radiation ☐ Ionizing, ☐ Non-ionizing<br>☐ Falling Objects ☐ Sharp Objects ☐ High, exposed places<br>☐ Sustained posture ☐ Intermittent noise ☐ Continuous noise<br>☐ Awkward posture ☐ Moving mechanical parts ☐ Physical Violence<br>☐ Infectious exposure ☐ Waste handling ☐ Repetitive movements<br>☐ Biological/Chemical Contaminants ☐ Other: _____ | |

| **B. Worker's Signature** |
|---|
| ***By signing below, I am authorizing any health professional who treats me to provide me and my employer with information about my functional/physical abilities*** |
| Signature: |
| Date: |

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| **C. Health Professional Information** |
|---|
| ☐ Chiropractor ☐ Physician ☐ Physiotherapist ☐ Registered Nurse ☐ Other |
| Health Professional's Name (please print) |
| Address: |
| ***I hereby declare that the information being submitted in Sections C, D, E and F of this form is true and complete. It is an offense to knowingly make a false or misleading statement or representation.*** |
| Health Professional's Signature: |
| Date: |
| Telephone Number: |

| **D. The following information should be completed by the Health Professional to identify the patient's overall abilities and restrictions.** |
|---|
| Date of Assessment: |
| Please check one:<br>☐ Patient is capable of return to work with **no restrictions**.<br>☐ Patient is capable of returning to work **with restrictions**. Complete section E and F.<br>☐ Patient is physically unable to return to work at this time. Complete section F. |

| **E. Abilities and/or Restrictions** |
|---|
| 1. The intent of this form is to ensure that the above named bus driver is physically and mentally fit to drive school bus.<br>Under the direction of the Transportation Supervisor, the bus driver will operate a school bus for the purpose of safely conveying the students to and from school under a variety of road and weather conditions. To accomplish this task the bus driver must be alert and use a variety of defensive driving skills.<br>Following is a list of duties that a bus driver is required to perform. Please check off the items that you feel the bus driver under your care is able to perform.<br>Include additional details in section 3. |

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2. Duties

**Daily Pre-trip Inspection**

- ☐ Open the hood, 50 lb pull on upper body with both hands
- ☐ Inspect engine compartment components, stretch, climb up
- ☐ Walk around front wheels to inspect components in the engine area
- ☐ Crouch down to inspect underside of bus, wheels, and tires
- ☐ Open and close rear door, battery box door and emergency windows
- ☐ Pull and push on vehicle components, exhaust, belts, fan, and body components

**Driving**

- ☐ Alert and aware of motoring public
- ☐ Drive defensively (ability to assess and react quickly)
- ☐ Recognize and react quickly to safety hazards
- ☐ Drive in adverse road conditions, snow, fog, rain, ice, mud
- ☐ Monitor student behavior and address discipline issues
- ☐ Focus on driving and traffic hazards while monitoring students and noise
- ☐ Backup into driveway, shoulder check
- ☐ Check mirrors, right, left and above
- ☐ Apply and release clutch pedal, 40 lbs pressure, with left leg
- ☐ Apply and release brake and throttle, up to 40 lbs pressure, with right leg
- ☐ Sit for 1.5 hrs twice a day

**Post Trip Inspection**

- ☐ Sweep inside of the bus, under seats
- ☐ Wash inside of bus
- ☐ Wash exterior of the bus with pressure washer, 30 lb push back on arms
- ☐ Replenish fuel and oil

**Emergency Evacuation Procedures**

- ☐ Evacuate students to a safe location and assist injured
- ☐ Perform first aid to those in need
- ☐ Climb through rear emergency door 3 ft to ground, window or roof hatch

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| |
|---|
| 3. Additional Comments on **Abilities and/or Restrictions.** |
| 4. From the date of this assessment, the above will apply for approximately:<br>☐ 1-2 days ☐ 3-7 days ☐ 8-14 days ☐ 14+ days |
| 5. Have you discussed return to work with your patient? ☐ yes ☐ no |
| 6. Recommendations for work hours and start date:<br>☐ Regular full-time hours ☐ Modified hours ☐ Graduated hours<br>Start Date: |

| **F. Date of Next Appointment** |
|---|
| Recommended date of next appointment to review **Abilities and/or Restrictions:** |