

SEYMOUR COMMUNITY SCHOOL DISTRICT
EMPLOYEE'S APPLICATION TO TRANSPORT STUDENTS

TO BE COMPLETED BY APPLICANT

Name: _____

Home Address: _____

School: _____ Position: _____

1. Do you have or are you under a physician's care for any of the following?

Yes

No

Heart disease

Hypertension

Diabetes

Physical condition which affects use of arms, legs, or feet

Subject to loss of body control, seizures, convulsions, black-outs,
fainting or dizzy spells

Describe any other health conditions or disabilities:

2. Are you taking any medication routinely?

Yes

No

If yes, please give name of drug, dosage, and time taken:

Signature of Licensee or Applicant

Date

TO BE COMPLETED BY SCHOOL NURSE

Blood Pressure: _____

Pulse: _____

Vision: _____

Signature of School Nurse

Amber Thompson, R.N.

Date

Notice to Applicant: Based upon the district approved information, there is no reason to deny your operation of a vehicle with student passengers. Therefore, your health record qualifies you to transport students in an approved vehicle providing you have met the other district criteria.