



Stoughton Area School District

Administrative and Educational Services Center

320 North Street
Stoughton, WI 53589-1733
(608) 877-5000

VERIFICATION OF FITNESS TO DRIVE

NAME: _____ BIRTHDATE: _____
Last First Middle Initial

STAFF MEMBER _____ SCHOOL _____

NON-STAFF MEMBER _____

ADDRESS: _____

EMAIL ADDRESS: _____

TELEPHONE: _____

Persons driving school-owned vehicles or private vehicles to transport students must submit at least once every three years to the Business Services Office a medical opinion stating that he/she is not afflicted with or suffering from any mental or physical disability or disease such as to prevent reasonable control of the vehicle.

ATTEST: This is to certify that I find the above-named individual is not afflicted with or suffering from any mental or physical disability or disease such as to prevent reasonable control of a school-owned vehicle or private vehicle transporting students.

PHYSICIAN: _____ DATE: _____
Signature

NOTE: This verification must be renewed **every three (3) years** and filed with the Business Services Office of Stoughton Area School District, 320 North Street, Stoughton WI 53589.