

**LONGVIEW SCHOOL DISTRICT NO. 122
TYPE II SCHOOL ACTIVITIES DRIVER
MEDICAL HEALTH ASSURANCE FORM**

NAME: _____

DATE: _____

SCHOOL/LOCATION: _____

(IF ANY "YES" RESPONSES, PLEASE PROVIDE COMPLETE EXPLANATION)

- | | | |
|--|---------------------------------|--------------------------------|
| 1. Have you ever been treated or received medication for any neurological, mental, or emotional problem, heart problem or cardiovascular disease, hearing problem, diabetes, seizures, blood pressure, convulsions, fainting spells, dizziness or loss of equilibrium? | YES
☐ | NO
☐ |
| 2. Have you ever been treated or received medication for any neuromuscular disease (muscular dystrophy, multiple sclerosis, cerebral palsy, etc.)? | YES
☐ | NO
☐ |
| 3. Do you have a hearing loss average in the better ear greater than 40 decibels at 500 H2; 1,000 H2; and 2,000 H2? | YES
☐ | NO
☐ |
| 4. Do you have a current clinical diagnosis of a drug dependency of a scheduled drug or other substance, an amphetamine, narcotic, or any other habit forming drug, or a current clinical diagnosis of alcoholism? | YES
☐ | NO
☐ |
| 5. Are there any restrictions posted on your driver's license other than glasses? | YES
☐ | NO
☐ |
| 6. Are you under the care of a physician for any condition not mentioned above? | YES
☐ | NO
☐ |
| 7. Date of most recent complete physical examination _____. | | |

This is my written assurance that I possess the physical health necessary to safely transport students, pursuant to WAC 180-20-101-3-a. I declare that to the best of my knowledge and belief all of the foregoing statements are true.

Electronic Signature (Type Name)

Date

WAC 180-20-101-3-a

Provide written assurance to the school district that the person possesses the physical health necessary to safely transport students prior to initial authorization and at intervals deemed appropriate by the local school district.