

PHYSICAL EXAMINATION CERTIFICATION

School Year: 2019-2020

Non-CDL licensed drivers must file this form with the transportation department prior to the start of school.

Return to:

Transportation Department
Tuscarora School District
100 W Seminary Street
Mercersburg, PA 17236
717-328-3127 ext. 2803

This is to certify that on _____, I conducted a physical
(Date)

examination of _____
(First Name) (M.I.) (Last Name)

_____, _____ PA
(Street Address) (City)

(Zip Code)

(please check one)

1. This is to certify the above aforementioned person is physically qualified to operate a vehicle for the transportation of school students.
2. This is to certify the above aforementioned person is physically disqualified from operating a vehicle for the transportation of school students.

Provider Information (please print or type)	
Name: _____	State License #: _____
Street Address: _____	
City: _____	State: _____ Zip Code: _____

Medical Provider's Signature: _____