

PHYSICIAN'S RELEASE

TO DRIVE FOR AL SIHAH SHRINERS - ROADRUNNERS

RoadRunner's Name:	Date:
Physician's Name:	Telephone #:
Address:	Al Sihah Shrine Center ATTN: Transportation Coordinator P.O.Box 3147 222 Mecca Drive Macon, GA 31205-3147 478.785.5900

To be completed by Physician

After reviewing the attached job description and the specific tasks within the job description please complete either (A) or (B) as appropriate and sign and date below.

- (A) The above named RoadRunner has been approved by the above named physician to **DRIVE** for Al Sihah Shrine Center, transporting SHC patients and family members as of _____ (Date) with **NO RESTRICTIONS.**
- (B) The above named RoadRunner has been approved by the above named physician to **DRIVE** for Al Sihah Shrine Center, transporting SHC patients and family members as of _____ (Date) **WITH THE FOLLOWING RESTRICTIONS:**

Check applicable boxes and provide limitations/restrictions.

<input type="checkbox"/> Restrictions:	
These limitations/restrictions are:	<input type="checkbox"/> Temporary limitations/restrictions through _____.
	<input type="checkbox"/> Permanent limitations/restrictions.

IF THE ABOVE RESTRICTION CONSTITUTE MODIFIED DUTY AND SUCH DUTY IS NOT AVAILABLE, IT IS ASSUMED THAT THE ROADRUNNER WILL BE SENT HOME RATHER THAN TRANSPORT SHC-PATIENT(S) AND FAMILY.

My signature indicates that I have read and understand the RoadRunner's job description and the listed tasks within the job description and that my findings are based on my medical assessment of this Shriner's ability to perform the job duties.

Physician's Name (Please Print):			
Physician's Signature:		Date:	

FOR ROADRUNNER: I AGREE THAT: I will follow through with all of the restrictions listed above. I will notify my supervisor of any departure from these restrictions.

RoadRunner's Signature:		Date:	
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ANNUAL DRIVER CERTIFICATION



Al Sihah Shriners - Macon, Georgia

I, _____ do hereby certify:
(Please Print Nobles Full Name)

I offer my services to temple as a volunteer driver for patients, parents and guardians of children who require transportation to and from a Shriners Hospital location and other related Shriners Hospital Transportation. _____ *(initial here)*

I am the holder of a valid driver's license, number _____, issued by the state or province of _____, which expires on ____ / ____ / ____.

I have motor vehicle liability insurance coverage in the amount of \$ _____ with Company _____, policy number _____.

I am in good health, possess good hearing and have corrected vision of at least 20/40. My last medical examination was ____ / ____ / ____.

I have not been convicted on any motor vehicle violation for the past 12 months other than;

I have not been involved in any motor vehicle accident for the past 12 months other than;

I will obey the law and rules of the road; and I will use a safety harness when transporting children and will make certain that all adult occupants use safety harnesses and that children use safety devices required by law or appropriate to their physical condition. _____ *(initial here)*

If requested by the potentate, I am willing to participate in any temple sponsored defensive driver program for hospital vehicle drivers and any temple sponsored medical examination for hospital vehicle drivers. _____ *(initial here)*

I authorize the Recorder of Al Sihah Shriners and their insurance company to verify my driving record with appropriate state or province authorities, and release all parties from action taken based on information learned from driver's record check.

Signature: _____ Dated: ____ / ____ / ____

Print Name: _____
(Legal Full Name)



Al Sihah Shriners Transportation Coordinators Acknowledgement;

_____ Dated: ____ / ____ / ____
(Signature)

Received: ____ / ____ / ____ Reviewed: ____ / ____ / ____ Accepted: ____ / ____ / ____ Denied: ____ / ____ / ____