



Transportation Program
Volunteer Driver Medical Statement



_____ has no known medical condition which would interfere with safe driving of a vehicle.
(Volunteer's name)

_____ I have reviewed the above listed individual's medications with him/her. I have advised the driver listed above about the usage of the prescription/over-the-counter medication attached. He/she **may** drive under the direction provided.

_____ I have reviewed the above listed individual's medications with him/her and I **cannot** recommend this person as a driver.

*Please attach a current list of medications.

Additional Comments:

Physician's Signature Date

Name of Clinic