



SCHOOL TRANSPORTATION

# Student's Medical Certificate

## Step 1

To be completed by the school (before the medical specialist)

Name of the student: \_\_\_\_\_ Date: \_\_\_\_\_

Name of the school: \_\_\_\_\_ File #: \_\_\_\_\_

Transportation address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone number: \_\_\_\_\_ Homeroom: \_\_\_\_\_

The student participates in physical and sport activities:    Yes        No

Signature of the School Principal: \_\_\_\_\_

Step 2

TO BE COMPLETED BY THE MEDICAL SPECIALIST

Visual impairment: partial sight                      blindness

Permanent physical impairment, excluding chronic disabilities:

Please specify: \_\_\_\_\_  
\_\_\_\_\_

Permanent chronic physical impairment:

Please specify: \_\_\_\_\_  
\_\_\_\_\_

Epilepsy (not controlled by medication):

Non-permanent chronic physical disability:                      From \_\_\_\_\_ to \_\_\_\_\_

Please specify: \_\_\_\_\_  
\_\_\_\_\_

Asthma:            mild                      moderate                      severe

What factors can trigger an asthma attack: \_\_\_\_\_  
\_\_\_\_\_

Other information: \_\_\_\_\_

I certify that \_\_\_\_\_ does suffer from the above mentioned impairment.

Recommendations (considering his or her condition and the distance travelled):

The student can walk to school  
(maximum = preschool: 800 meters; elementary: 1600 meters; secondary: 1600 meters)

The student can walk to a bus stop  
( maximum = preschool: 300 meters; elementary: 600 meters; secondary: 1000 meters)

The student should be transported during the winter months, from \_\_\_\_\_ to \_\_\_\_\_

The student should be transported during the entire school year

Other recommendations: \_\_\_\_\_  
\_\_\_\_\_

Name of medical specialist (please print): \_\_\_\_\_

Signature of the medical specialist: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ Licence # \_\_\_\_\_

For the use of the Transportation Department

Distance from the student's house to school: \_\_\_\_\_ meters. Transportation: accepted      denied

Verification with the School Board's physician:            yes            no

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_