

MOBILITY & PARKING SERVICES DEPARTMENT

FITNESS FOR DUTY PHYSICIAN'S STATEMENT

Applicant Information:

Name: _____

Address: _____

Phone: _____

Physician Information:

Based upon your review of the job description and your review of _____
_____ physical condition, please assist the applicant and us by
completing this form and **return it to us via fax at (912) 525-1629.**

***** I hereby certify that having examined this applicant, I
find him/her:

Qualified Not Qualified to perform the job duties as described. Please check a box.

Date: _____

Physician's Signature: _____

Should you have any questions regarding this form, please contact:

Name: _____

Phone: _____

MOBILITY & PARKING SERVICES DEPARTMENT

SHUTTLE BUS DRIVER/OTHER

Must be capable of: Lifting up to 50lbs Assisting passengers with luggage, groceries, etc... and helping them with getting in & out of the vehicle Driving a minimum 40 hours per week, day or night Having 20/20 vision or prescription lenses Driving in all weather conditions

PEDICAB DRIVER / OTHER

Must be capable of: Pedaling a pedicab (tricycle) for long distances, carrying approx. 600 lbs Getting up and down on pedicab Assisting passengers getting in & out of the vehicle Driving a minimum 40 hours per week, day or night Having 20/20 vision or prescription lenses Working in all weather conditions

WRECKER DRIVER

Must be capable of: Securing vehicles onto wrecker truck Making mechanical adjustments to load/unload vehicles onto wrecker truck Removing debris from the street at an accident scene Driving a minimum 40 hours per week, day or night Having 20/20 vision or prescription lenses Working in all weather conditions