RETURN TO WORK CERTIFICATE

I ,_____, a licensed physician within the State of Louisiana, have personally examined _____ on _____, 20___ and have reviewed his/her medical records and the essential vision functions of a school bus driver as set forth in the Louisiana Department of Public Safety & Corrections Office of Motor Vehicles CDL physical examination requirements supplied by the Grant Parish School Board. It is my opinion that _____ may safely perform the essential vision functions of a school bus driver and that his/her medical conditions of which I am aware and those for which I have treated him/her, do not hamper or impair his/her ability to control and/or safely operate a commercial vehicle or a school bus. It is also my opinion that his/her current treatment and medication do not impair his/her ability to control and/or safely operate a commercial vehicle or a school bus.

Subject to the penalties of La.R.S. 14:125 governing false statements, I attest that the above information is true and correct to the best of my knowledge, information and belief formed after my examination of the patient and my review of her medical records and vision requirements.

_____
(Original signature of physician required)

Date:_____