

Driver Forms

Volunteer Driver Information Sheet

| Personally Owned Vehicles Used For Parish Or School Business | | | |
|--|--|--------------------------|--|
| Driver Information | | | |
| Name | | Driver's License No. | |
| Address | | Driver's License - State | |
| Telephone | | | |
| Vehicle Information | | | |
| Year | | License Plate | |
| Make | | Registration Expires | |
| Model | | | |
| Insurance Information | | | |
| The driver must carry liability insurance as required by state law. When using a privately owned vehicle, the insurance coverage carried by the driver will be used before diocesan insurance coverage comes into play. | | | |
| Insurance Company | | Policy Number | |
| | | Expiration Date | |
| Certification | | | |
| I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 21 years of age or older, hold a valid driver's license, and have the required insurance coverage in effect on any vehicle used to transport students or other individuals. I understand each passenger must have and use a seat belt. | | | |
| Signature | | Date | |

Request for Certificate of Insurance for Leased Vehicles

Send Completed Form:
 Diocesan Insurance Office
 PO Box 419037, Kansas City, MO 64141-6037
 Email adams@diocesekcsj.org or Fax 816-756-5572

| | |
|--|-----------------------|
| Name of Group, Parish, or School | |
| Name of Contact Person Leasing Vehicle | |
| Telephone Number of Contact Person | () - |
| Date Request Submitted | |
| Vehicle Leasing/Rental Company Information: | |
| Company Name | |
| Address | |
| City/State/Zip | |
| Telephone No. | |
| Facsimile No. | |
| Type of Vehicle | |
| Reservation No. | (Optional) |
| Additional Leasing Information | |
| Date to Pick up Vehicle | |
| Date to Return Vehicle | |
| Destination | |
| Name of Driver(s) | |

REQUEST MUST BE RECEIVED BY THE DIOCESAN INSURANCE OFFICE **5 DAYS** PRIOR TO LEASING THE VEHICLE(S).

Authorization for Release of Information

It is the policy of the Diocese that Employees or Volunteers who serve as drivers of vehicles carrying students to/from study trips, class trips, extra-curricular activities, transport individuals for diocesan events/activities, or cargo must first authorize the Diocese to obtain driving record information from the appropriate state agency.

Name of Parish: _____

Parish City: _____

Name of Employee or Volunteer: _____

Date of Birth: _____

Driver's License Number and State of Issuance: _____

I, _____, hereby authorize the Diocese to obtain, and the appropriate state driver's license agency to release, all information regarding my driving record. I agree not to hold that state agency liable for the release of any information in connection herewith.

Signature: _____ Date: _____

Medical Examination for Drivers

| | | | |
|--|------------------------|---|------------------------|
| Note to Physician: Please review the guidelines on the back of this form and complete all required information. | | | |
| Driver's Last Name, First, Middle | | | Date of Birth |
| Street Address | | | Sex |
| City, State, Zip Code | | | Driver's License No. |
| Vision Examination (Guidelines on Back of Form) | | | |
| Distance vision Only | Right | Left | Both |
| With Present Correction | 20/ | 20/ | 20 |
| Without Correction | 20/ | 20/ | 20/ |
| Signature of Person Completing Vision Exam | | Date of Vision Exam | |
| Hearing Examination (Guidelines on Back of Form) | | | |
| Right Ear: | | Left Ear: | |
| Disease or Injury: | | Hearing Aid: ____ Yes ____ No | |
| Audiometric Test (Complete only if audiometer is used) Decibel Loss At: | | | |
| 500 Hz L. ____ R. ____ | 1000Hz L. ____ R. ____ | 2000 Hz L ____ R. ____ | |
| Signature of Person Completing Hearing Exam | | Date of Hearing Exam | |
| Health History / Existing Conditions (Guidelines on Back of Form) If Yes, Explain Below | | | |
| Head or Spinal Injuries | Yes ____ No ____ | Positive Tuberculosis | Yes ____ No ____ |
| Seizures, Fits, Fainting, Convulsions, or Dizziness | Yes ____ No ____ | Less than normal use of Arms, Hands, Legs, Feet | Yes ____ No ____ |
| Cardiovascular Disease | Yes ____ No ____ | Color Vision Deficiency | Yes ____ No ____ |
| Blood Pressure Problems | Yes ____ No ____ | Communicable Diseases | Yes ____ No ____ |
| Neurological or Mental Disorders | Yes ____ No ____ | Evidence of Alcohol or Drug Use | Yes ____ No ____ |
| Does Applicant take any sedative drugs or blood pressure medications | Yes ____ No ____ | Other: | |
| Blood Pressure Systolic: _____ Diastolic: _____ | Lungs: | | |
| Heart: | Nose and Throat: | | |
| Urinalysis: | Sugar: | Albumin: | |
| Comment on Abnormal Findings: | | | |
| I certify that I have examined the individual named above and find that the person <input type="checkbox"/> IS <input type="checkbox"/> IS NOT physically qualified to safely operate a vehicle. | | | |
| Physician's Signature | | Date of Examination | Medical License Number |
| Office Address: | | Office Telephone Number: | |

Physical Qualifications for Diocesan Drivers

A diocesan driver shall:

1. Be in good physical and mental health,
2. Be free from communicable disease,
3. Have normal use of both arms, hands, legs, and feet,
4. Have at least 20/40 vision in each eye, with correction if necessary,
5. Be able to distinguish the colors of red, yellow, and green,
6. First perceive a forced whispered voice in the better ear at not less than five (5) feet with or without the use of a hearing aid, or if tested by use of an audiometric device, does not have an average hearing loss in the better ear greater than 40 decibels at 500 Hz, 1,000 Hz and 2,000 Hz with or without a hearing aid when the audiometric device is calibrated to American National Standard Z24.5-1951, and
7. Refrain from driving under the influence of intoxicants, narcotics, or drugs.

Instructions for Performing the Medical Examination

The examining physician should review these instructions before performing the medical examination. Answer each question. The examining physician must be licensed in medicine or osteopathy and is required to certify that the applicant does not have any physical, mental, or organic defect of such a nature as to affect his or her ability to safely operate a vehicle.

Eyes - Test applicant's visual acuity with and without corrective lenses as applicable. In recording distance vision use 20 feet as normal. Report all vision as a fraction with 20 as the numerator and the smallest type read at 20 feet as the denominator. Note color blindness or other defects which would impair the ability to safely operate a vehicle.

Ears - When recording hearing, record distance at which whispered voice can first be heard. If audiometer is used to test hearing record decibel loss at 500 Hz, 1,000 Hz, 2,000 Hz. Note whether hearing aid is utilized during testing and any disease or injury which would affect ability to safely operate a vehicle.

Health History - History of certain defects may be cause for rejection or may indicate further examination is required. Any health item to which the response is positive, should be discussed with the applicant and described in the "Comment" portion of the examination.

Existing Conditions - Certain existing conditions would be cause for rejection. Review the criteria outlined above to determine which existing conditions would result in rejection. Note any physical signs of drug or alcohol use or use of any medication which would impair ability to safely operate a vehicle.

Blood Pressure - Record blood pressure, if blood pressure is abnormal, make comments as appropriate.

Lungs - Note confirmed shortness of breath, audible wheezing, or other condition(s) that would effect safe operation of a vehicle.

Heart - Stethoscopic examination is required. Note murmurs and arrhythmias, signs of cardiovascular disease or other defects that would affect safe operation of a vehicle.

Nose & Throat - Note any disease or deformity likely to interfere with breathing or any other condition that would interfere with the safe operation of a vehicle.

Urinalysis - Urinalysis is required to test for sugar and albumin. Note any abnormalities requiring additional testing or which would affect safe operation of a vehicle.

The examining physician must sign, date, provide address, telephone number and medical license number as indicated on the medical examination.