

Physician's Statement

On _____ I personally examined _____
(date) (patient name)

and in my professional, medical opinion declare that he/she is medically capable of: (Check all the following that apply)

- Safely operating a private passenger vehicle or 12 – 15 passenger van or minibus without restriction.
- Safely operating a private passenger vehicle or 12 – 15 passenger van or minibus with restrictions. (List restrictions below.)
- Cannot safely operate a private passenger vehicle or 12 – 15 passenger van or minibus.
- Safely operating a 66 passenger bus without restrictions.
- Safely operating a 66 passenger bus with restrictions. (List restrictions below.)
- Cannot safely operate a 66 passenger bus.

Restrictions

Physician Name _____

Physician Signature _____

Date _____

I hereby authorize the release of this physician statement to Brotherhood Mutual Insurance Company for the purpose of determining my eligibility to operate vehicles owned or operated on behalf of _____

(Name of Policyholder)

Patient Name

Patient Signature

Date