student transportation services
service de transport scolaire
Brant Haldimand Norfolk

TF011

REQUEST FOR SPECIAL TRANSPORTATION FOR MEDICAL REASONS

Student Information

Student's Name: _____ Phone: _____

To be completed by Doctor:

Name of Medical Doctor: _____ Phone: _____
(please print)

Date of examination (on which this report is based):

What is the nature of the illness/ disability?

Please complete the following as they pertain to the patient's current limitations/ restrictions:

a) MOBILITY: maximum walking distances with an assistive device: _____ meters
b) VISUAL: is the patience best corrected eye vision less than 20/ 200 or a field of vision less than 20%? Y / N
c) AUDIO: is the patience hearing less than 50 dB with the assistance of hearing aids? Y / N
d) CARDIOVASCULAR: patience impairment reaches class 3 or 4 definitions according to the Canadian cardiovascular standard? Y / N
e) VENTILATION: patient's forced expiration volume in 1 second is less than 1 litre? Y / N
f) OTHER (please specify):

Duration transportation is required:

Start: (m) _____ (d) _____(y) _____ Finish: (m) _____ (d) _____(y) _____

_____
Signature of Doctor

This information is collected under legal authority of the Education Act, to be used by the transportation department, school administration and bus drivers. This form will be retained by Transportation for 1 year after the current school year and then will be shredded. The contact person for inquiries concerning this information is the Manager of Transportation at 349 Erie Ave, Brantford, Ont., N3T 5V3. (519) 751-7532