



**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) 525-1628**.

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

Qualified

Not Qualified

to perform the job duties as described.

Date: _____

Physician's Signature: _____

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

Name: _____

Phone: _____

TAXI DRIVER

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