



**Fleet Management**

**DRIVER FITNESS  
DECLARATION FORM**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**DECLARATION**

1. I, \_\_\_\_\_ hereby certify that I possess a valid driver's license and that I am authorized to operate a Class \_\_\_\_\_ vehicle as defined by the Manitoba Driver and Vehicle Licensing Bureau.
  
2. I will disclose in writing to my direct supervisor the following:
  - a) particulars of traffic accidents that I am involved in both during and off work hours, regardless whether the accident happened in a Southern Health-Santé Sud vehicle;
  - b) convictions in Canada and the United States of America arising from the operation or having care and control of a motor vehicle;
  - c) a suspension, cancellation, prohibition or change in classification of my driver's license.
  - d) the presence of any physical condition that may prevent the safe operation of a motor vehicle.

\_\_\_\_\_  
Employee Signature

Photocopy of Driver's License Inserted:

Copy Attached:  Yes