



FLEET MANAGEMENT

DRIVER FITNESS DETERMINATION FORM

Driver Name: _____
Job Title: _____
Facility/Location: _____
Vehicle Manager: _____
Program Manager: _____

To Whom it May Concern:

Pursuant to the Manitoba Highway Traffic Act, Section 318.6(2), Southern Health-Santé Sud hereby acknowledges that _____ (Driver Name) has submitted the required information listed on the Southern Health-Santé Sud Driver Fitness Determination Checklist Form, which is completed and attached to this document.

Southern Health-Santé Sud has reviewed all of this information, and has been able to determine that this individual has a valid Driver's License, and is fit to drive vehicles registered and operated by Southern Health-Santé Sud for which the driver is qualified to operate based on their Driver's License classification.

Manager Name/Title: _____

Manager Signature: _____

Date: _____

CC: Program Manager, Commercial Fleet Safety Central Repository, Employee File