



# DOT PHYSICAL REIMBURSEMENT REQUEST MOUNT VERNON COMMUNITY SCHOOL DISTRICT



Fill out the following form and return to the Superintendent's Office:

Driver Name \_\_\_\_\_

Phone Number Where You Can Be Reached \_\_\_\_\_

Date of Physical \_\_\_\_\_ Doctor's Name \_\_\_\_\_

Driver Signature \_\_\_\_\_ Date \_\_\_\_\_

Transportation Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Kurt Ronnfeldt, Director