|  |
| --- |
| **AUTHORITY TO DRIVE** |
| DRIVER NAME: |  |
| DEPARTMENT: |  |
| CAMPUS: |  |
| MANAGER: |  |
| TRAINING MODULE:  |  |
| DATE COMPLETED: |  |
| TRAINER: |  |
| LICENCES HELD: |  |
| ATTACHMENTS: |  |
| MEDICAL AUTHORISATION: |  |
| ANY SPECIAL CONDITIONS: |  |
| **THIS CANDIDATE IS CONSIDERED MEDICALLY FIT TO DRIVE FOR WORK:**  |
| SIGNED: (Occupational health department) |  |
| DATE: |  |
| MANAGERS SIGNATURE: |  |
| DATE: |  |