



**FITNESS FOR DUTY FOR
 SCHOOL BUS ATTENDANTS**

Spotsylvania County Schools, Office for Transportation Services, in conjunction with Health Services Director, has been working to bolster safety by instituting a fitness for duty requirement for non-driver employees who work on Special Needs Buses.

Each transportation activity below requires the use of hands, arms, shoulders, back, and leg, muscles. If an accident should occur, employees must be physically capable of assisting students, themselves, and others to safety as may be required by the situation. As noted in the Spotsylvania County School Bus Driver's and Driver Assistant's Handbook, bus attendants must not have any impairment of extremities or in physical executions of safety procedures. Our first and foremost concern is always the safety and well-being of the students entrusted to us.

Below are some of the qualifications required for fitness for duty? (This is a living document and these requirements may change, with appropriate notice, to better reflect skills and abilities related to safety.)

- Must have the ability to climb, descend and climb again the front steps of a school bus without pausing and without significant shortness of breath.
- Must have the ability to properly secure the bus in case of emergency.
- Must have the ability to operate all types of emergency exits. (Door, roof hatches and/or emergency windows)
- Must have the ability to exit via the emergency door without injury in case of an emergency. Demonstrate ability to enter and leave the bus with relative ease.
- Must have the ability to lift a 50 lb child in and out of a car seat. (A rescue manikin will be used for the purpose of this demonstration.)
- Must have the ability to move a fifty (50) pound weight a distance of 35-40 feet to simulate dragging a child to safety in the event of an emergency.
- Must have the ability to safely operate a wheelchair lift.
- Must have the ability to properly secure a wheelchair on the bus. (This includes stooping, bending, stretching and kneeling on the bus floor to connect and securely operate tie-down straps.)

I, _____ & _____, hereby declare:
PRINT PHYSICIAN NAME SIGN PHYSICIAN NAME

_____ can return to work, date _____,
NAME OF PATIENT

with no restrictions and is able to perform the "Fitness for Duty" for school bus aides.

Physician Phone: _____

Physician Address: _____

