



SMART TRAVEL. YOUR WAY.

# VANPOOL DRIVER/BACKUP DRIVER MEDICAL EXAMINATION REIMBURSEMENT REQUEST

Return completed request to: Dibs, 555 East Weber Ave.,  
Stockton, CA 95202; 1-800-527-4273; fax: 209-235-0601

Please print or type:

**Driver's Name:** \_\_\_\_\_ Daytime Phone (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Employer:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

*All personal information is kept private and is not shared with other agencies or businesses.*

Comments: \_\_\_\_\_

\_\_\_\_\_

Date of Exam: \_\_\_\_\_ Cost of Exam \_\_\_\_\_

**PLEASE MAIL THIS WITHIN THREE MONTHS AFTER EXAMINATION DATE**

I certify that I or my vanpool coordinator has paid for a DOT Medical Examination to qualify me as a Vanpool Driver according to the State of California Vehicle Code Statutes. I have attached the following as verification (**both items must be included**):

- 1) ORIGINAL receipt showing the amount you paid for examination, and**
- 2) Photocopy of Medical Examiner's Certificate signed by the examining physician (NOT the Medical Examination Report)**

\_\_\_\_\_  
**Driver's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Vanpool Coordinator's Name (please print)**

\_\_\_\_\_  
**Date**