
Ready Rides

PO Box 272
Northwood, NH 03261
(603) 244-8719

Medical/Physical Release

I verify; I do not verify; That _____, is physically capable of operating a personal automobile for the purpose of providing volunteer transportation for individuals eligible for this service. In addition, I have reviewed all prescriptions and \or “over the counter” medications currently being taken by the above individual. I have no concerns regarding their use while he\she is operating a motorized vehicle.

Physicians Name Printed _____

Physicians Signature _____ Date: _____

Office Address: _____

City: _____

Phone #: _____

Please mail to:

Ready Rides Coordinator

P.O. Box 272

Northwood, NH 03261

Thank you for your assistance!