

BUS

PHYSICAL EXAMINATION FORM FOR DRIVER APPLICANT

SAMPLE

- I. The examining physician must answer the following questions.
- A. What serious illness has the applicant had in the past five years?
 - B. What injuries has the applicant had?
 - C. Does the applicant take any drugs regularly? If so, name and give reason.
 - D. Is the applicant required to wear corrected lenses? If so, when were they last checked?
 - E. Does the applicant wear a hearing aid?
 - F. Is the applicant excessively overweight?
- II. This examination was established by the State Board of Education. If the answers to any of the following items are "yes" the applicant does not meet the general qualifications of a school bus driver as specified in Section 1012.45, Florida Statutes.
- A. Record vision without corrective lenses in every case and with corrective lenses when required. Visual acuity must not be less than 20/20 in one eye and 20/40 in the other or 20/40 in each eye separately either with or without corrective lenses. Vision test based on Snellen's Test Chart at twenty feet.
- | | |
|---------------------------------|--------------------------------|
| Vision w/out corrective lenses: | Vision with corrective lenses: |
| Left eye 20/ _____ | Left eye 20/ _____ |
| Right eye 20/ _____ | Right eye 20/ _____ |
- B. Applicant is deficient in the ability to recognize the colors of traffic signals and devices showing standard red, green and amber? Yes No
 - C. Applicant has inadequate field of vision (less than 70 degrees in the horizontal meridian in each eye)? Yes No
 - D. Applicant has impaired hearing (standard: 1. must first perceive forced whispered voice \geq 5 ft., with or w/out hearing aid, or 2. Average hearing loss in better ear \leq 40 dB.)? Yes No
 - E. Applicant has less than normal functioning of hand or foot, or loss of sight in one eye? Yes No
 - F. Applicant has severe heart disease? Yes No
 - G. Applicant has a mental or emotional abnormality which would interfere with proper judgement in the operation of a school bus? Yes No
 - H. Applicant has a history of seizures, convulsions, epilepsy, or blackouts? Yes No
 - I. Applicant has unacceptable blood pressure (systolic above 180 and/or diastolic above 100)? Yes No
 - J. Applicant has a communicable disease which is highly contagious in its present state or endangers the health of school children? Yes No
 - K. Applicant has diabetes and is necessary for insulin to control the diabetic condition? Yes No
 - L. Applicant has some other unacceptable physical conditions or factors that would interfere with applicant's performance or duty as a school bus driver? Yes No
 - M. Applicant has some other unacceptable physical conditions or factors that would interfere with applicant's performance or duty as a school bus driver? Yes No

Other Remarks: _____

PHYSICIAN'S CERTIFICATION

This is to certify that on _____, 20____, _____
was examined by me and his/her physical condition was found to be as indicated
in Part II of this Physical Examination Form.

IN YOUR BEST JUDGEMENT, CAN YOU CERTIFY THAT THIS APPLICANT IS
PHYSICALLY AND EMOTIONALLY QUALIFIED TO OPERATE SAFELY A
VEHICLE WITHOUT HAZARD TO HIMSELF OR OTHERS? Yes No
If no, please explain: _____

Signature of Medical Examiner _____ Telephone # _____ Date _____

Medical Examiner's Name (Print) _____

- MD DO Physician Assistant
Chiropractor Advance Practice Nurse

This information provided regarding this physical examination is true and
complete. This certificate is valid for a period of 12 months from the date of
examination.

Medical Examiner's License Or Certificate No./Issuing State _____

Signature of Driver _____ Date _____

Driver's Name (Print) _____ Driver's License No. _____