

## **Alabama State Department of Education**





Alabama Act 2012-372 and the Rules of the Alabama State Board of Education mandate that a person must be "physically qualified" to operate a school bus "transporting students to and from school or school-related events." The purpose of this physical examination is to detect the presence of physical and/or mental defects of such a character and extent as to affect the driver's ability to safely perform the required duties of a school bus driver in normal and/or emergency circumstances. A waiver may be granted for any condition noted (marked "yes") in the Report, if the physician documents, in Section V of this Report, that the condition will not adversely affect the driver's ability to control and safely operate a school bus.

## **Directions:**

This form must be completed and signed by a duly licensed physician and the driver. The original copy must be filed in the superintendent's office of the employing local board of education. The board of education may, at their discretion, issue a certificate of compliance to their drivers. Certificates of compliance are available on the Alabama State Department of Education, Pupil Transportation web site at www.alsde.edu or by calling 334-694-4545.

Physical Examination Reports are valid for two years from examination date, unless a shorter period is specified by the examining physician.

Ι.	Driver Information: (to be completed by driver) Employing Lo	Local BOE:									
Na	me:										
Last <b>DOB:</b> Address:			First	MI							
	mm/dd/yyyy Street			City							
SS	SN: XXX-XX- Phone Numbers: Cell:			Driver license #:							
II. To be Completed by a Duly Licensed Physician: (or PA, NP)											
	er examining the school bus driver named above, please check ( $\sqrt{}$ )		70	*If "YES," will this condition adversely affect							
NO or YES, as applicable, in response to each question.		NO NO	*YES	the driver's ability to control and safely							
Does the school bus driver named in Section I above			*	operate a school bus? Briefly explain below.							
1.	have a loss of a foot, a leg, a hand, or an arm?										
2.	have an impairment of any of the following:										
	a. a hand or finger which interferes with prehension or power grasping?										
	b. an arm, foot, or leg which interferes with the ability to perform normal tasks associated with driving a school bus?										
3.	have an established medical history or clinical diagnosis of diabetes mellitus requiring insulin for control?										
4.	have a current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dypsea, collapse, or congestive cardiac failure?										
5.	have an established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with his/her ability to control and safely operate a school bus?										
6.	have a current clinical diagnosis of high blood pressure likely to interfere with his/her ability to control and safely operate a school bus?										
7.	have an established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease which interferes with his/her ability to control and safely operate a school bus?										
8.	have an established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control and safely operate a school bus?										
9.	have a mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with his/her ability to control and safely operate a school bus?										
10.	have a distance visual acuity of <i>less than</i> 20/40 (Snellen) in each eye without corrective lenses or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses, field of vision of at least 70 degrees in the horizontal meridian in each eye, and the ability to recognize the colors of traffic signals and devices showing standard red, green, and amber?										

Does the school bus driver named in Section I above......

.	first perceive a forced whispered voice in the better ear <i>less than</i> 5 feet with or							
	without the use of a hearing aid or, if tested by use of an audiometric device, have							
	an average hearing loss in the better ear of greater than 40 decibels at 500 Hz,							
	1,000 Hz, and 2,000 Hz with or without the use of a hearing aid when the							
	audiometric device is calibrated to American National Standard, formerly ASA Standard, Z24.5-1951?							
-	use a controlled substance identified in 21 CFR 1308.11 Schedule I, an							
	amphetamine, a narcotic, or any other habit-forming drug? (A driver may use							
	such a substance or drug, if the substance or drug is prescribed by a licensed							
17	practitioner who is familiar with the medical history and assigned duties of the							
-	driver and has advised the driver that the prescribed substance or drug will not							
a	adversely affect his/her ability to control and safely operate a school bus.)							
13.	have a current clinical diagnosis of alcoholism.							
Ш.	<b>Driver Testament:</b> I hereby attest by my signature below that the	e info	ormation sub	mitted above	e is true and cor	ect.		
	thorize the physician to release the information provided on this form to the							
	e Department of Education.		. , .					
Drive	er Signature:		D	ate:				
	<b>Physician Authorization:</b> I have examined the driver as named above a				•			
	as best as I can determine, the driver's present mental and physical condition			-		ability to		
conti	rol and safely operate a school bus. (Expiration Date = 2 yrs. from date of examination to	ınless a	alternate date is n	oted in Waiver S	Section V)			
Print I	Name:		Exar	n Date:				
	Last First		- Expiration	n Date:				
Physician Signature:		Business Address:						
1 Hysic	Cian Signature.	•	Dusiness Addit					
Licens	sed in (State): License #:							
		r	City		State	ZIP		
Telepl	hone Number:		Office Hours:					
If exa	mination is performed by a PA or NP, complete the following: (All information is requi	red.)		Date:				
	Print Name of PA or NP			Signature	of PA or NP			
	Print Name of Supervising/Delegating Physician		Signatu	re of Supervisi	ng/Delegating Physi	cian		
Licens	sed in (State): License #:	Bus	iness					
	<u> </u>	Add	lress:					
Telepl	hone Number:							
Office	e Hours:		City		State	ZIP		
	Waiver Statement: A waiver may be granted for any condition noted (mark	-						
	ondition will not adversely affect the driver's ability to control and safely operate a school bus	. Not	e and briefly exp	plain any condi	tion for which the p	hysician will		
аррго	ve a waiver.							
		lterna	ate Expiration l	Date, if necess	ary:			
VI.	DOT Medical Examiner's Certificate Exemption: This is to certify that				t, valid DOT Medica	al Examiners		
(Affix	required signatures and submit to the employing BOE.)  Certificate. A copy of	f the c	ertificate is attac	ched.				
_								
	Driver's Signature				Date			
<b>I</b> -			<u> </u>					
	Transportation Supervisor's Signature				Date			