



# ALABAMA DEPARTMENT OF EDUCATION



## Alabama School Bus Driver Physical Examination Report

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.

### 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. From the completed form, employing boards of education will be able to issue a certificate of compliance to their drivers. Certificates of compliance are available on the Pupil Transportation Section of the Alabama Department of Education Website at [www.alsde.edu](http://www.alsde.edu) or by calling 334-242-9730.

### I. Driver's Information: (to be completed by driver)

Employing Local BOE: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First MI

DOB: \_\_\_\_\_ Address: \_\_\_\_\_  
mm/dd/yyyy Street City State

SSN: XXX-XX- Phone Numbers: Home: Cell:

### II. To be Completed by a Duly Licensed Physician: (or PA, NP)

A person is physically qualified to drive a school bus in Alabama if that person satisfies all of the requirements below. Check <b>YES</b> if the following statements are TRUE for the School Bus Driver being examined. Check <b>NO</b> if they are not TRUE.		YES	NO (complete next column) →	Will this condition adversely affect the driver's ability to control and safely operate a school bus? If NO, provide an explanation in the Waiver Section (V).	
		✓	✓		
1.	Has no loss of a foot, a leg, a hand, or an arm.			YES	NO
2.	Has no impairment of any of the following:				
a.	A hand or finger which interferes with prehension or power grasping.			YES	NO
b.	An arm, foot, or leg which interferes with the ability to perform normal tasks associated with driving a school bus.			YES	NO
3.	Has no established medical history or clinical diagnosis of diabetes mellitus requiring insulin for control.			YES	NO
4.	Has no 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.			YES	NO
5.	Has no 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.			YES	NO
6.	Has no current clinical diagnosis of high blood pressure likely to interfere with his/her ability to control and safely operate a school bus.			YES	NO
7.	Has no 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.			YES	NO
8.	Has no 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.			YES	NO
9.	Has no mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with his/her ability to control and safely operate a school bus.			YES	NO
10.	Has distance visual acuity of at least 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.			YES	NO

11.	First perceives a forced whispered voice in the better ear at not less than 5 feet with or without the use of a hearing aid or, if tested by use of an audiometric device, does not 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.			YES	NO
12.	Does not 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 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 adversely affect his/her ability to control and safely operate a school bus.			YES	NO
13.	Has no current clinical diagnosis of alcoholism.			YES	NO

**III. Driver's Signature:**

I hereby attest by my signature below that the information submitted above is true and correct. I also authorize the physician to release the information contained on this form to the employing local board of education and/or to the Alabama State Department of Education Pupil Transportation Section.

Driver Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**IV. Physician's Signature:**

I certify that I have reviewed the medical history as written hereon, examined the patient as named above and as best as I can determine, the driver's present mental and physical condition **will**  **will not**  adversely affect the driver's ability to control and safely operate a school bus. **Note:** If the examination is performed by a Physician's Assistant (PA) or Certified Nurse Practitioner (NP), the supervising/delegating physician signature is required. (Exp. Date = 2 yrs. from Exam Date unless Alternate Date noted in Waiver Section)

Print Name: \_\_\_\_\_ Exam Date: \_\_\_\_\_  
 Last First Expiration Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Business Address: \_\_\_\_\_  
 Licensed in (State): \_\_\_\_\_ License #: \_\_\_\_\_ City State ZIP  
 Telephone Number: \_\_\_\_\_ Office Hours: \_\_\_\_\_

**If the examination is performed by a PA or NP, please complete the following:**

Date: \_\_\_\_\_

Print Name of PA or NP \_\_\_\_\_ Signature of PA or NP \_\_\_\_\_  
 Print Name of Supervising/Delegating Physician \_\_\_\_\_ Signature of Supervising/Delegating Physician \_\_\_\_\_  
 Licensed in (State): \_\_\_\_\_ License #: \_\_\_\_\_ Business Address: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ City State ZIP  
 Office Hours: \_\_\_\_\_

**V. Waiver Statement:**

Please describe the condition(s) waived and briefly explain:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Alternate Expiration Date: \_\_\_\_\_

**VI. DOT Medical Examiner's Certificate Exemption:**

(To be signed by the driver and supervisor and submitted to employing BOE.)

I certify that I hold a current DOT Medical Examiners Certificate. I have attached a copy of the DOT Medical Examiners Certificate to this form.

\_\_\_\_\_  
 Driver's Signature Date  
 \_\_\_\_\_  
 Transportation Supervisor's Signature Date