

DELAWARE SCHOOL BUS DRIVER PHYSICAL EXAMINATION

Date: _____ Annual Physical _____ First Time Physical (Tuberculin Test Required)

Print Name: _____
Last First M.I. Driver License No. State

Current Address: _____
Street Social Security No. Birth Date

_____ () _____
City State Zip Phone Number

Part I MEDICAL HISTORY

(To be completed by applicant prior to physical examination)

No	Illness, Disability, Etc	Yes	If Yes, Give Diagnosis, Frequency, Extent and Severity	Date
	Neurological condition			
	Seizure or other alteration of consciousness			
	Head or spinal injury or illness			
	Psychiatric disorder			
	Acute or chronic eye disease			
	Chronic lung or respiratory disease			
	Tuberculosis			
	Cardiovascular disease			
	High blood pressure			
	Gastrointestinal disorder			
	Diabetes			
	Asthma or other severe allergies			
	Impairment or limitation of use of limbs			
	Kidney disease			
	Present medications			
	Recent weight loss or weight gain			
	Other			

I certify that all the above information is true and correct: Applicant _____ Physician Review _____

Part II PHYSICAL EXAMINATION

The purpose of the physical examination is to detect the presence of physical and/or mental defects of such a character and extent as to affect the applicant's ability to safely perform the required duties of a school bus driver in normal and/or emergency circumstances. (The bus driver's duties are listed on the next page.) Defects may be recorded, which do not, because of their character or degree, indicate that a certificate of physical fitness be denied. The TB screening is required every 5 years.

General Appearance _____ Height _____ Weight _____

VISION: (Distance) Right 20/ _____ Left 20/ _____ Without Glasses _____ With Glasses _____

Color Vision _____ Horizontal Field of Vision _____ Right _____ ° Left _____ °

HEARING: (Twenty feet) Right Ear _____ /20 Left Ear _____ /20 Disease or Injury _____

THORAX: Heart (Murmurs) _____ Lungs _____

Blood Pressure _____ / _____ (Sitting) Pulse: Before exercise _____ Two minutes after exercise _____ (Rate & Rhythm)

ABDOMEN: Abnormal masses _____ Tenderness _____ Hernia: Yes _____ No _____ Where? _____

REFLEXES: Upper Extremities: Normal _____ Abnormal _____ Lower Extremities: Normal _____ Abnormal _____

EXTREMITIES (Limitations) :Upper _____ Lower _____ Spine _____

LABORATORY FINDINGS: (Urine) Spec. Gr. _____ Albumin _____ Sugar _____ Tuberculin Test _____
Date/Result

(OVER)

The following shall be the minimum requirements for passing a school bus driver physical examination:

1. **VISION**

- a. 20/40 combined vision, corrected and uncorrected, both eyes; however, if the vision can be corrected to 20/20, correction is required.
- b. 20/50 vision, minimum of 20/50 vision in the poorer eye.
- c. 140 degree field of vision, bilaterally. If there is any suggestion of field defect, the driver shall have the right to be examined by a qualified eye physician using equipment designed to measure field defects in both the horizontal and vertical meridians.
- d. Sufficient color perception so as not to hinder the driver's recognition of official traffic control devices, including traffic signals. The driver shall be able to distinguish among, but not necessarily name, the colors red, yellow, and green.

2. **HEARING**

Must be capable of hearing a whispered voice at a distance of 20 feet with or without a hearing aid. Where there is doubt, the applicant shall be required to have an audiometer-hearing test (capable of hearing 25 dBHL at 500, 1000, 2000, and 4000 Hz).

3. No established medical history or clinical diagnosis of:

- a. Diabetes mellitus requiring use of insulin or any other hypoglycemia medication.
- b. Myocardial infarction, angina pectoris, coronary insufficiency.
- c. Any other form of cardiovascular disease, including hypertension, with syncope, dyspnea, loss of consciousness, collapse, or congestive failure.

(A waiver for a, b, and c will be acceptable from the **family physician** if the individual has been free of symptoms or well-controlled for one year.)

- d. Respiratory dysfunction likely to interfere with the ability to control and safely operate a school bus.
- e. Rheumatic, arthritic, orthopedic, muscular or neuromuscular disease likely to interfere with the ability to control and safely operate a school bus.
- f. Epilepsy or other condition which may cause momentary lapses in consciousness.
- g. Any other condition which in the opinion of the examining physician could interfere with the ability to drive a school bus safely.

4. No mental, nervous, organic or emotional problem, which could render the driver irrational in dealing with children or interfere with the ability to control and safely operate a school bus.

5. No current diagnosis of alcoholism or drug abuse.

6. No loss or impairment of use of any foot, leg, arm, hand, fingers or thumb, and no other defect or limitation likely to interfere with the ability of the person to control and safely operate a school bus. In case of hand deformities, note particularly whether or not sufficient grip is present to enable driver to secure a grip on the wheel.

7. No type of tuberculosis in a communicable stage.

THE DUTIES OF A SCHOOL BUS DRIVER

- 1. Operate the vehicle in a safe and efficient manner.
- 2. Conduct pre-trip and post-trip checks on the vehicle and its special equipment to determine if there is sufficient fuel supply and if equipment such as steering gear, brakes, tires, etc. are in good working condition.
- 3. Meet emergency situations in accordance with standard operating procedures (assist in safe evacuation).
- 4. Maintain discipline on the bus and report cases of disobedience or misconduct to the proper school officials.

I certify that I have on this date examined the above named driver in accordance with the State Board of Education Rules and Regulations which relate to the physical qualifications of School Bus Driver and with knowledge of the duties prescribed. I find the person qualified under said Rules and Regulations.

_____ Qualified only when wearing corrective lenses. _____ Qualified only when operating with hearing aid.

* Medical Examiner (Print) Last First M.I. License or Certificate No. Signature of Medical Examiner

Date: _____

* Doctors of medicine, doctors of osteopathy, physician assistants, and advance practice nurses.