

Post-Offer and Annual Physical Examination for School Bus Drivers

To the examining physician:

The purpose of this examination is to detect the presence of defects of such character and extent as to affect the applicant's ability to safely operate a school bus. The person being examined is required to sign the statement regarding the accuracy of his or her medical and occupational history and to authorize the release of the examination results to the designated local board of education. Please mail this form to the board of education specified by the applicant.

As a minimum, the applicant shall have no mental, nervous, organic, or functional disease or condition that would interfere with safe driving; he or she shall have no loss of foot or hand; his or her visual acuity in each eye shall be at least 20/40, or correctable to 20/40 with glasses, and visual form field shall not be less than 140 degrees in horizontal meridian, and ability to distinguish red, green, and yellow colors; his or her hearing shall be such that a forced whispered voice is first perceived, **in the better ear**, at not less than 5 feet **with or without the use of a hearing aid** (hearing acuity at least 25dB or less in the speech range [500, 1000 and 2000 Hz **in the better ear with or without a hearing aid**]); the minimum age to qualify as a school bus driver is 18 years. Each driver shall be required to have an annual physical examination prior to the beginning of the school year and as often thereafter as the local board of education may deem advisable.

Driver's Name _____ Age _____ Sex _____

Date of Birth _____ Social Security Number _____

Address _____

To be completed by examining physician (Please comment in each space. Enter O for negative.)

Medical History (Present state of health)

Illnesses

- | | | |
|-------------------------------|-----------------------|----------------------------|
| _____ Asthma | _____ Stomach Ulcer | _____ Seizures |
| _____ Tuberculosis | _____ Diabetes | _____ Convulsions Fainting |
| _____ Chronic Cough | _____ Cancer | _____ Emotional Illnesses |
| _____ Shortness of Breath | _____ Kidney Diseases | _____ Muscular Diseases |
| _____ Cardiovascular Diseases | _____ Rheumatic Fever | _____ Allergies |

Injuries and Broken Bones

Head _____ Neck _____ Back _____ Arms _____ Legs _____ Other _____

Operations _____

Familial Diseases Heart _____ Cancer _____ Stroke _____ Mental Illness _____ Tuberculosis _____

Diabetes _____ Other _____

Occupational History (Exposure -- duration and time)

Dusts _____ Fumes _____ Radiation _____ Other _____

The above information to the best of my knowledge is accurately recorded with no pertinent medical data omitted, and I hereby authorize the release of the information listed above and the results of the examination to the officials of the _____ Board of Education.

Signature of Applicant
(continued on reverse side)

Date

(Physical Examination continued)

Height (in stockings) _____ Weight (indoor clothing) _____ Temperature _____ Pulse _____

Respiration _____ Blood Pressure _____ Has no current clinical diagnosis of high blood pressure likely to interfere with his or her ability to drive a school bus safely (if blood pressure is consistently over 160/90 mm Hg., further test may be necessary).

Hearing: Distance Test: Left Ear _____ Right Ear _____ OR Audiometric: Left Ear _____ Right Ear _____
(Pure tone averages for 500, 1000 & 2000 Hz)

Vision: (State methods used)

Distant

Near

Right _____ Corrected Right _____

Right _____ Corrected Right _____

Left _____ Corrected Left _____

Left _____ Corrected Left _____

Color _____

Skin _____ Head _____ Neck _____

Nose _____ Mouth _____ Teeth _____

Throat _____ Thyroid _____

Thorax: Heart _____ Lungs _____ Chest X-Ray Results _____
(When deemed advisable by physician)

(Reexamine heart after exercise in those over 35)

Vascular System _____ Abdomen _____ Hernia _____

Musculo-Skeletal Arms _____ Legs _____ Digits _____

Back _____ Joints _____ Neurological _____

Recto-genital studies: Diseases or conditions causing discomfort should be evaluated carefully to determine the extent to which the condition might be handicapping while lifting, pulling, or during periods of prolonged driving that might be necessary as part of the driver's duties.

Rectal _____ Genitalia _____

Laboratory Findings

Urinalysis: Spec.Gr. _____ Albumin _____ Sugar _____

Tuberculosis Skin Test: Positive _____ Negative _____
(Required of all new drivers and others when deemed advisable by physician)

Physician's comments _____

This is to certify that I have this day examined _____ and find him/her

_____ **Qualified** as a School Bus Driver

Date of Examination _____

_____ **Not Qualified** as a School Bus Driver

Print Examining Physician's Name

Examining Physician's Signature MD/DO

Print Address

Georgia Medical License Number