



Do NOT write in this space.

Empty box for notes or identification

DEPARTMENT OF EDUCATION

PHYSICAL EXAM FORM FOR INITIAL SCHOOL BUS DRIVER ENDORSEMENT AND ANNUAL PHYSICAL

Refer to the INSTRUCTION SHEET to fill out this form and provide it to your physician at the time of your physical. Available at http://maine.gov/education/const/trans/BusDrivers.html

SECTION 1 – Applicant Information and Authorization – To be filled out by the applicant. PRINT CLEARLY

Form fields for Applicant's Full Name, Date of Birth, Sex, Maine 7-Digit Driver License #, Street/P.O. Box, City, State, Zip Code, Phone, and School unit/contractor.

APPLICANT - Check appropriate type of physical exam below and follow the instructions provided.

Two checkboxes for physical exam types: first-time applicants and annual physical for employed school bus drivers.

Authorization

I hereby authorize the release of my medical history to the Bureau of Motor Vehicle, the Department of Education, and my employer for the purpose of verifying my medical eligibility for a school bus driver license endorsement

Applicant's Signature and Date fields

SECTION 2 – Medical History - Does applicant have or has he/she ever had any of the following:

Medical history checkboxes for Seizures/epilepsy, Heart trouble, Fainting spells, and Tuberculosis.

If YES to any of the four above, list onset date, diagnosis, treatment, and any current limitation(s). List all medications (including OTC's) used regularly along with any side effects experienced.

Diabetes? YES NO If yes, check all boxes that apply and follow instructions as shown:

Type 2 Controlled by: diet exercise oral meds -- No additional information needed for Type 2. Go to Section 3.

Type 1 - Insulin controlled? Yes No - If Yes, see Federal Regulations and Criteria and complete a Certification form.

SECTION 3 – Vision – May be performed by either a licensed physician or a licensed optometrist.

Table with columns for Visual Acuity (Uncorrected/Corrected) and Horizontal Field of Vision.

Corrective Lenses - Applicant meets visual acuity requirement only when wearing corrective lenses? Yes No

Color perception - Recognizes traffic signals showing red, green & amber? Yes No

Vision muscular anomalies Yes No Explain

**SECTION 4 – Hearing – use one of the two methods of testing below****Method 1:** Record distance from individual at which forced whispered voice can first be heard.  
*To pass, must be minimum of 5 ft.*

Right Ear \_\_\_\_\_

Left Ear \_\_\_\_\_

Was a hearing aid used (Method 1)?

Yes  No **Method 2 –** Using an audiometer, record hearing loss in decibels according to ANSI Z224.5-1951 (fill in below).

<b>Right</b>	500 Hz _____	1000 Hz _____	2000 Hz _____	Average _____	Meets Standard? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Left</b>	500 Hz _____	1000 Hz _____	2000 Hz _____	Average _____	Meets Standard? Yes <input type="checkbox"/> No <input type="checkbox"/>

Was a hearing aid required to meet the standard (Method 2)? Yes  No **SECTION 5 – Blood Pressure / Pulse Rate**

<b>BP</b>	_____ / _____ <i>BP must be ≤160 systolic over ≤90 diastolic</i>	<b>Arteries:</b>	Sclerosis _____ Pulsations _____
<b>Pulse</b>	Beats/min. _____	Regular <input type="checkbox"/> Irregular <input type="checkbox"/>	Enlargement indicated? Yes <input type="checkbox"/> No <input type="checkbox"/>

**SECTION 6 – General**

<b>Height:</b> _____ ft _____ in	<b>Weight:</b> _____ lbs	<b>LUNGS: Rales:</b>	<b>LUNGS: Breath sounds:</b>
<b>Chest X-Ray or intradermal tuberculin test (only required if possible lung disease is indicated). Tuberculin test may be substituted.</b>			
<b>Deformities of extremities:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, identify _____		
<b>Routine office urinalysis:</b>	<b>SP. GR.</b>	<b>PROTEIN</b>	<b>BLOOD</b>
<b>SUGAR/GLUCOSE</b>			
<b>Infectious disease</b> Y <input type="checkbox"/> N <input type="checkbox"/>	<b>Drug addiction</b> Y <input type="checkbox"/> N <input type="checkbox"/>	<b>Mental disability</b> Y <input type="checkbox"/> N <input type="checkbox"/>	<b>Emotional instability</b> Y <input type="checkbox"/> N <input type="checkbox"/>
<b>Physician comments regarding any abnormal ailment, disease, defect, or condition found during the physical examination.</b>	Please <b>print legibly</b> and use <b>layman's terms</b> . Attach an additional sheet if necessary.		

**SECTION 7 - Certification**

**IMPORTANT NOTE TO PHYSICIAN:** Please consider the following carefully before making your decision as to the ability of this person to safely perform the duties of a school bus driver. The school bus driver has the tremendous responsibility of safeguarding the lives of children while performing his/her duty. The work the driver does requires physical strength, stamina, lack of nervousness, ability to meet emergencies, and a disposition able to cope with a large crowd of adolescents. Bus drivers also operate buses that range in size from 10 passengers upward, sometimes weighing as much as 15 tons. Drivers must be ready to be called upon to do work necessitating heavy physical exertion. If you need additional guidance the provisions set forth in the U.S. Department of Transportation Motor Carrier Safety Regulations, as they pertain to physical qualifications, shall serve as a **guide**. <http://www.fmcsa.dot.gov/rules-regulations/administration/fmcsr/fmcsrruletext.aspx?reg=391.41>

By way of the above physical examination, I certify that \_\_\_\_\_  **HAS**  **HAS NOT** met the physical qualifications required and is deemed by me to have all the abilities listed above to safely perform the duties of a school bus driver in Maine.

Physician's Signature	Date of Exam
Physician's Name (printed)	Phone
Physician's complete mailing address	