

CERTIFICATION FORM
Insulin-Controlled Diabetic Driver

See attached "CRITERIA USED TO EVALUATE THE PHYSICAL QUALIFICATIONS
OF AN INSULIN-CONTROLLED DIABETIC DRIVER"

Adopted by the State of Maine Department of Education
As Criteria for the School Bus Driver Physical Examination

This Certification Form must accompany the Department of Education Physical Examination Form for any first-time applicant or licensed school bus driver who has insulin-controlled diabetes.

1. The driver is physically examined every year, including an examination by a board-certified/eligible endocrinologist, attesting to the fact that the driver is:
 - a. Otherwise qualified under 49 CFR, Part 391.41 (see completed school bus driver physical exam form);
 - b. Free of insulin reactions (an individual is free of insulin reactions if that individual does not have severe hypoglycemia or hypoglycemia unawareness, and has less than one documented, symptomatic hypoglycemic reaction per month);
 - c. Able to and has demonstrated willingness to properly monitor and manage his/her diabetes; and
 - d. Not likely to suffer any diminution in driving ability due to his/her diabetic condition.

2. The driver agrees to and complies with the following conditions:
 - a. I shall carry a source of rapidly absorbable glucose at all times while driving;
 - b. I shall self-monitor my blood glucose levels one hour prior to driving and at least once every four hours while driving or on duty prior to driving using a portable glucose-monitoring device equipped with a computerized memory;
 - c. I shall submit blood glucose logs to the endocrinologist or medical examiner at the annual examination or when otherwise directed by an authorized agent of the Maine Bureau of Motor Vehicle, the Maine Department of Education, the Maine State Police or the current employer;
 - d. I shall provide a copy of the endocrinologist's report (Dr. _____) to the medical examiner at the time of the annual medical examination;
 - e. I shall provide a copy of the annual medical examination report to my employer for retention in my qualification file and retain a copy of the certification on my person while driving for presentation to a duly authorized Federal, State or local enforcement official; and
 - f. I hereby authorize the release of my school bus physical examination form and supporting information 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.

Signature of Driver

Date

Signature of Medical Examiner

Date

Physician Name Printed: _____

Physician Address: _____

City/State/Zip: _____

Phone Number: _____

Endocrinologist report attached.

Blood glucose log attached.