



Do NOT write in this space.

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**

Applicant's Full Name	Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Maine 7-Digit Driver License #
Street/P.O. Box	City	State	Zip Code
Phone: Work _____ Home _____		Email: _____	
School unit /contractor where you will be working as a bus driver (if employed as a school bus driver)			

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

<input type="checkbox"/> Physical for <b>first-time</b> applicants for school bus driver license endorsement. <i>Submit this completed form with your other paperwork and fees to the Bureau of Motor Vehicle, 29 State House Station, Augusta, ME 04333-0029. <b>Your physical must be conducted and the form must be completed, signed and dated by examining physician no more than three (3) months prior to submission of the form to the Bureau of Motor Vehicle.</b></i>	<input type="checkbox"/> Annual physical for employed school bus drivers. <i>Submit completed form to your employer for review and retention in your employment file. DO <b>NOT</b> send to the Bureau of Motor Vehicle or the Department of Education.</i>
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**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: \_\_\_\_\_ Date \_\_\_\_\_  
**APPLICANT MUST SIGN AND DATE**

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

Seizures/epilepsy?	YES	NO	Heart trouble?	YES	NO	Fainting spells?	YES	NO	Tuberculosis?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

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. Also, indicate if the illness/condition is under good control. **PLEASE USE LAYMAN'S TERMS AND PRINT CLEARLY.** Attach an additional sheet if necessary.

**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**. See **Instruction Sheet** the applicant should provide; or available online at: <http://www.maine.gov/education/const/trans/formspage.htm>

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

VISUAL ACUITY	UNCORRECTED	CORRECTED	HORIZONTAL FIELD OF VISION
Right Eye	20 / _____	20 / _____	Must be minimum 70° in horizontal meridian in each eye and total of at least 140° in both eyes.
Left Eye	20 / _____	20 / _____	
Both Eyes	20 / _____	20 / _____	

**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 ZZ24.5-1951 (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 lunch 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.

Signature of <b>certified medical examiner</b>	Date of Exam	
Printed name of <b>certified medical examiner</b>	National registry # for certified medical examiner	Telephone
Mailing address of <b>certified medical examiner</b>		