



SCHOOL BUS DRIVER PHYSICAL EXAMINATION FORM

Driver's Name _____

School District _____

PHYSICAL FITNESS:

1. EYES:

VISUAL ACUITY _____ RIGHT _____ LEFT _____

GLASSES PROPERLY FITTED: YES _____ NO _____

FIELD VISION: (Minimum of 70%) YES _____ NO _____

COLOR BLIND: (Red-Green-Amber) PASS _____ FAIL _____

2. HEARING: PASS _____ FAIL _____

(Must perceive forced whispered voice \geq 5 feet with or without hearing aide, or average hearing loss in better ear \leq 40db.)

3. INDICATIONS OF CARDIOVASCULAR DISEASE THAT WOULD INTERFERE WITH DRIVING A SCHOOL BUS: YES _____ NO _____

4. ABNORMALITIES OF THE LUNGS THAT WOULD INTERFERE WITH DRIVING A SCHOOL BUS: YES _____ NO _____

5. BLOOD PRESSURE: (Within normal limits) YES _____ NO _____

6. AMPUTATION OF MEMBER: ARM _____ HAND _____ LEG _____ FOOT _____

7. EVIDENCE OF EPILEPSY OR SEIZURES: YES _____ NO _____

8. CLINICAL DIAGNOSIS OF ALCOHOLISM: YES _____ NO _____

9. USE OF DRUGS OTHER THAN THOSE PRESCRIBED BY A PHYSICIAN: YES _____ NO _____

10. DIABETES: (Insulin dependent) YES _____ NO _____

11. ELIGIBILITY TO DRIVE A BUS: QUALIFIED _____ DISQUALIFIED _____

Date

Signed: Licensed Physician

April 26, 2013