Oklahoma School Bus Driver Health Certificate: Annual Physical Form

Guidelines for Physicians
The Oklahoma State Board of Education requires each school bus driver to pass a physical examination. Oklahoma regulation OAC 210:30-5-8 requires (1) an annual physical using this form; or (2) a physical every two years using a Department of Transportation (DOT) form that complies with 49 CFR §§ 391.41-49.

We are asking you to review the following requirements prior to completing your examination of the applicant and to be aware of the emotional and physical requirements of driving a school bus. School bus drivers have 4 primary duties:

1. Operate the vehicle in a safe and efficient manner.
2. Conduct pre-trip and post-trip inspections of the vehicle and its equipment to determine if it is in good working condition.
3. Assist students in emergency situations (evacuations).
4. Maintain discipline on the bus and report misconduct to the proper school officials.

Minimum requirements
1. Conditions that require approval from the Oklahoma Department of Public Safety:
   a. Proven myocardial infarction and/or congestive heart failure, cardiac arrhythmia, or coronary insufficiency, or attacks of syncope. OAC 595:10-5-6
   b. Epilepsy, multiple sclerosis, Parkinson’s disease, cerebral palsy, and progressive neuromuscular disorders. OAC 595:10-5-9
   c. Insulin-dependent diabetes and severe or uncontrolled hypoglycemia. OAC 595:10-5-5
   d. Loss of limb or other musculoskeletal problem, such as polio or other muscular or skeletal disorder which may affect the person’s ability to safely operate a motor vehicle. OAC 595:10-5-8
2. Vision
   a. Vision must be 20/40 or better in each eye. Corrective lenses are acceptable.
   b. 140 degree field of vision, bilaterally. OAC 210:30-5-8
3. Hearing
   a. Must be able to hear well enough to respond to student emergencies and concerns. The standard for driver hearing under 49 CFR § 391.41 is the "forced whisper" test, meaning that the driver "perceives a forced whispered voice in the better ear at not less than 5 feet with or without the use of a hearing aid."
4. No established medical history or clinical diagnosis of any of the following that may interfere with a school bus driver’s ability to perform their 4 primary duties:
   a. Respiratory dysfunction.
   b. Rheumatic, arthritic, orthopedic, muscular or neuromuscular disease.
   c. Any other condition which in the opinion of the examining physician could interfere with the ability to control and safely drive a school bus.
5. No current diagnosis of alcoholism or drug abuse.
6. Any physical defect or limitation likely to interfere with the ability of the person to control and safely operate a school bus. Especially in the case of the hand note whether or not sufficient grip and mobility is present to enable the driver to secure a grip on the wheel.
7. No mental, nervous, organic or emotional problem, which could render the driver irrational in dealing with children or interfere with the ability to control and safely operate a school bus.
8. No type of tuberculosis in a communicable stage.
County Name__________________________________________________________________________

Employing School District______________________________________________________________

School Bus Driver Name (Print Name) _____________________________________________________

Date of Birth_________________________

List any conditions, treatment, or medication plan which the applicant must follow to maintain the validity of my professional opinion:

Oklahoma Licensed Physician (Print Name) _________________________________________________

Address________________________________________________________________________________

City_________________________ Zip______________ Phone (____) _____________________________

Based on the history provided by the applicant and the medical examination on this date, the above applicant (check the proper box) physically and emotionally competent to drive a school bus and transport students.

☐ Is

☐ Is not

Signature of Physician_____________________________ Date:______________________________

Medical Certificate Number__________________________________________________________

Applicant: Submit this page with Physician’s Signature to your school district. You may keep a copy of the health certification (pp.3-4) for your records.
Drivers complete this section. Circle the appropriate response for each item.

1. Any Illness or injury or surgery in the last 5 years  
   1. Yes  No
2. Head/Brain injuries, disorders or illnesses  
   2. Yes  No
3. Seizures, epilepsy  
   Medication Type: ____________________________  
   3. Yes  No
4. Eye disorders or impaired vision (except for corrective Lenses)  
   4. Yes  No
5. Ear disorders, loss of hearing or balance  
   5. Yes  No
6. Heart disease or heart attack; other cardiovascular condition  
   Medication Type: ____________________________  
   6. Yes  No
7. Heart surgery (valve replacement/bypass, angioplasty, pacemaker)  
   7. Yes  No
8. High blood pressure  
   Medication Type: ____________________________  
   8. Yes  No
9. Muscular disease  
   9. Yes  No
10. Shortness of breath  
    10. Yes  No
11. Lung disease, emphysema, asthma, chronic bronchitis  
    11. Yes  No
12. Kidney disease, dialysis  
    12. Yes  No
13. Liver disease  
    13. Yes  No
14. Digestive problems  
    14. Yes  No
15. Diabetes or elevated blood sugar  
    Controlled by:  
    Diet  
    Pills  
    Insulin (Type) ____________________________
    15. Yes  No
16. Nervous or psychiatric disorders, e.g., severe depression  
    Medication Type: ____________________________  
    16. Yes  No
17. Loss of, or altered consciousness  
    17. Yes  No
18. Fainting or dizziness  
    18. Yes  No
19. Sleep disorders, pauses in breathing while asleep, daytime sleepiness, and loud snoring  
    19. Yes  No
20. Stroke or paralysis  
    20. Yes  No
21. Missing or impaired hand, arm, foot, leg, finger, toe  
    21. Yes  No
22. Spinal injury or disease  
    22. Yes  No
23. Regular, frequent alcohol use  
    23. Yes  No
24. Narcotic or habit forming drug use  
    24. Yes  No

For any yes answer, indicate onset date, diagnosis, treating physician's name and address, and any current limitation. List all medications (including over-the-counter medications) used regularly or recently.

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Driver Signature__________________________________________Date___________________________
Medical examiner must document discussion of health history with the driver. Include comments regarding any yes answers and potential hazards from medications.

1. General Appearance: Marked overweight, tremor, signs of alcoholism, problem drinking or drug abuse or any condition that may inhibit the applicant’s ability to transport children safely.
   Comments: _______________________________________________________________________

2. Vision (Snellen test): Left eye20/_____ Right eye 20/_____ Using both eyes 20/____
   a. Are corrective lenses required to drive? Yes / No
   b. Does this applicant have sufficient color perception to recognize official traffic control devices? Yes / No
   c. Does the applicant have 140 degree field of vision, bilaterally? Yes / No
   d. Are there any other eye conditions present that may decrease the applicant’s ability to drive a school bus safely? Yes / No

3. Hearing test results: Acceptable / Not Acceptable
   Hearing Aid(s) Required
   Comments: ________________________________________________________________

4. Is this applicant Diabetic? Yes / No
   Controlled by diet and/or oral medication only? Yes / No
   Is this applicant dependent on insulin by injection? Yes / No
   Comments: ________________________________________________________________
   See minimum requirements 1-c on page 1.

5. Deformities or missing limb? Yes / No
   Specify: ________________________________________________________________
   See minimum requirements 1-d on page 1.

6. Paralysis or other limb impairments (past/present) Yes / No
   Specify: ___________________________________________________________________
   See minimum requirements 1-d on page 1.

7. Seizures (past/present) Yes / No
   Specify: ___________________________________________________________________
   If yes the applicant must meet the terms listed under OAC 595:10-5-9.
   See minimum requirements, 1-d on page 1.

8. Heart disorder/disease (past/present) Yes / No
   Specify: ___________________________________________________________________
   See minimum requirements, 1-a on page 1.

9. Tuberculosis (past/present) or other disorders of the lungs or chest that may interfere with the applicants ability to drive students safely. Yes / No
   Specify: ___________________________________________________________________

10. Alcohol misuse that could interfere with the applicant's ability to transport children safely? Yes / No
    Specify: ___________________________________________________________________

11. Drug Addiction or misuse that could interfere with the applicant's ability to transport children safely? Yes / No
    Specify: ___________________________________________________________________

12. Normal Loco-motor: Yes / No
    Specify: ___________________________________________________________________

13. Arthritis: Yes / No
    Specify: ___________________________________________________________________

14. Blood Pressure: _____ / ______ BP within normal limits? Yes / No
    Specify if BP is above 140/90 document rationale for approval of driver. __________________________

15. Are there any other conditions that may impair the applicant’s ability to transport children safely? This may include: 1. hernias; 2. limitation of motion, tenderness, or previous surgeries; 3. abnormal pulse; 4. Conditions of the abdomen or viscera. Yes / No