# Alabama State Department of Education

## Alabama School Bus Driver Physical Examination Report

Alabama Act 2012-372 and the Rules of the Alabama State Board of Education mandate that a person must be "physically qualified" to operate a school bus "transporting students to and from school or school-related events." The purpose of this physical examination is to detect the presence of physical and/or mental defects of such a character and extent as to affect the driver's ability to safely perform the required duties of a school bus driver in normal and/or emergency circumstances. **A waiver may be granted for any condition noted (marked "yes") in the Report, if the physician documents, in Section V of this Report, that the condition will not adversely affect the driver's ability to control and safely operate a school bus.**

**Directions:**

This form must be completed and signed by a duly licensed physician and the driver. **The original copy must be filed in the superintendent's office of the employing local board of education**. The board of education may, at their discretion, issue a certificate of compliance to their drivers. Certificates of compliance are available on the Alabama State Department of Education, Pupil Transportation website at www.alsde.edu or by calling 334-694-4545. **Physical Examination Reports are valid for two years from examination date, unless a shorter period is specified by the examining physician.**

**I. Driver Information:** ***(to be completed by driver)***

Employing Local BOE: _____

**Name:** _____ _____ _____
Last First MI

**DOB:** _____ **Address:** _____
mm/dd/yyyy Street City

**SSN:** XXX-XX- **Phone Numbers:** Cell: Driver license #:

**II. To be Completed by a Duly Licensed Physician:** **(or PA, NP)**

| After examining the school bus driver named above, please check (√) **NO or YES**, as applicable, in response to each question. ***Does the school bus driver named in Section I above.....*** | | | **NO** | ***YES** | *If **"YES,"** will this condition **adversely affect the driver's ability to control and safely operate a school bus**? Briefly explain below. |
|---|---|---|---|---|---|
| 1. | …..have a loss of a foot, a leg, a hand, or an arm? | | | | |
| 2. | …..have an impairment of any of the following: | | | | |
| | a. | a hand or finger which interferes with prehension or power grasping? | | | |
| | b. | an arm, foot, or leg which interferes with the ability to perform normal tasks associated with driving a school bus? | | | |
| 3. | …..have an established medical history or clinical diagnosis of diabetes mellitus requiring insulin for control? | | | | |
| 4. | …..have a current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dypsea, collapse, or congestive cardiac failure? | | | | |
| 5. | …..have an established medical history or clinical diagnosis of a respiratory dysfunction likely to interfere with his/her ability to control and safely operate a school bus? | | | | |
| 6. | …..have a current clinical diagnosis of high blood pressure likely to interfere with his/her ability to control and safely operate a school bus? | | | | |
| 7. | …..have an established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease which interferes with his/her ability to control and safely operate a school bus? | | | | |
| 8. | …..have an established medical history or clinical diagnosis of epilepsy or any other condition which is likely to cause loss of consciousness or any loss of ability to control and safely operate a school bus? | | | | |
| 9. | …..have a mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with his/her ability to control and safely operate a school bus? | | | | |
| 10. | …..have a distance visual acuity of ***less than*** 20/40 (Snellen) in each eye without corrective lenses or visual acuity separately corrected to 20/40 (Snellen) or better with corrective lenses, distant binocular acuity of at least 20/40 (Snellen) in both eyes with or without corrective lenses, field of vision of at least 70 degrees in the horizontal meridian in each eye, and the ability to recognize the colors of traffic signals and devices showing standard red, green, and amber? | | | | |

***Does the school bus driver named in Section I above.....***

| | | | | |
|---|---|---|---|---|
| 11. | .....first perceive a forced whispered voice in the better ear ***less than*** 5 feet with or without the use of a hearing aid or, if tested by use of an audiometric device, have an average hearing loss in the better ear of greater than 40 decibels at 500 Hz, 1,000 Hz, and 2,000 Hz with or without the use of a hearing aid when the audiometric device is calibrated to American National Standard, formerly ASA Standard, Z24.5-1951? | | | |
| 12. | .....use a controlled substance identified in 21 CFR 1308.11 Schedule I, an amphetamine, a narcotic, or any other habit-forming drug? (A driver may use such a substance or drug, if the substance or drug is prescribed by a licensed practitioner who is familiar with the medical history and assigned duties of the driver and has advised the driver that the prescribed substance or drug will not adversely affect his/her ability to control and safely operate a school bus.) | | | |
| 13. | …..have a current clinical diagnosis of alcoholism. | | | |

**III. Driver Testament:** I hereby attest by my signature below that the information submitted above is true and correct. I authorize the physician to release the information provided on this form to the employing local board of education and/or to the Alabama State Department of Education.

Driver Signature: _____ Date:_____

**IV. Physician Authorization:** I have examined the driver as named above and reviewed their medical history as written hereon, and, as best as I can determine, the driver's present mental and physical condition ***WILL NOT*** adversely affect the driver's ability to control and safely operate a school bus. **(Expiration Date = 2 yrs. from date of examination unless alternate date is noted in Waiver Section V)**

Print Name: _____ Exam Date: _____

Last First Expiration Date: _____

Physician Signature: _____ Business Address: _____

Licensed in (State): _____ License #: _____

City State ZIP

Telephone Number: _____ Office Hours: _____

**If examination is performed by a PA or NP, complete the following: (All information is required.)** Date: _____

Print Name of PA or NP Signature of PA or NP

Print Name of Supervising/Delegating Physician Signature of Supervising/Delegating Physician

Licensed in (State): _____ License #: _____ Business Address: _____

Telephone Number: _____

Office Hours: _____ City State ZIP

**V. Waiver Statement:** A waiver may be granted for any condition noted (marked "yes") in the Report only if the physician documents that the condition will not adversely affect the driver's ability to control and safely operate a school bus. Note and briefly explain any condition for which the physician will approve a waiver.

**Alternate Expiration Date, if necessary:** _____

**VI. DOT Medical Examiner's Certificate Exemption:** This is to certify that the above-named driver has a current, valid DOT Medical Examiners Certificate. A copy of the certificate is attached.
**(Affix required signatures and submit to the employing BOE.)**

**Driver's Signature** **Date**

**Transportation Supervisor's Signature** **Date**

*Revised November 2018*