

Department of Education

MEDICAL EXAMINATION for SCHOOL BUS DRIVERS and ATTENDANTS

(EXAMINERS: PLEASE READ THE REVERSE SIDE FOR MEDICAL REQUIREMENTS, DISQUALIFYING CONDITIONS, & OTHER REQUIREMENTS / INFORMATION)

1. DRIVER/ATTENDANT'S INFORMATION (Driver or Attendant completes this section) Birthdate (D/M/Y) Age Date of Exam Driver or Attendant's Name (Last, First, Middle) M F SS# Work () Home() Lic.#

2. HEALTH HISTORY (Driver or Attendant completes this section, but medical examiner is encouraged to discuss with him/her) Yes No Yes No Yes No Yes No ... Surgery / Hospitalization in last 5 years? ... Heart surgery (bypass or any other) ... Digestive disorders ... Missing or impaired hand, foot, finger or toe

For any YES answer, indicate onset date, diagnosis, medication, treating physician, any current limitations; also, list any other medications used regularly:

I certify that the above information is complete and true. I understand that inaccurate, false or misleading information may invalidate the examination and my Medical Examiner's Certificate.

Driver or Attendant's Signature Date

3. VISION Must be at least 20/40 in each eye with or without correction and at least 70 degrees of horizontal meridian in each eye to pass; See the reverse side, section 8, "Certification", for more details.

ACUITY UNCORRECTED CORRECTED HORIZONTAL MERIDIAN Able to recognize/distinguish Yes No Depth Perception Yes No Right eye 20/ 20/ degrees standard red, green, yellow? No Normal No Left eye 20/ 20/ degrees

4. HEARING Must hear whispered voice >= 5 ft. in either ear, with hearing aid if needed; or average hearing in better ear greater than <= 40db, i.e. the driver only needs one good ear.

Record distance from patient at which whispered voice can be heard. Right ear Left Ear If audiometer is used, record in decibels and average the three #'s. Right Ear: 500hz 1000hz 2000hz Average Left Ear: 500hz 1000hz 2000hz Average

5. BLOOD PRESSURE/PULSE RATE GUIDELINES FOR BLOOD PRESSURE EVALUATION:

Systolic/Diastolic = / Driver qualified for 2 years if <= 160/90; take at least 2 readings if initial is high and consider using larger cuff. If BP high on initial exam: If 161-180 and/or 91-104, certify for 3 mos. only. Within 3 Months: If <= 160/90, certify for 1 yr. Thereafter, certify at this interval: Certify annually if acceptable blood pressure is maintained.

Pulse Rate = Regular Irregular describe: If >180 and/or >104, don't certify until reduced to <181/105; then certify for 3 mos. only. If <= 160/90, certify for 6 mos. Certify every 6 months if acceptable blood pressure is maintained.

6. LABORATORY AND OTHER TEST FINDINGS Urinalysis: Sp. Gr. Protein Blood Sugar Micro(if indicated) All other lab, xray, and EKG are optional, and should be performed if indicated to clarify whether or not the driver/attendant qualifies. Record findings here:

7. PHYSICAL EXAMINATION Height = ft. inches Weight = lbs. Check YES or NO to the question, "Is the Driver's ability to safely operate the bus affected?" or "Is the Attendant's ability to safely perform affected?"

Table with 4 columns: BODY SYSTEM, CHECK FOR, YES*, NO. Rows include: 1. General Appearance, 2. Eyes, 3. Ears, 4. Mouth and Throat, 5. Heart, 6. Lungs/chest, 7. Abdomen and Viscera, 8. Vascular System, 9. Genito-urinary, 10. Extremities, 11. Spine and other, 12. Neurological, 13. Psychiatric.

*COMMENTS: The presence of a condition may not necessarily be disqualifying, particularly if the condition is controlled, not likely to worsen or is readily amenable to treatment. However, the following conditions are disqualifying for all bus drivers and attendants in New Mexico: insulin-dependent diabetes; epilepsy; paralysis; or any condition likely to interfere with safe driving or attending. This may also include limitations of strength or movement, certain medications, substances, cardiac conditions and poor general health (see reverse side for more details). Describe any abnormality in detail:

8. CERTIFICATION All applicants will be qualified for **Interstate/DOT**. Maximum length of certification will be on a two year cycle. Examinations completed after June 1 of any particular year will expire on July 31, 2 years from that particular year. Examinations completed before June 1 of any particular year will expire July 31, 1 year from that particular year; i.e. a medical examination qualifying a 2 year certificate, completed between June 1, 2000 and May 31 2001 will expire July 31 2002. Therefore, **the best time to get a medical examination for a 2 year certificate is between June 1 and July 31.**

The examiner may specify a shorter duration of certification for any reason he/she feels is appropriate; this will be done usually because of the blood pressure protocols or other conditions amenable to treatment (i.e. to see evidence of better control of non-insulin dependent diabetes with adjustment of medications and diet). Certificates for shorter duration will be staggered and will be exceptions to the above 2 year cycle and not required expiring July 31.

9. MEDICAL REQUIREMENTS The Driver/Attendant must be in good physical and mental health, be able-bodied, and be free from communicable diseases. In addition to the specifics on vision, hearing, and blood pressure on the reverse side of this form, any abnormalities of laboratory or physical examination must be documented and described, and the condition must be controlled, not likely to worsen, or is amenable to treatment. Conditions must not affect the ability of the Driver to safely operate the bus, or the ability of the Attendant to safely attend.

10. DISQUALIFYING CONDITIONS (The applicant may be required to pay for additional studies/consults, depending on local school district policy).

- ⊗ **Insulin Dependent Diabetes;** Non-Insulin Dependent Diabetes is OK if reasonably controlled and applicant is having no hypoglycemic episodes.
- ⊗ **Epilepsy;** Non-epileptic seizure or loss of consciousness with subsequent normal EEG and recommendation by a Neurologist who feels the applicant will drive/attend safely, may allow an applicant, who is not taking anticonvulsant, to qualify if he/she is seizure-free for **3 years.**
- ⊗ **Loss of foot, leg or hand;** Loss of fingers or toes may possibly be allowed if the applicant demonstrates adequate ability to drive/perform safely, with or without a prosthesis.
- ⊗ **Paralysis of extremity;** also **Limitation of movement or strength** which interferes significantly with the ability to drive / perform.
- ⊗ **Cardiac Condition** likely to interfere with safe driving / job performance; EKG and/or stress test may be required per examiner's request if indicated.
- ⊗ **Use of Medication or Substance likely to interfere with safe driving/attending;** includes addiction by medical determination to use of narcotics, habit-forming drugs, or the excessive use of alcohol.
- ⊗ **Poor General Health** as determined by the medical examiner.
- ⊗ **Any other Mental/Physical Condition** likely to interfere with safe driving/attending.

11. OTHER REQUIREMENTS / INFORMATION

- ⊗ Medical Examination shall be conducted by a licensed Medical Doctor, Doctor of Osteopathy, Doctors of Chiropractic, Certified Nurse Practitioner, or a Physician Assistant.
- ⊗ A Medical Examination is required for Drivers and Attendants at least every 2 years. Certifications for 2 years will expire July 31 (See section 8, Certification). Additional medical examinations may be required at any time at the request of the employer, local school district and / or the State Transportation Director.
- ⊗ The original Medical Examination form must be completed, signed and dated and be on file at the place of employment before students are transported by the Driver or attended by the Attendant. A notarized copy will be forwarded to the local school district upon request.
- ⊗ These forms must be retained for a minimum of 5 years after employment ends.
- ⊗ A tuberculosis test is required only on new or current school bus drivers or attendants who do not have a tuberculosis test on file in the school district office. If a test is positive, State Health Department procedures are to be followed.
- ⊗ The employer, local school district and/or the State Transportation Director has the right to require re-examination or verification by a licensed physician in a specialized field as a condition of employment.
- ⊗ A Medical Examiner's Certificate will be issued to each certified Driver/Attendant. It shall be kept with the Driver / Attendant when on duty.

COMPLETE THIS SECTION IF THE DRIVER OR ATTENDANT DOES NOT QUALIFY

Does not meet standards; disqualified because _____.

Temporarily disqualified due to _____.

Return to medical examiner's office for follow up on _____ (If approved on follow-up exam, the section below will be completed at that time).

CERTIFICATION: COMPLETE THIS SECTION IF THE DRIVER OR ATTENDANT QUALIFIES

I certify that I have examined _____, in accordance with state and Federal regulations, and with knowledge of the bus driver's/attendant's duties, I find this person is qualified under the regulations as:

BUS DRIVER or **BUS ATTENDANT**; on **INTERSTATE/DOT** bus/activities for a period of: **2 YEARS**, or because of _____ only for a period of **1 YEAR** **6 MOS.** **3 MOS.**

and, if applicable, only when: wearing **CORRECTIVE** or **CONTACT LENSES**..... or..... wearing **HEARING AID**

The information I have provided regarding this medical examination is true and complete.

SIGNATURE OF MEDICAL EXAMINER

MED. EXAMINER'S TELEPHONE

DATE OF EXAM

PRINTED NAME OF EXAMINER

MEDICAL EXAMINER'S ADDRESS

MD _____ DO _____ CNP _____ PA-C _____

MEDICAL EXAMINERS LICENSE NUMBER / ISSUING STATE

SIGNATURE OF DRIVER

DRIVER'S LICENSE NO. / ISSUING STATE

ADDRESS OF DRIVER

MEDICAL CERTIFICATE EXPIRATION DATE