



Hillsborough County Florida

PHYSICAL EXAMINATION FOR SCHOOL BUS DRIVER APPLICANT

I. The examining physician should use the answers to the following question A through F in an evaluation of items 1 through 5 below.

- A. What serious illness has the applicant had in the past five years? _____
- B. What injuries has the applicant had? _____
- C. Does the applicant take drugs regularly? If so, name and give reason. _____
- D. Is the applicant required to wear corrected lenses? _____ If so, when were they last checked? _____
- E. Does the applicant wear a hearing aid? _____ F. Is the applicant excessively overweight? _____

II. This examination was established by the State Board of Education. If the answer to any of the following items is "yes" the applicant does not meet the general qualifications of a school bus driver as specified in Section 234.091, Florida Statutes.

1. Record vision without corrective lenses in every case and with corrective lenses when required. Visual acuity must not be less than 20/20 in one eye and 20/40 in the other or 20/40 in each eye separately either with or without corrective lenses.

Vision test based on Snellen's Test Chart at twenty feet

Vision Left eye 20/____
without
corrective
lenses Right eye 20/____

Vision Left eye 20/____
without
corrective
lenses Right eye 20/____

- 2. Yes__ No__ Applicant is deficient in the ability to recognize the colors of traffic signals and devices showing standard red, green and amber (color perception).
- 3. Yes__ No__ Applicant has inadequate field of vision (less than 70 degrees in the horizontal meridian in each eye).
- 4. Yes__ No__ Applicant has impaired hearing (less than average of 30 db at 5k, 1k, 2k, with or without a hearing aid in the better ear).
- 5. Yes__ No__ Applicant has less than normal functioning of hand or foot, or loss of sight in one eye.
- 6. Yes__ No__ Applicant has severe heart disease.
- 7. Yes__ No__ Applicant has a mental or emotional abnormality which would interfere with proper judgment in the operation of a school bus.
- 8. Yes__ No__ Applicant has a history of seizures, convulsions, epilepsy, or blackouts.
- 9. Yes__ No__ Applicant has unacceptable blood pressure (systolic above 180 and/or diastolic above 100).
- 10. Yes__ No__ Applicant has a communicable disease which is highly contagious in its present state or endangers the health of school children.
- 11. Yes__ No__ Applicant has diabetes mellitus and is not taking proper medication.
- 12. Yes__ No__ Applicant has diabetes and it is necessary for insulin to control the diabetic condition.
- 13. Yes__ No__ Applicant has some other acceptable physical conditions or factors that would interfere with applicant's performance or duty as a school bus driver.

Remarks: _____

PHYSICIAN'S CERTIFICATION

THIS IS TO CERTIFY THAT on _____, 20____, _____ was examined by me and his/her physical condition was found to be as indicated in Part II above.

IN YOUR BEST JUDGMENT, CAN YOU CERTIFY THAT THIS APPLICANT IS PHYSICALLY AND EMOTIONALLY QUALIFIED TO OPERATE SAFELY A SCHOOL BUS VEHICLE WITHOUT HAZARD TO HIMSELF OR OTHERS? ___Yes ___No

If the answer is "No" explain: _____

Date _____

Signature of Physician (MO, DO, O, PA or ARNP)

Name of Physician (Print in full)

Florida Medical License # _____

Physician's Address & Phone Number

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